

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	16/01/2021 17:50 (SGT)
Date of Accident	16/01/2021 06:30 (SGT)
Exact Location of Accident	Pasir Ris Industrial Drive 1, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL3962Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SEE HAK KHOON
NRIC No	SXXXX975H
Email Address	garrysee94@gmail.com
Mobile Phone No	(Phone) +65-92717441
Alternative Phone No	+65-82017600

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Forte
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	DHOM120033301801
Cover Note Number	-

DRIVER

Name of Driver	GARRY SEE KOU YONG
NRIC No	SXXXX478G
Date Of Birth	24/01/1994
Occupation	Indoor

Date Of Driving Pass	20/12/2013
Driving experience	7 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-62111000
Alt. Phone Number	-
Email Address	garrysee94@gmail.com
Address	100 EDGEDALE PLAINS #12-43
Address complement	-
Postcode	828690
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Collided into Property
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	No
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210116/7059

ATTACHMENT(S)

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

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	GARRY SEE KOU YONG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

SLL3962Z

Yes

No

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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 Act (PDPA)

I understand, acknowledge, agree and consent that:

 - (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be 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 (collectively the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purposes 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 be 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;
 - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims;
 - (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to an insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/IN No:

VEN A: SLL39623

Ampt 221-910



Passin Pas Industrial
Park

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report - 1/2021/6116/7059

[A large, empty rectangular box with horizontal lines for describing the accident circumstances.]

DECLARATION

I/We declare the foregoing particulars are true in every respect.


Policyholder's Signature
Date & Time:


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


Reporting Centre Person's Signature
Name: [Signature]
NRIC/FIN No.: [Signature]



**SINGAPORE
POLICE FORCE**



T/20210116/7059

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20210116/7059

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/01/2021 16:39		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: GARRY SEE KOU YONG			Address: 100 EDGEDALE PLAINS #12-43 SINGAPORE 828690		
ID Type / ID No.: NRIC NO / S9403478G			Contact No.: Home/Office: Mobile: 82017600		
Nationality: SINGAPORE CITIZEN			Email: garrysee94@gmail.com		
Sex: Male	Age: 26	Date of Birth: 24/01/1994	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: unemployed			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Government Property	Drink Drive: No	Date/Time of Accident: 16/01/2021 06:30	Type of Location: Straight Road
Location: PASIR RIS INDUSTRIAL DRIVE 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Lamp Post				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLL3962Z	Car	KIA	k3	Brown	Seriously Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLL3962Z		DHOM1200333018 01		



**SINGAPORE
POLICE FORCE**



T/20210116/7059

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20210116/7059

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GARRY SEE KOU YONG	ID No.	S9403478G
Related Vehicle	SLL3962Z (Car)	Contact No.	82017600
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On the stated time and date,
I was driving my father's car (SLL3962Z) on lane 4 along Pasir Ris Industrial Drive 1. I was feeling sleepy and close my eyes for 2 seconds. Suddenly, I felt an great impact and realized that I had collided onto lamp post 227, causing it to fall. As this is the first time such serious accidents happened to me and I did not know how to react, I called my dad and informed him about the situation and my location. I wanted to call for the police but unfortunately, my hand phone battery went flat after booking a grab car. I then went home intending to take a portable charger and come down with my dad. When I reached home, I realised my dad was already at the accident scene. As I was feeling shocked and nausea after the accident, I decided to rest at home and my dad assisted me to handle the process of towing the car to workshop. My dad told me that there was 2 Malay traffic police officers attending to him, as he was also feeling nervous and shocked, he was unsure about what he conversed to the officers as his English was not so good. We are lodging this report as per instructed by IO Wei li 65476394.

SINGAPORE
POLICE FORCE

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Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No: T/20210116/7059

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicableSignature Of Interpreter:
Not applicableOfficer In Charge Of Case:
TP / TPHQ /
SYED ZAYID MUHAMMAD BIN SYED ABDUL
WAHID ALHINDUAN
Contact No.: 65476404
Authentication Stamp
NP168Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.Date/Time:
16/01/2021 16:39

Classification Of Case: