

# 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 ..... 31/03/2021 16:01 (SGT)  
Date of Accident ..... 30/03/2021 16:35 (SGT)  
Exact Location of Accident ..... 106 Clementi Street 12, Block 106, Singapore  
Additional Location Information ..... OPEN MSCP  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SFQ110E

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... GAN LIAN AUN AUTHUR  
NRIC No ..... SXXXX073F  
Email Address ..... ganarthur@mac.com  
Mobile Phone No ..... (Phone) +65-96191212  
Alternative Phone No ..... +65-96191212

### VEHICLE PARTICULARS

Manufacturer ..... Volvo  
Model ..... Xc60  
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? ..... Yes  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1969

### INSURANCE COMPANY

Name of Insurance Company ..... United Overseas Insurance Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DHOM120055732000  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... GAN LIAN AUN AUTHUR  
NRIC No ..... SXXXX073F

Date Of Birth .....	14/06/1963
Occupation .....	Indoor
Date Of Driving Pass .....	01/04/1981
Driving experience .....	39 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96191212
Alt. Phone Number .....	+65-96191212
Email Address .....	ganarthur@mac.com
Address .....	52 SUNSET VIEW
Address complement .....	-
Postcode .....	597209
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 .....	Collided into Property
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

HIT METAL DIVIDER AS I WAS LEAVING THE CARPARK LOT. NO VEHICLES IN THE PARKING LOT AT THAT TIME. DID NOT SEE THE DIVIDER.

#### 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****IMPORTANT NOTICE**

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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.

<p><i>[Signature]</i> 31/3/21 15:15</p> <p>Policyholder's Signature / Date &amp; Time</p>	<p><i>[Signature]</i> 31/03/2021</p> <p>Driver's Signature (if driver is not the policyholder) / Date &amp; Time</p>	<p><i>[Signature]</i> 31/03/2021</p> <p>Witnessed by Reporting Centre Personnel</p>
<p><b>Sketch Plan</b>      B1K 106 CUMMINS S7 12 OPEN MSCP.</p>		

Hit metal divider as I was leaving the car park lot. No vehicles in the parking lot at that time. Did not see the divider.

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre  
Personnel























