

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	30/03/2021 16:36 (SGT)
Date of Accident	29/03/2021 11:40 (SGT)
Exact Location of Accident	Tanglin Halt Rd, Singapore
Additional Location Information	BLK 46-2 OPEN CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP8976B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	UNITED ROAD TRANSPORT PTE LTD
Company Reg No	2XXXXX359R
Email Address	awnagintl@gmail.com
Mobile Phone No	(Phone) +65-94550023
Alternative Phone No	+65-94550023

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	FEB71ER4SDEN
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	Commercial vehicle
Transmission	Manual
CC	2977

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	-
Cover Note Number	20114392

DRIVER

Name of Driver	MOO ZUN WOON
NRIC No	SXXXX592C

Date Of Birth	11/04/1967
Occupation	Outdoor
Date Of Driving Pass	16/11/1990
Driving experience	30 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94550023
Alt. Phone Number	-
Email Address	awnagintl@gmail.com
Address	BLK 351 CLEMENTI AVENUE 2 #03-89
Address complement	-
Postcode	120351
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 Parked Vehicle
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?	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

ON 29 MARCH 2021 ABOUT 11:40HRS IT WAS AN OVERCAST DAY, I WAS PARKED AT CARPARK QXQ57 AT TANGLIN HALT. I WAS MOVING OFF WHEN TWO LADIES WALKED INTO THE PATH OF THE VEHICLE YP8976B WHICH I WAS DRIVING. I SWERVE AND THE LEFT SIDE OF YP 8976B CAME CONTACT WITH FRONT RIGHT OF CAR SGP1949P.

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	SGP1949P
Vehicle Manufacturer	Skoda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JUFRI BIN ANDUL MAJID
NRIC No	SXXXX720A

Contact Number	(Phone) +65-98628574
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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

MOO ZUN WONG

30/3/21 1115

30/03/2021

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

BIK 46-2 TANGLIN HART QPWS CHAPPAK

A) YP 8976B

B) SGP 1949P

Describe circumstances of the accident:

ON 29 MARCH 2021 ABOUT 1140AM, IT WAS AN OVERCAST DAY
I WAS PARKED AT CARPARK QXQ57 AT TANGLIN HALL.
I WAS MOVING OFF WHEN TWO LADIES WALKED INTO THE PATH OF
THE VEHICLE YP8976B WHICH I WAS DRIVING. I SWERVE AND
THE LEFT SIDE OF YP8976B CAME INTO CONTACT WITH FRONT RIGHT
OF CAR SGP1949P

We declare the foregoing particulars are true in every respect.



MOG Zuss WOOD

30/3/21 1115

30/03/2021

Witnessed by Reporting Centre
Personnel























