

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 withholding 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	10/02/2020 05:39
Date Of Accident	09/02/2020 18:30
Exact Location Of Accident	CROSS JCTN OF SELETAR WEST LINK & AEROSPACE WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP6553S
Insured/Policyholder	
Name Of Registered Owner	KUAH ANN THYE
NRIC No	SXXXX623F
Email Address	KUAHAT@SG.IBM.COM
Mobile Phone No	(LOCAL) +65-96507388
Alternative Phone No	OFFICE-96507388

Vehicle Particulars

Manufacturer	BMW
Model	316I 1.6 AT D/AB 4DR ABS HID
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM120046411900
Cover Note Number	N.A.

Driver

Name of Driver	KUAH ANN THYE
NRIC No	SXXXX623F
Date Of Birth	22/10/1969
Occupation	INDOOR
Date Of Driving Pass	27/10/1990
Driving Experience	29 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96507388
Fax Number	
Contact Number	OFFICE-96507388
Email Address	KUAHAT@SG.IBM.COM

Address NA
 Postcode
 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 -
 Vehicle -
 Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident SIDE SWIPE
 Weather Conditions RAINING
 Road Surface WET

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?
 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

I WAS DRIVING ALONG SELETAR WEST LINK TOWARDS SELETAR AEROSPACE WAY . I STOPPED AT THE TRAFFIC LIGHT WAITING FOR THE TRAFFIC LIGHT TO CHANGE. WHEN THE TRAFFIC LIGHT TURNED INTO GREEN , I STARTED TO MOVE FORWARDS MY VEHICLE AND MY VEHICLE ACCIDENTALLY DRIVING INTO LEFT LANE , VEHICLE B WAS DRIVING AT MY LEFT LANE I CAN NOT STOP IN TIME AND COLLIDED WITH VEHICLE B. NO INJURIES INVOLVED .

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 SBS7573T
 Vehicle Make/Model/Colour
 Details Of Properties VOLVO / B9TL
 Vehicle Category PRIVATE CAR
 Name of Driver MARDILAWATI BT SAART
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

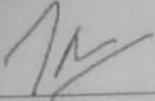
IMPORTANT NOTICE

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 withholding 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. The 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 lodgment 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.
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.

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
WONG JUN KEAT


Policyholder's Signature
Date & Time:

9/2/2020

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

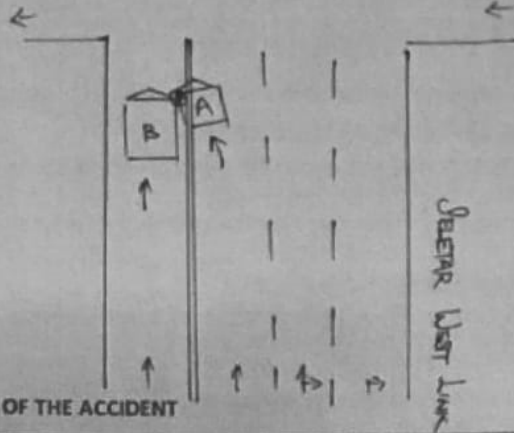
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

SELETAR Aerospace Way

A: 9KP65539

B: 9B97573T



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

DECLARATION

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

Policyholder's Signature
Date & Time

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

**VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
WONG JUN KEAT**

Reporting Centre Personnel's Signature
Name:
NRCPIN No.:

ACCIDENT STATEMENT (2000 characters)

I WAS DRIVING ALONG SELETAR WEST LINK TOWARDS SELETAR AEROSPACE WAY . I STOPPED AT THE TRAFFIC LIGHT WAITING FOR THE TRAFFIC LIGHT TO CHANGE . WHEN THE TRAFFIC LIGHT TURNED INTO GREEN , I STARTED TO MOVE FORWARDS MY VEHICLE AND MY VEHICLE ACCIDENTALLY DRIVING INTO LEFT LANE . VEHICLE B WAS DRIVING AT MY LEFT LANE I CAN NOT STOP IN TIME AND COLLIDED WITH VEHICLE B. NO INJURIES INVOLVED .

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
WONG JUN KEAT

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

9 February 2020 at 8:08 PM

Date/Time:

9 February 2020 at 8:08 PM