

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	29/07/2020 10:41
Date Of Accident	29/07/2020 06:45
Exact Location Of Accident	X-JUNCTION TAMPINES AVE 5 & TAMPINES AVE 10
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA3132K
Insured/Policyholder	
Name Of Registered Owner	CHUA CHUN MENG
NRIC No	SXXXX250B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90991236
Alternative Phone No	OFFICE-90991236

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180

Exact Purpose for which vehicle was being used at time of accident

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
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Insurance Company

Name of Insurance Company	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM120035711801
Cover Note Number	

Driver

Name of Driver	YEO MEI LING NANCY (YANG MEILING)
NRIC No	SXXXX056F
Date Of Birth	06/10/1977
Occupation	INDOOR
Date Of Driving Pass	25/01/1999
Driving Experience	21 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97457405
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 15 TAMPINES CENTRAL 7 #03-11
Postcode 528771
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured SPOUSE
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) 2
Passenger 1
NAME: : UNKNOWN
GENDER: : MALE

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 TAMPINES AVE 10 ON THE FIRST LANE AND PASS A CROSS JUNCTION WHEN THE LIGHT WAS GREEN. THE OTHER DRIVER WAS DRIVING FROM OPPOSITE DIRECTION TURNING RIGHT INTO TAMPINES AVE 5, BEATING THE RED LIGHT. I MANAGED TO BRAKE IN TIME BUT UNABLE TO AVOID THE ACCIDENT. THE OTHER DRIVER HAS ADMITTED BEATING THE RED LIGHT, CAUSING THIS ACCIDENT.

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 SKS3103L
Vehicle Make/Model/Colour TOYOTA SILVER
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver LING KIM HUI (LIN JINHUI)
NRIC/Passport Number SXXXX456Z
Contact Number 98384936
Address
Postcode
Insurance Company Name

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

29/07/2020
08:40am

Driver's Signature

(If driver is not the policyholder)

Date & Time

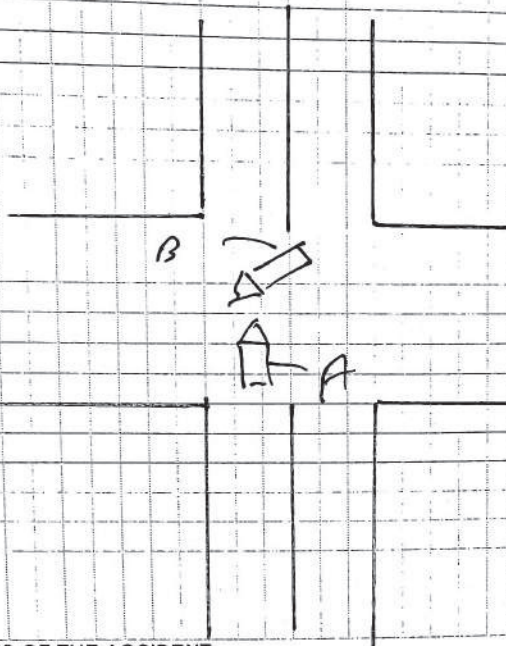
29/07/2020
08:40am

Reporting Centre Personnel

Name:

Vincent Seah
Cycle & Carriage Industries Pte Ltd
Body Care & Repair Center
DID: 6771 4401 HP: 8332 0062 Fax: 6822 1222
Email: vincent.seah@cyclecarriage.com.sg

SKETCH PLAN



A: SLA 31327c

B: SKS 3103L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I ~~Driver~~ was driving along ~~the~~ Tampines Ave 10 on the first lane and pass a cross junction when the light was green. The other driver was driving from opposite direction turning right into Tampines ave 5, beating the red light.

I managed to ~~break~~ brake in time but unable to avoid the accident. ~~The~~ The other driver has admitted beating the red light, causing this accident.

DECLARATION

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

Please note that you have 14 calendar days to revert and file the claim under your own policy. Failing to do so, your insurance company will not allow nor accept the claim.

(Please contact your insurance company for any further details)

Policyholder's Signature
Date & Time

28/07/2020

08:40am

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

Date & Time 28/07/2020

08:40am

Vincent Seah
Cycle & Carriage Industries Pte Ltd
Body Care & Repair Center
ID: 6771 4401 HP: 8332 0002 Fax: 6872 1272
Email: vincent.seah@cyclecarriage.com.sg

Reporting Centre Personnel
Name: