

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 21/06/2021 10:51 (SGT)
Date of Accident 18/06/2021 13:08 (SGT)
Exact Location of Accident Rodyk St, Singapore
Additional Location Information TOWARDS MARTIN RD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLK7971B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHUA KIM LENG PETER
NRIC No SXXXX886B
Email Address KIMBERLY-CHUA@OUTLOOK.COM
Mobile Phone No (Phone) +65-93662366
Alternative Phone No +65-93662366

VEHICLE PARTICULARS

Manufacturer Mercedes
Model C180
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 1595

INSURANCE COMPANY

Name of Insurance Company United Overseas Insurance Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DHOM120043641901
Cover Note Number -

DRIVER

Name of Driver KIMBERLY CHUA
NRIC No SXXXX945A

Date Of Birth	17/09/1997
Occupation	Outdoor
Date Of Driving Pass	04/01/2016
Driving experience	5 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-83822366
Alt. Phone Number	-
Email Address	KIMBERLY-CHUA@OUTLOOK.COM
Address	BLK 192A RIVERVALE DR
Address complement	#06-934
Postcode	541192
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	DRIZZLING
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

I WAS EXITING OUT OF RODYK STREET ONTO MARTIN RD.I WAS LOOKING TO TURN RIGHT,WITH INCOMING TRAFFIC ON THE LEFT.WHEN I MADE THE TURN I COLLIDED INTO VEH B AS HE WAS DRIVING FORWARD.I HIT ONTO HIS RIGHT SIDE PORTION OF HIS VEH.WE BOTH GOT OUT OF OUR CARS,VEH B DRIVER WAS UNHARMED AND NO INJURIES.HE HAD NO PHYSICAL INJURIES AND REPEATEDLY ANSWERED TO NO INJURIES AT POINT OF ACCIDENT.WE EXCHANGED DETAILS AND THEN PROCEEDED TO FILE AN ACCIDENT REPORT WITH IDAC.

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	SGL319K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHAN ENG SUAN

NRIC No	SXXXX883I
Contact Number	(Phone) +65-98823289
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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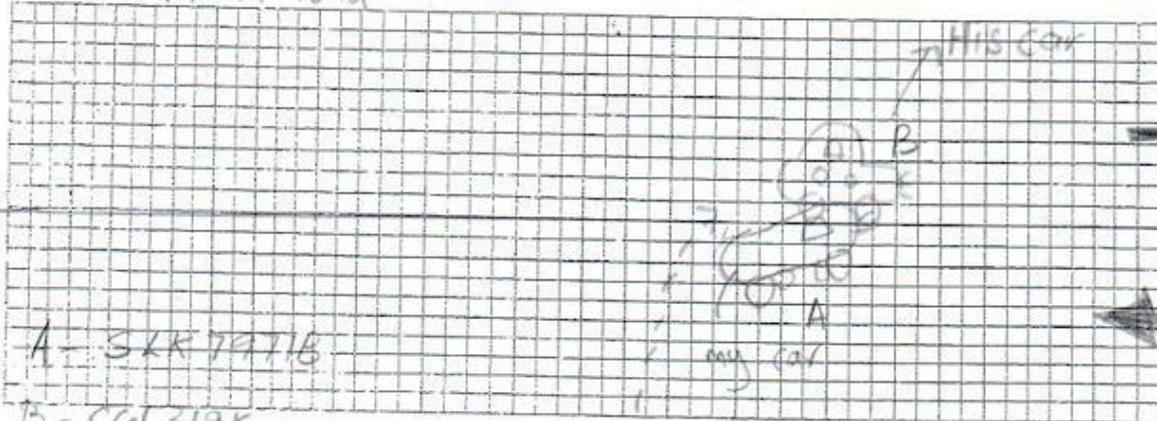
8. Consent under the Personal Data Protection Act (PDPA)

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.

 _____ Policyholder's Signature / Date & Time	 _____ Driver's Signature (if driver is not the policyholder) / Date & Time	18 June 2021 _____ Witnessed by Reporting Centre Personnel
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Sketch Plan main road



*
my starting point:
ROADK STREET

Describe Circumstances of the Accident

I was exiting out of Rodyk street onto Martin Rd. I was looking to turn right, with incoming traffic on the left.

When I made the turn, I collided ~~in~~ into Mr. Chan as he was driving forward. I hit onto the right side of his car door (drivers seat side).

We both got out of our cars, and Mr Chan was unharmed, and had no injuries. He had no physical injuries and ~~we~~ repeatedly answered to no injuries at point of accident.

We exchanged details and then proceeded to file an accident report with IBAC.

Declaration

We declare the foregoing particulars are true in every respect.

 18/6
 Policyholder's Signature / Date & Time

 18 JUNE 2021
 Driver's Signature (if driver is not the policyholder) / Date & Time

 21/06/21
 Witnessed by Reporting Centre Personnel





















