

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 Submission 24/12/2020 18:51 (SGT)
Date of Accident 23/12/2020 18:50 (SGT)
Exact Location of Accident 2 Orchard Turn, ION Orchard, Singapore 238801
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLG3033G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LOW ZI QI
NRIC No SXXXX218B
Email Address zziqi.low@gmail.com
Mobile Phone No (Phone) +65-96775159
Alternative Phone No +65-96775159

VEHICLE PARTICULARS

Manufacturer BMW
Model 520i
Variant -
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 - Claiming third party
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company United Overseas Insurance
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DHOM120042031900
Cover Note Number -

DRIVER

Name of Driver LOW ZI QI
NRIC No SXXXX218B
Date Of Birth 24/09/1986
Occupation Outdoor

Date Of Driving Pass	28/03/2009
Driving experience	11 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96775159
Alt. Phone Number	+65-96775159
Email Address	zziqi.low@gmail.com
Address	230 COMMONWEALTH AVENUE
Address complement	#41-09
Postcode	149739
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	HUSBAND
Gender	Male

PASSENGER 2

Name	MOTHER
Gender	Female

PASSENGER 3

Name	SON
Gender	Male

PASSENGER 4

Name	FATHER
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AFTER EXITING FROM CAR PARK GANTRY , MY CAR CAME TO A COMPLETE STOP AS THERE WAS ANOTHER CAR WHICH STOPPED IN FRONT, WE WERE WAITING FOR THE TRAFFIC TO CLEAR TO TURN INTO MAIN ROAD, A VAN (GBK1327U) BANGED INTO THE BACK OF MY CAR (SLG3033G).

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBK1327U
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
Name of Driver KALID
NRIC No SXXXX047E
Contact Number (Phone) +65-91945969
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
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.


Policyholder's Signature / Date & Time <i>YF 24/11/2020</i>	Driver's Signature (if driver is not the policyholder) / Date & Time <i>24/11/2020</i>	Witnessed by Reporting Centre Personnel <i>24/11/2020</i>
Sketch Plan <i>LOW OCCURRED EXIT FROM CAR PARK (GROUND)</i>		


Describe Circumstances of the Accident

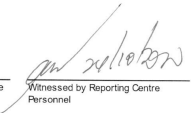
After exiting from our port gentry, ^{my car} came to a complete stop
 As there was another car which stopped in front, we were
 waiting for the traffic to clear to turn onto main road.
 A van (ABE 1324) banged into the back of my car.

Declaration

We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date & Time
 12/11/20 6:30pm


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


 Witnessed by Reporting Centre Personnel

















