

To the workshop

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 ability.
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 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	30/07/2014 12:25
Date Of Accident	29/07/2014 16:05
Exact Location Of Accident	JOHORE CIQ (ENTRANCE OF OUTGOING JOHORE)
Country/State of Loss	Malaysia/Johor Darul Takzim

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGH4431M
Insured/Policyholder	
Name Of Registered Owner	KUAH TENG SOON
NRIC No	S1296434Z
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Third Party
Vehicle Category	Private Car
Insurance Company	
Name of Insurance Company	United Overseas Insurance Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DHOM110073010707
Cover Note Number	
Driver	
Name of Driver	KUAH TENG SOON
NRIC No	S1296434Z
Date Of Birth	10/09/1958
Occupation	Indoor
Date Of Driving Pass	17/02/1989
Driving Experience	25 Years And 5 Months
Gender	Male
Mobile Number	
Fax Number	
Contact Number	Home-61001130
EMail Address	tskgoodt@yahoo.com
Address	BLK 573 PASIR RIS STREET 53 #11-30
Postcode	510573
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- Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No

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

WHILE AWAITING STATIONARY IN A QUEUE FOR THE IMMIGRATION CHECK, ON A LANE MY CAR WAS FULLY IN AT JOHORE CIQ (ENTRANCE, OUT OF JOHORE), A HITTING SENSATION WAS FELT ON THE CAR A (SGH4431M). UPON INSPECTION AT THE RIGHT SIDE MIRROR OF THE CAR, APPROXIMATELY, 1605HRS 29JULY 2014, CAR B (SGV712E) HIT THE RIGHT REAR OF THE CAR I WAS IN. CAR B WAS MOVING FROM THE RIGHT LANE, TOWARDS THE LANE MY CAR WAS IN. ALIGHTING FROM MY CAR, IT WAS FOUND THE REAR RIGHT BUMPER WAS DISLODGED AS CAR B LAID ON THE REAR RIGHT OF CAR A.

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGV712E
Vehicle Make/Model/Colour	SUBARU IMPREZA 5MT
Details Of Properties	
Name of Driver	KUMARAN S/O PANAIYAN
NRIC/Passport Number	S8203775F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

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.

30/07/14

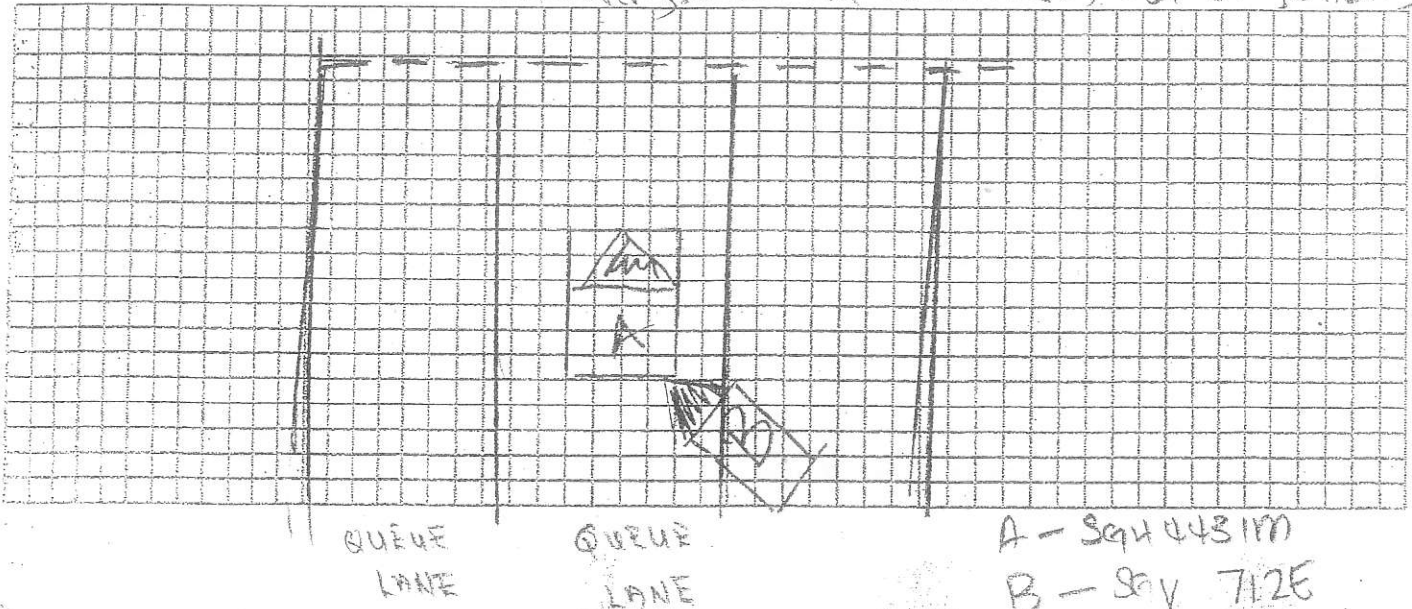
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

ENTRANCE, JOHOR CIQ (ENTRANCE), OUT OF JOHOR



Describe Circumstances of the Accident

Please refer to statement

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

30/07/14

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

Witnessed by Reporting Centre Personnel



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1296434Z



Name

KUAH TENG SOON

柯定順

Race

CHINESE

Date of Birth

10-09-1958

Sex

M

Country of Birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S1296434Z

Name

KUAH TENG SOON

Birth Date: 10 Sep 1958

Issue Date: 26 Jan 2004



3 2 7 6 5 1 3



NRIC No S1296434Z

Blood Group Date of issue

16-12-2002

Address

APT BLK 573 PASIR RIS STREET 53 #11-30
SINGAPORE 510573

NRIC No: S1296434Z

Date: 08/07/2008

No: 6061173

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class

which unladen does not exceed 2500 kilograms

17 Feb 1989

NP 428A

