

# 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 ..... 13/01/2021 15:56 (SGT)  
Date of Accident ..... 13/01/2021 07:25 (SGT)  
Exact Location of Accident ..... AYE, Singapore  
Additional Location Information ..... TOWARDS TUAS  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLZ2892A

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... WONG KOK WAH  
NRIC No ..... SXXXX830Z  
Email Address ..... kwwong3580@yahoo.com.sg  
Mobile Phone No ..... (Phone) +65-98386487  
Alternative Phone No ..... +65-98386487

### VEHICLE PARTICULARS

Manufacturer ..... Subaru  
Model ..... Forester  
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? ..... Yes  
Vehicle Category ..... Private car

### INSURANCE COMPANY

Name of Insurance Company ..... United Overseas Insurance  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DHOM110167641901  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... WONG KOK WAH  
NRIC No ..... SXXXX830Z  
Date Of Birth ..... 29/05/1958  
Occupation ..... Indoor

Date Of Driving Pass .....	03/08/1977
Driving experience .....	43 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98386487
Alt. Phone Number .....	+65-98386487
Email Address .....	kwwong3580@yahoo.com.sg
Address .....	BLK 20 JALAN MEMBINA #15-42
Address complement .....	-
Postcode .....	164020
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 .....	Dry

#### 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) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### 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

ON 13TH JAN 2021 AT ABOUT 07:25 HRS I WAS TRAVELLING ALONG AYE TOWARDS JURONG AND AFTER AYE SPEED CAMERA. I WAS TRAVELLING BEHIND 3RD PARTY VEHICLE ALONG LANE 1. I SAW THE 3RD PARTY VEHICLE BRAKE LIGHT LIGHTED AND UNABLE TO STOP OR BRAKE ON TIME. I REAR ENDED THE 3RD PARTY VAN BEHIND. BOTH OF US CHANGE PARTICULAR, TELEPHONE AND TOOK PICTURES OF THE INCIDENT, BOTH OF US MOVED ON OUR JOURNEY.

#### 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 .....	GBE8118S
Vehicle Manufacturer .....	Mercedes
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	LI ZHENG HUA
Passport No/FIN .....	FXXXX042X
Contact Number .....	(Phone) +65-90937148
Address .....	-

Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**SKETCH PLAN****IMPORTANT NOTICE**

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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 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.
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")

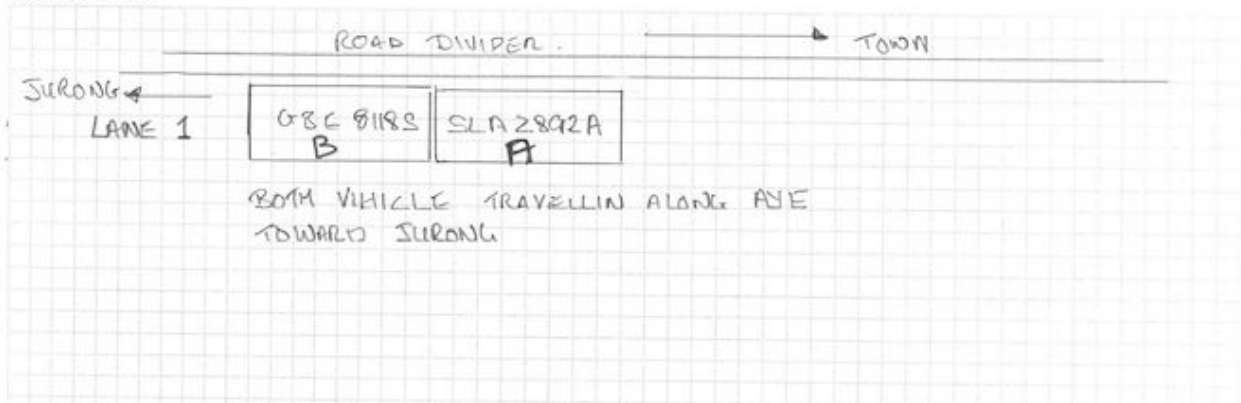
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

 13/1/21  
Policyholder's Signature / Date &  
Time 15:10 hrs

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

 13/01/2021  
Witnessed by Reporting Centre  
Personnel


**Sketch Plan**

## Describe Circumstances of the Accident


ON 13<sup>th</sup> JAN 2021 <sup>at 07:25 hrs</sup> I was travelling along A96 towards Inverness and after  
 A96 speed camera. I was travelling behind the 3rd party  
 vehicle along lane 1. I saw the 3rd party vehicle brake light lit and  
 unable to stop or brake in time. I rear ended the 3rd party van  
 behind.  
 Both of us exchanged particulars, telephone and took pictures of the incident.  
 Both of us moved on our journey.

## Declaration

We declare the foregoing particulars are true in every respect.

 13/1/21  
 Policyholder's Signature / Date &  
 Time 1510 hrs

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

 13/01/2021  
 Witnessed by Reporting Centre  
 Personnel























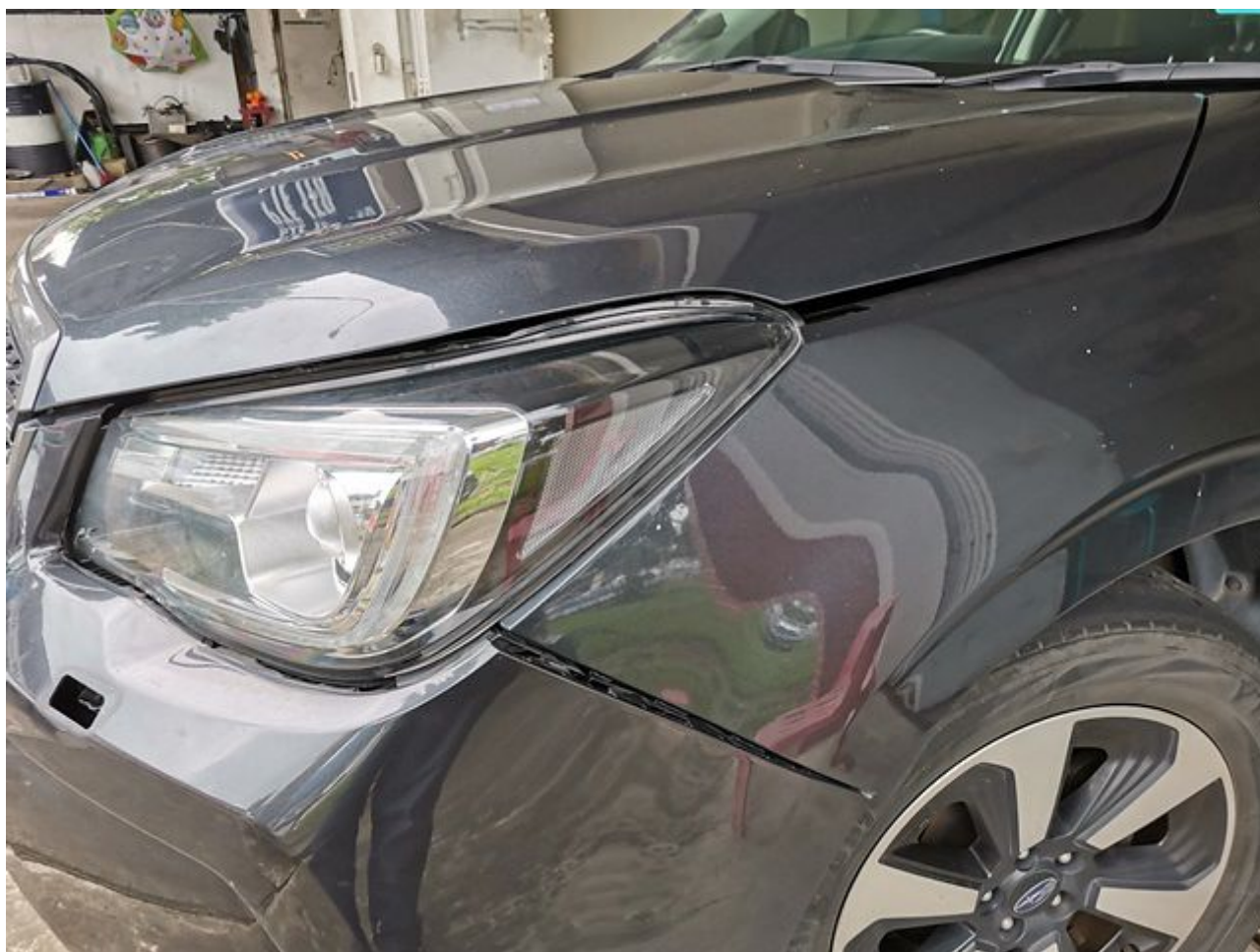




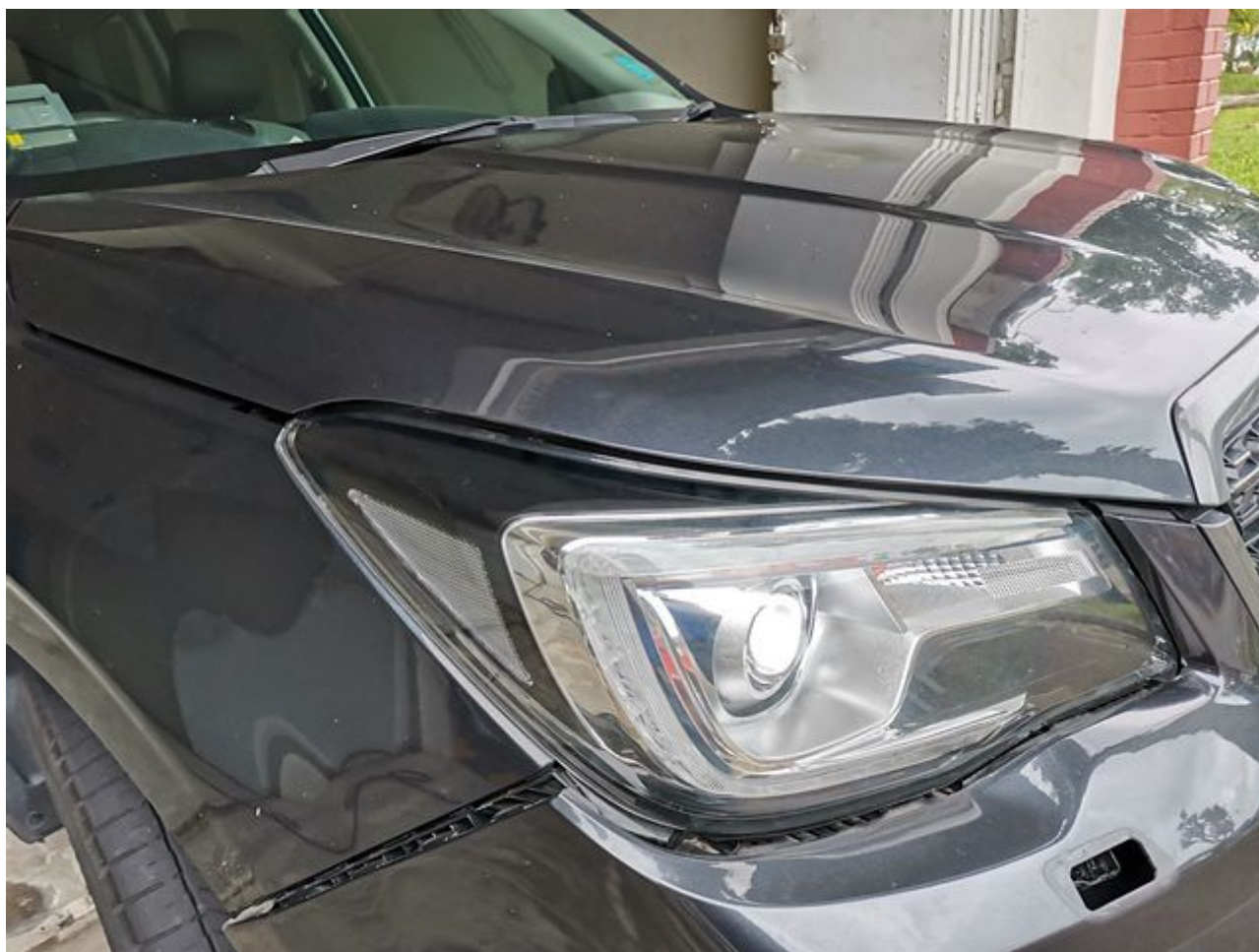


















**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SN08211D0008 Vehicle Registration No: SLZ2892A  
 Name (as shown in NRIC): WONG KOK NAY NRIC/FIN/Passport No: SXXXX8302  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 98386487  
 Email Address: \_\_\_\_\_  
 Date of Accident: 13/01/2021 Time of Accident: 07:25  
 Place of Accident: A/E TOWARDS TUAS  
 Insurance Company: UOL

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Injured Vehicle damaged to SLZ2892A

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Policyholder / Driver's Signature  
Date:

24/03/2021  
Reporting Centre Personnel's Signature  
Name: