

## 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	19/01/2021 17:15 (SGT)
Date of Accident	19/01/2021 13:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AT ALONG HOUGANG AVE 03 TWRDS HOUGANG AVE BEFORE BLK 248 CP ENTRANCE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK6664G
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	STRATEGIC MACHINERY & CONSTRUCTION PTE LTD
Company Reg No	2XXXX1404
Email Address	qier_72@yahoo.com
Mobile Phone No	(Phone) +65-97920915
Alternative Phone No	+65-97920915

#### VEHICLE PARTICULARS

Manufacturer	BMW
Model	B.M.W. / 320I AT D/AB 4DR ABS HID NAV
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
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	DH0M110144241505
Cover Note Number	-

#### DRIVER

Name of Driver	HEAH KWANG SHEE ALICIA(XING GUANGQI)
NRIC No	SXXXX616Z
Date Of Birth	08/04/1979

Occupation	Outdoor
Date Of Driving Pass	12/10/2001
Driving experience	19 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97920915
Alt. Phone Number	-
Email Address	qier_72@yahoo.com
Address	BLK 181 BEDOK NORTH ROAD #19-18
Address complement	-
Postcode	460181
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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	Side Swipe
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?	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

ON THE 19/01/2021 AT ABOUT 1340HRS AT ALONG HOUGANG AVENUE 03 TOWARDS HOUGANG AVE 02 BEFORE BLK 248 CAR PARK ENTRANCE. I WAS TRAVELLING ON THE ENTRANCE LEFT LANE AND WHEN COMING TOWARDS THE ABOVE MENTIONED CAR PARK ENTRANCE, SUDDENLY A VEHICLE (b ON MY RIGHT VEERED INTO MY LANE WITHOUT PROPER LOOKOUT AND HENCE COLLIDED ONOT MY RIGHT REAR PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE.

A.SKK6664G  
B.SH7042R

#### ATTACHMENT(S)

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

# SKETCH PLAN

## SKETCH PLAN

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6. The report will be forwarded by the insurers of the GAC Reclaims Management Centre established by the General Insurance Association of Singapore (GIA) for processing and that copies of the report will for a fee be made available upon application by interested parties.
7. By the submission of this report to the insurers, you hereby consent to the providing of this report to the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)  
(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 such as the name, phone and any other personal information provided by me or provided by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurers who have insured vehicles involved in the accident (all insurers) who have insured vehicles involved in the accident and be collectively referred to as the "Insurers"; the insurers' law practice firms, the Monetary Authority of Singapore and any relevant government agency/authority, such as the police, for the purpose 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 and packets); and/or  
(v) complying with applicable law in administering, investigating, settling and/or dealing with my claims.  
(collectively the "Purposes");  
(b) all insurers who have insured vehicles involved in the accident and the insurers' law practice 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 be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their law practice firms), which may be used outside of Singapore, for one or more of the above Purposes.

IDAC KAKI BUKIT (VAC)  
25 Kaki Bukit Ave 4 #02-02  
Singapore 415833  
Tel: 67416097 Fax: 67492309  
Email: vac@vac.com.sg

Insured Person's Signature (Driver & Authorized Driver)

Driver's Signature (if driver is not the policyholder's Data & Title)

Witnessed by Reporting Centre Personnel

Sketch Plan

TO CAR PARK

19 JAN 2021

Zi Yun Kai Ji Rong Temple

Blk 248



(A) SKK 666H G

(B) SH 7042 R

Describe Circumstances of the Accident

On 19/01/2021 at about 1340 hrs at along Hougang Ave 3 towards Hougang Ave 2 before Bk 248 Car Park Entrance. I was travelling on the extreme left lane and when coming towards the above mentioned car park entrance, suddenly a Vehicle (B) on my Right veered into my lane without proper lookout and hence collided onto my Right Rear Portion of my Vehicle (A) causing damages to my vehicle.

(A) SKK 6664 G

(B) SH 7042 R



Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

Declaration

We declare the foregoing particulars are true in every respect.

ICAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 6741 6697 Fax: 6742 2505  
Email: vac@icac.com.sg

  
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre  
Personal 19 JAN 2021