

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	28/05/2021 14:13 (SGT)
Date of Accident	27/05/2021 16:18 (SGT)
Exact Location of Accident	141 Lor Ah Soo, Block 141, Singapore 530141
Additional Location Information	CARPARK DRIVEWAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA7771P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOW CHERN DAR JACKSON
NRIC No	SXXXX771G
Email Address	JACKSONLCD@HOTMAIL.COM
Mobile Phone No	(Phone) +65-88227771
Alternative Phone No	+65-88227771

VEHICLE PARTICULARS

Manufacturer	Peugeot
Model	5008
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
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DHOM120028991702
Cover Note Number	-

DRIVER

Name of Driver	LOW CHERN DAR JACKSON
NRIC No	SXXXX771G

Date Of Birth	21/06/1979
Occupation	Indoor
Date Of Driving Pass	06/11/1998
Driving experience	22 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88227771
Alt. Phone Number	+65-88227771
Email Address	JACKSONLCD@HOTMAIL.COM
Address	98 EDGEDALE PLAINS
Address complement	#17-38 THE TERRACE
Postcode	828689
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	AFTER RAIN
Road Surface	Wet

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 27TH MAY 2021 AT ABT 16:18HRS, WHEN I WAS EXITING THE CARPARK OF BLK 141 LOR AH SOO. SUDDENLY VEH B (SMZ3991D) ENTERING TWDS THE CARPARK AND HIT THE RIGHT REAR OF MY VEH(SLA7771P)

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	SMZ3991D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	GRACIE LEE KA MIN
NRIC No	TXXXX076I
Contact Number	(Phone) +65-96804995

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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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.

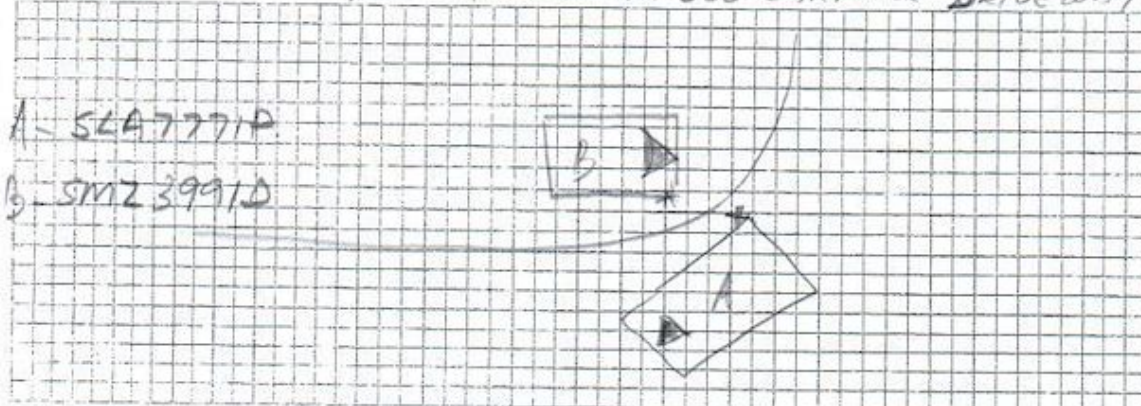
Lim Han Dan
Policyholder's Signature / Date & Time
28/5/21

2/ym
Driver's Signature (if driver is not the policyholder) / Date & Time
28/05/21

Witnessed by Reporting Centre Personnel

Sketch Plan

BLK 141 LOR AH SOD CARPARK DRIVEWAY



Describe Circumstances of the Accident

On 27 of May 2021 at about 4.18 pm when I was exiting the car park of BIK 141 Lor Ah See, suddenly ~~some~~ smz 3991D entering towards the carpark, hit the right rear of my car, SLA 7771P

Declaration

We declare the foregoing particulars are true in every respect.

Law Chien Der 28/5/21

Policyholder's Signature / Date & Time

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

Shym 28/05/21

Witnessed by Reporting Centre Personnel















