

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 22/01/2021 16:41 (SGT)
Date of Accident 22/01/2021 09:24 (SGT)
Exact Location of Accident Ghim Moh Rd, Singapore
Additional Location Information TRAFFIC LIGHT TOWARDS COMMONWEALTH
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGR3393T

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHIA PHECK KHENG
NRIC No SXXXX876H
Email Address lily.biqing@gmail.com
Mobile Phone No (Phone) +65-98488608
Alternative Phone No +65-98488608

VEHICLE PARTICULARS

Manufacturer Toyota
Model Vios
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 - Reporting only
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company United Overseas Insurance
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DHOM120051872000
Cover Note Number -

DRIVER

Name of Driver CHIA PHECK KHENG
NRIC No SXXXX876H
Date Of Birth 06/12/1960
Occupation Indoor

Date Of Driving Pass	01/04/1982
Driving experience	38 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98488608
Alt. Phone Number	+65-98488608
Email Address	lily.biqing@gmail.com
Address	BLK 3 GHIM MOH ROAD #08-290
Address complement	-
Postcode	270003
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	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	1
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

I AM AT GHIM MOH ROAD TURNING LEFT TOWARDS COMMONWEALTH ON 2ND LANE, I ACCELERATE TURN A BIT FAST AND BRUSH AGAIN THE OTHER VEHICLE (SJQ6625P).

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	SJQ6625P
Vehicle Manufacturer	BMW
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	FREDERICK
NRIC No	SXXXX157B
Contact Number	(Phone) +65-97503920
Address	-
Address complement	-

Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3

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' law firms/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' law firms/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 law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

<p><i>[Signature]</i> Policyholder's Signature / Date & Time 22/1/2021 at 2:25 pm</p>	<p><i>[Signature]</i> Driver's Signature (If driver is not the policyholder) / Date & Time 22/1/2021</p>	<p><i>[Signature]</i> Witnessed by Reporting Centre Personnel</p>
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Sketch Plan




A) SGR 33937
B) SJQ 6625 P

Describe Circumstances of the Accident

I am at Ghim Road turning ^{left} toward Commonwealth on 2nd lane
 I accelerate turn a bit fast and ~~brush~~ ^{brush} against the other vehicle
 no. 5JA 6625P.

Declaration

We declare the foregoing particulars are true in every respect.

 Policyholder's Signature / Date & Time 22/11/2024 @ 2:25pm	 Driver's Signature (if driver is not the policyholder) / Date & Time	 Witnessed by Reporting Centre Personnel
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