

# 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 ..... 30/01/2021 09:39 (SGT)  
Date of Accident ..... 12/01/2021 19:29 (SGT)  
Exact Location of Accident ..... Neil Rd, Singapore  
Additional Location Information ..... CARPARK  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SDM8993R

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... JIMMY LIU WING TIM  
NRIC No ..... SXXXX206H  
Email Address ..... jimmy.liu@cpgcorp.com.sg  
Mobile Phone No ..... (Phone) +65-90073770  
Alternative Phone No ..... +65-90073770

### VEHICLE PARTICULARS

Manufacturer ..... Volvo  
Model ..... S60  
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? ..... 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 ..... DHOM120042591900  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... JIMMY LIU WING TIM  
NRIC No ..... SXXXX206H  
Date Of Birth ..... 20/10/1959  
Occupation ..... Indoor

Date Of Driving Pass .....	16/02/2002
Driving experience .....	18 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90073770
Alt. Phone Number .....	+65-90073770
Email Address .....	jimmy.liu@cpgccorp.com.sg
Address .....	47 ENG KONG DRIVE
Address complement .....	-
Postcode .....	599375
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 .....	No Collision
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? .....	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

THERE WAS VEHICLE PARKED ILLEGALLY AT THE CORNER. I HAD SLIGHTLY REVERSE THE CAR TO AVOID IT. THE INCIDENT HAPPENED AT NIGHT AND THERE WAS NOT GOOD LIGHTING. I BACKED REVERSED NOT REALISING THE BARRIER WAS DOWN AND THERE WAS NO NOISE. THE ACCIDENT WAS REPORT LATE, SINCE I HAD JUST RECEIVED THE LETTER DATED 18/01/2021, TODAY PLUS THE REMINDER. THERE WAS NO DAMAGE TO MY REAR CAR.

#### 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**

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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 :

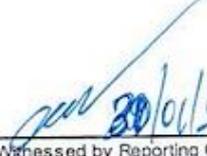
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (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.

  
 Policyholder's Signature / Date & Time  
 29/1/21  
 Sketch Plan

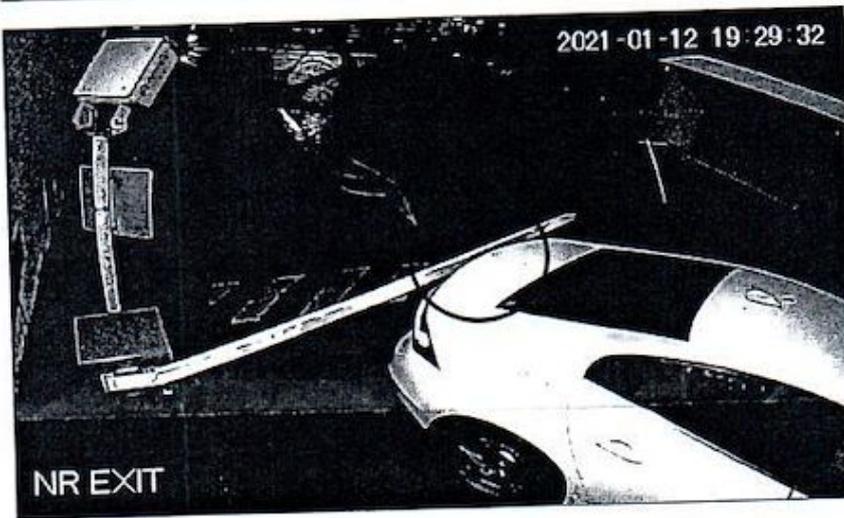
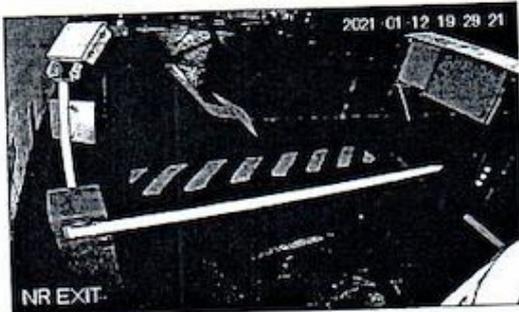
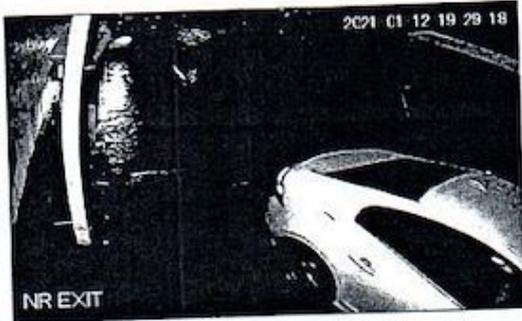
  
 Driver's Signature (if driver is not the policyholder) / Date & Time  
 29/1/21

  
 Witnessed by Reporting Centre Personnel  
 30/01/2021

UNKNOWN  
 PICTURE ATTACH

# ACCIDENT SDM8993R AT N0006 ON 12<sup>th</sup> JAN 2021 AT 1929HRS

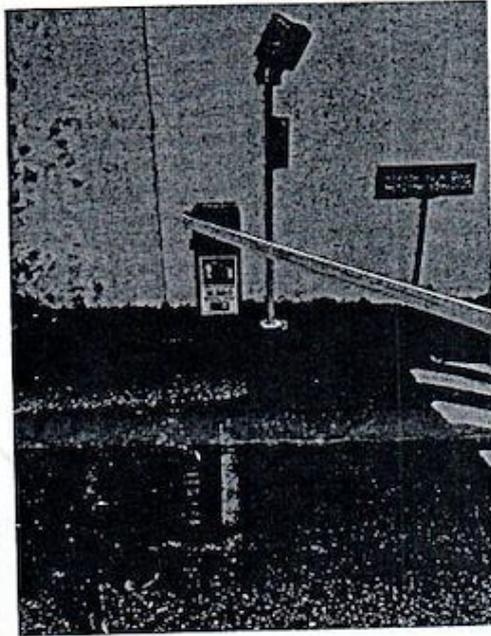
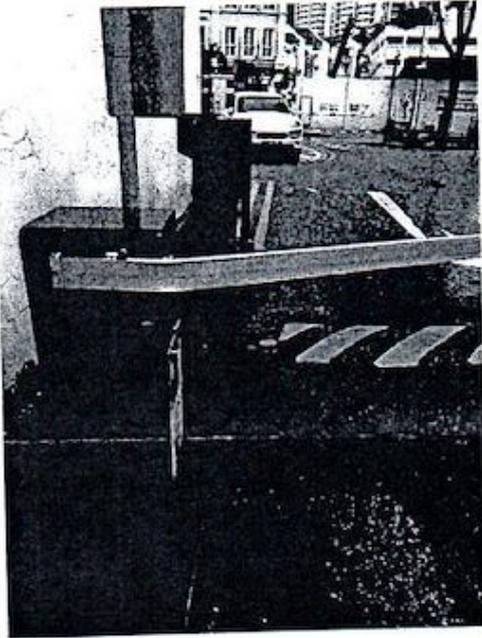
## SEQUENCE OF EVENTS



*Car 30/01/2021*

ACCIDENT SDM8993R AT N0006 ON 12<sup>th</sup> JAN 2021 AT 1929HRS

DAMAGED



*aw* 30/01/2021

Describe Circumstances of the Accident

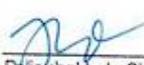
There was a vehicle parked illegally at the corner. I had to slightly reverse the car to avoid it. The incident happened at night and there was not good lighting. I backed/reversed not realising the barrier was down and there was no noise.

The incident was reported late, since I had just received the letter date 18 Jan 2021, today, plus the reminder letter.  
UOI Ref. no. DTHM12004 2591 900

There was no damage to my rear car.

Declaration

We declare the foregoing particulars are true in every respect.

 29/1/21  
Policyholder's Signature / Date & Time  
11am

 29/1/21  
Driver's Signature (if driver is not the policyholder) / Date & Time  
11am

 30/01/2021  
Witnessed by Reporting Centre Personnel















