

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 SLZ2982A

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

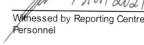
Vehicle Registration Number	GBE8118S
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LI ZHENG HUA
Passport No/FIN	FXXXX042X
Contact Number	(Phone) +65-90937148
Address	-

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

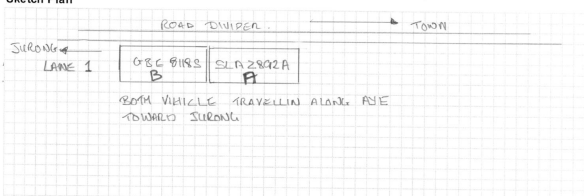
SKETCH PLAN

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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.

 13/1/21 Policyholder's Signature / Date & Time 13/1/21	 13/01/2021 Driver's Signature (if driver is not the policyholder) / Date & Time	 13/01/2021 Witnessed by Reporting Centre Personnel
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Sketch Plan



Describe Circumstances of the Accident

On 12th JAN 2021, I was travelling along A16 towards Jursay and after
 A16 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.

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

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

Witnessed by Reporting Centre
 Personnel 13/01/2021

























