

# 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 .....	02/08/2021 15:22 (SGT)
Date of Accident .....	31/07/2021 17:00 (SGT)
Exact Location of Accident .....	Stevens Rd, Singapore
Additional Location Information .....	OPPOSITE GODWOOD HOTEL
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKA9001C

### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	BERNARD HO SWEE WAH
NRIC No .....	SXXXX709A
Email Address .....	BERNARD.HO23@ICLOUD.COM
Mobile Phone No .....	(Phone) +65-96350288
Alternative Phone No .....	+65-96350288

### VEHICLE PARTICULARS

Manufacturer .....	BMW
Model .....	420i
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 .....	1998

### INSURANCE COMPANY

Name of Insurance Company .....	United Overseas Insurance Ltd
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	DH0M120055332000
Cover Note Number .....	-

### DRIVER

Name of Driver .....	BERNARD HO SWEE WAH
NRIC No .....	SXXXX709A



.....  
Date Of Birth .....  
Occupation .....  
Date Of Driving Pass .....  
Driving experience .....  
Gender .....  
Mobile Number .....  
Alt. Phone Number .....  
Email Address .....  
Address .....  
Address complement .....  
Postcode .....  
Is the driver the policyholder? .....  
If No, Relationship of the Driver with the Insured .....  
Does Driver Own Other Vehicles? .....  
Vehicle Registration Number of Other Vehicle Owned by Driver .....  
Insurance Company of Other Vehicle Owned by Driver .....

23/07/1950  
Indoor  
02/03/1972  
49 YEARS AND 4 MONTHS  
Male  
(Phone) +65-96350288  
+65-96350288  
BERNARD.HO23@ICLOUD.COM  
16 ENG KONG CRESCENT  
-  
599411  
Yes  
-  
No  
-  
-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....  
Weather Conditions .....  
Road Surface .....

Collision - U-Turn  
Clear  
Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....  
Number of vehicles involved in the accident .....  
Was anybody injured in the Accident? .....  
Was any injured conveyed to hospital by ambulance? .....  
Was any other vehicle or property damaged? .....  
Number of Passengers (Including Driver) .....  
Has the driver been approached by unknown person(s)  
soliciting/offering accident claims assistance? .....

No  
2  
No  
-  
Yes  
2  
No

#### PASSENGER 1

Name .....  
Gender .....

YAP SIOK HUAY  
Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....  
Was notice of intended Prosecution given? .....  
If yes, against whom? .....

No  
No  
-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACH.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....  
Was there any video captured by Car Camera? .....  
Was there any audio recorded? .....

Yes  
No  
No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....  
Vehicle Manufacturer .....  
Vehicle Model .....  
Vehicle Variant .....  
Vehicle Colour .....  
Vehicle Category .....

SLN4981B  
Toyota  
Harrier  
-  
Black  
Private car



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

SERENE SHEN  
(Phone) +65-96669946

RIGHT  
FRONT SIDE OF CAR BADLY DAMAGED  
1



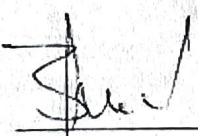
## SKETCH PLAN

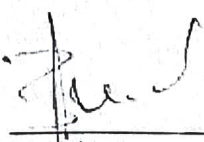
### IMPORTANT NOTICE

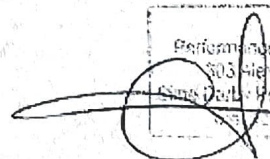
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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' 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

  
Policyholder's Signature  
Date & Time:  
11:30pm  
2 July 2021  
(Monday)

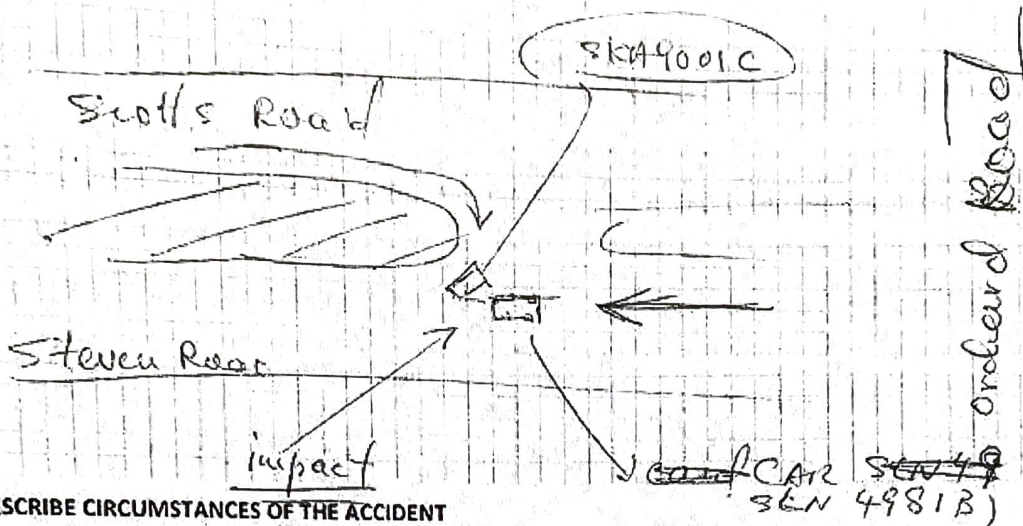
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:  
Policy holder

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Performance Motors Limited  
503 Alexandra Road  
Singapore Performance Centre  
Singapore 119944



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was making a U-turn from Scott's Road into Steven's Road. Did not notice the traffic light (too high up), and the car SLN 4981B coming from the direction of Orchard Road along Steven's Road hit the left front side of my car. Both cars sustained damages (mine front left side) and the other car front right side.

NO ONE WAS HURT.

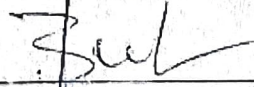
occupants in SKA9001C : Bernard Ho (Driver)  
Yap Siok Hing (Wife)

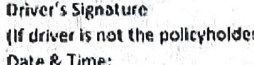
occupants in SLN 4981B : Mrs Serene Shen (Driver)  
Toddler (About 2 years old)

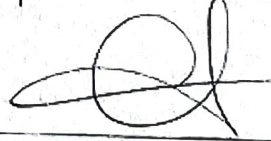
Accident date 31/7/2021  
Approx time 5pm

### DECLARATION

I/We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature  
Date & Time: 2 Aug 2021

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

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: