## Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 10/11/2020 10:53

#### 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 possiblo. 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.

<ol><li>By the lodgement of this report to the insurers, you aforesaid.</li></ol>	ou hereby consent to the archiving of this report at the centre and to copies of the report being made available	
	ACCIDENT STATEMENT CONTROL OF THE PROPERTY OF	
Date Of Report	10/11/2020 10:29	
Date Of Accident	07/11/2020 07:50	
Exact Location Of Accident	ALONG ALJUNIED ROAD	
Country/State of Loss	SINGAPORE	
	SECTION OF THE PROPERTY OF THE	
Vehicle Registration Number	SLL7967J	
Insured/Policyholder		
Name Of Registered Owner	MRS SIA LU-MING EUGENIE	
NRIC No	SXXXX282I	
Email Address	EUGENIESIA@GMAIL.COM	
Mobile Phone No	(LOCAL) +65-97771494	
Alternative Phone No	OTHERS-97771494	
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Vehicle Particulars

Manufacturer MINI Model COOPER

Exact Purpose for which vehicle was being used at **GOING TO CLASS** time of accident

Are you claiming under your own insurance policy for repair to your vehicle?

If No, Please state action to be taken

PRIVATE CAR Vehicle Category

Insurance Company

UNITED OVERSEAS INSURANCE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

DHOM120040291900 Policy Number

Cover Note Number

Driver

Name of Driver MRS SIA LU-MING EUGENIE

NRIC No SXXXX282I Date Of Birth 11/11/1970 Occupation INDOOR Date Of Driving Pass 21/10/1991

**Driving Experience** 29 YEARS AND 0 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-97771494

Fax Number

Contact Number OTHERS-97771494

**EMail Address** EUGENIESIA@GMAIL.COM

152K TEMBELING ROAD Address #03-01 423480 Postcode NO Was driver an employee of the Insured's Company OWNER If No, Relationship of the Driver with the Insured Vehicle Registration Number of Driver's Own Vehicle Insurance Company of Driver's Own Vehicle General Information of the Accident Type Of Accident FLOOD Weather Conditions RAINING Road Surface Other Information Was any foreign vehicle involved in this accident? NO Number of vehicles (including own vehicle) 1 involved in the accident Was any body injured in the Accident? NO Was any injured conveyed to hospital by NO ambulance? Was any other material or property damaged? NO I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 2 Passenger 1 NAME: : SR SEOW LEE HUAN THERESA GENDER: : FEMALE **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** 

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

YES NO NO

**Details of Witness 1** 

SR SEOW LEE HUAN THERESA

Phone Number

97100467

**Email Address** 

Name

## Accident Sketch Plan

#### SKETCH PLAN

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- 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.
- 5. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General insurance Association of Singepore (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 Art (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 passessed 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) frivolved 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)
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims:
  - tell investigating the accident and/or my claims:
  - full 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 rould involve disclosure of certain personal data about me to bring about delivery of the same on 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")
- (h) 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 Purpotes; and
- my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents fincluding their lawyers haw firms), which may be used 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 to 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 reason ably required for the purposes stated, or

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

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, fil driver is not the policyholder)

Date & Tane.

Reporting Centre Personner's Signature

Name

NAICHIN No

# Individual Statement

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