# **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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 23/03/2021 15:51 (SGT) Date of Accident 22/03/2021 15:25 (SGT) Exact Location of Accident 874 Tampines Street 84, Singapore 520874 Additional Location Information BLK 874 Tampines Street 84, Singapore 520874 - CARPARK Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SLB2959T

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner

HOR WAN LIANG NRIC No. SXXXX955C

Email Address hoperunsdeep@hotmail.sq Mobile Phone No (Phone) +65-98896119

Alternative Phone No +65-98896119

VEHICLE PARTICULARS

Manufacturer Hyundai Model Accent Variant

Exact purpose for which vehicle was being used at time of

Private use accident

Are you claiming under your own insurance policy for repair to

your vehicle? No - Claiming third party Vehicle Category Private car

Transmission Auto CC 1368

**INSURANCE COMPANY** 

Name of Insurance Company Great Eastern General Insurance Limited

Type of Coverage Comprehensive

Fleet Policy Nο Policy Number V8010319 Cover Note Number

DRIVER

Name of Driver HOR WAN LIANG NRIC No. SXXXX955C

Date Of Birth 17/01/1982 Occupation Indoor Date Of Driving Pass 04/07/2016 Driving experience 4 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-98896119 Alt. Phone Number +65-98896119 Email Address hoperunsdeep@hotmail.sg Address BLK 874 TAMPINES STREET 84 #11-13 Address complement Postcode 520874 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 Hit and run / Vandalism / Damaged whilst parked Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) 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? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE SEE ATTACHED SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** 

 Vehicle Registration Number
 SLF808M

 Vehicle Manufacturer
 Audi

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Private car

 Name of Driver
 WENDY

 Contact Number
 (Phone) +65-98809281

 Address

 Address complement

Postcode	_
nsurance Company Name	_
lature Of Damage	_
Details of property damaged in accident	_
lo. Of Passenger (Including Driver)	_

Insured Nome: HOR WANLIANG	Great Eastern
Policy Number: V8010319	Eastern
Date: 23 03 202	
· · · · · · · · · · · · · · · · · · ·	(Bv Hand)

Dear Sir / Madam,

Accident Involving 5182959T on 33/03/21 Reported at YEW HUCK MUTUR

Thank you for reporting the accident at our One-Stop Service Center which offers services for accident reporting, damage survey and repairs all at one location. In addition, the Centre offers third party recovery services.

Our One-Stop Service Center is set up with the sole aim to save you precious time, and the unnecessary trouble to move the vehicle from the reporting center to another repair workshop thus ensuring no further unforeseen damage to your vehicle can occur.

We note that you have elected to claim against the responsible Third Party and have your vehicle repaired by a non-authorized workshop instead of using the services and facilities offered to you by our Center.

As we do not have commercial or contractual dealings with non-authorized workshops, should there be any issues or dispute arising from the repairs done by such non-authorized workshops, we will not be able to assist. Further, we cannot be responsible for any liabilities arising from the repairs.

We are appealing for your co-operation to allow our authorized workshop where you have just filed the accident report to repair your vehicle and handle your recovery claim against the . Third Party.

You will have the peace of mind knowing that your insurer, The Overseas Assurance Corporation Ltd (OAC), is firmly behind you whilst you deal with our authorized workshop.

We trust you will accept our appeal and recommendation. We urge you to approach our authorized workshop now for immediate assistance and further advice.

Thank you for insuring with OAC.

Yours faithfully,

General Insurance (Claims)

The Overseas Assurance Corporation Limited

Creat Extrem Holdings, Limited (2007) (Accepted placehold) The Great Extreme USe Assummer Company Limited (Fig. 18. 1970) (1971) The Operate Assumption Corporation Lymited (Fig. 1801) (1970) (1970) Life is great!

serling Adams : Proteing Street \$15 or Coest Eastert Contin Singapore 048650 3rt 6248 coest Fee 1532 3314 Welsone were integrate coestage



SKETCH PLAN

(Harrison to make adjustment)

(Harrison to make adjustment)

(Open drive door and hit outs Velick 'A')

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22 | 3 | 21 second 1325 hrs, as i was returning home at the
open space compare near BK 874, as i was parking and dog
adjustment, the drive of SLW808 (B) without looking therefore
open her door and hit my car's rear lest pare I caused
dent.

I was moving out from the largarde lot to make adjustment
and was looking out for passing by vechicle.

I have video fortage showing that right after a vehicle
passed by my car and as I was shifting out, there was
an impact which is shown the clip. I immidisty
stopped and clecked before taking any further action.

I would like to emphasize that I was shifting my car
out for any morn considerate (prople/car) in tent of me.
Obstacles

I have out after making sure i'm safe to do so when
the tent is clear and at this point of the the impact
of stown the other party door stopped my car.

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

g 23/3/21 @1420Ls

Date & Time:

Oriver's Signature

[If driver is not the policyholder]

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



## SKETCH PLAN

## 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy flability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The 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.
- 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/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 (all insurers) lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
  - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (iii) 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/majl 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.
- 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:
  - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, low 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/FIN No.:

CIMBA, ManiPhacese, 575











