

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 15/07/2021 17:45 (SGT)
Date of Accident 14/07/2021 13:30 (SGT)
Exact Location of Accident Yio Chu Kang Rd, Singapore
Additional Location Information JUNC OF PHILLIP AVE/SERANGOON NORTH AVE 1
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKE4040B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner EMRYS PHUA KANG SHENG
NRIC No SXXXX491G
Email Address allan.phua1951@gmail.com
Mobile Phone No (Phone) +65-82008190
Alternative Phone No +65-82008190

VEHICLE PARTICULARS

Manufacturer Jaguar
Model Xf
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 2000

INSURANCE COMPANY

Name of Insurance Company United Overseas Insurance Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DHOM120038741901
Cover Note Number -

DRIVER

Name of Driver PHUA KIOK HUANG
NRIC No SXXXX328I

Date Of Birth	23/01/1951
Occupation	Indoor
Date Of Driving Pass	08/02/1974
Driving experience	47 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96344696
Alt. Phone Number	-
Email Address	allan.phua1951@gmail.com
Address	22 JALAN ANTOI
Address complement	-
Postcode	809408
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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	Collision - Head to Rear
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 vehicle 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 TRAVELLING ALONG YIO CHU KANG RD TWDS SERANGOON GARDEN.AT THE TRAFFIC JUNC OF PHILLIPS AVE X SERANGOON NORTH AVE 1.A CAR DRIVER BY A LADY HOLDER OF NRIC NO 735Z A BLACK TOYOTA ALTIS DECIDED TO STOP INSTANEOUSLY AFTER PASSING THE STOP LINE BY JAMMING ON HER BRAKES.I WAS GIVEN NO TIME TO REACT AND KNOCKED ONTO HER CAR,WITH DAMAGES TO BOTH PARTIES BUT WITHOUT BODY INJURIES TO BOTH OF US.

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	SFL4661G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHIA PONG HENG
NRIC No	SXXXX735Z

Contact Number -
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' 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

SERANGOON

YIO CHU KANG RD

Sketch Plan grid area with handwritten notes: SERANGOON, YIO CHU KANG RD, A-5KE 4040B, B-SFL 4661G.

A-5KE 4040B
B-SFL 4661G

Describe Circumstances of the Accident


I was travelling along Yeo Chu Kang Rd towards Serangoon Garden. At the traffic junction of Phillips Ave X Serangoon North Ave 1.

A car driven by a lady holder of NRIC No. S2089735Z a black Toyota Altis decided to stop instantaneously after passing the stop line by jamming on her brakes.

I was given no time to react and knocked onto her car, with damages to both parties but without body injuries to both of us.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel