SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.

2. This Form must be completed by the Policyholder and/or the Authorised Driver.

3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.

4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

5. **Any false reporting may be referred to the Police for investigation.**

6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.

7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT	
Date Of Report	04/12/2019 10:15
Date Of Accident	03/12/2019 11:30
Exact Location Of Accident	ALONG JALAN BESAR TOWARDS BENCOOLEN STREET
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SCP8009L
Insured/Policyholder	
Name Of Registered Owner	CHAN KUM ONN ROGER
NRIC No	S0016951Z
Email Address	ROGERCHAN@RCHAN-KSI.COM
Mobile Phone No	(LOCAL) +65-97608009
Alternative Phone No	OTHERS-97608009
Vehicle Particulars	
Manufacturer	LEXUS
Model	NX200T
Exact Purpose for which vehicle was being used at time of accident	DRIVING TO WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM110157731702
Cover Note Number	
Driver	
Name of Driver	CHAN KUM ONN ROGER
NRIC No	S0016951Z
Date Of Birth	04/12/1954
Occupation	INDOOR
Date Of Driving Pass	05/02/1974
Driving Experience	45 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97608009
Fax Number	
Contact Number	OTHERS-97608009
EMail Address	ROGERCHAN@RCHAN-KSI.COM

Address	37 SERANGOON TERRACE
Postcode	535779
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes,Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMH7281M
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WILSON CHUA KOK SENG
NRIC/Passport Number	S8020534A
Contact Number	93866649
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**

    I understand, acknowledge, agree and consent that:

    (a) My insurer, my workshop and the General Insurance Association of Singapore ("**GIA**") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

        (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

        (ii) investigating the accident and/or my claims;

        (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

        (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

        (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "**Purposes**")

    (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

    (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

    (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.

    (e) the information so collected under (d) above may be shared / disclosed:

        (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

        (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time: 2019
4 DEC ~~1954~~
9. 35 A m.

Driver's Signature
(if driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
04/12/2019

SKETCH PLAN

BENCOOLEN STREET

OG

SIM LIM SQUARE

TRAFFIC LIGHT

A) SCP 8009D

B) SMH 7281m

B) 7281

A) 8009

JALAN BESAR

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car 8009 stop at the traffic light junction
when the light turn green, 7281 move forward
and I followed. He then jammed brake suddenly.
I jammed my brake also but my car just hit his
tail.
Nobody was injured.
There is a small dent in his back and a bit of
damage to the front of my car.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:
4/12/19
9.35 Am

Driver's Signature
(If driver is not the policyholder)
Date & Time:

04/12/2015

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Photo

Accident Photo

Accident Photo

Accident Photo