

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 20/08/2021 18:06 (SGT)
Date of Accident 20/08/2021 07:05 (SGT)
Exact Location of Accident Corporation Rd, Singapore
Additional Location Information TOWARDS BOON LAY WAY AFTER JURONG WEST AVENUE 2
JUNCTION
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJE8845G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHAN SIM LAN
NRIC No SXXXX456A
Email Address haris.yew@gmail.com
Mobile Phone No (Phone) +65-93831608
Alternative Phone No +65-81630429

VEHICLE PARTICULARS

Manufacturer Kia
Model Cerato
Variant K3
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 - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1519

INSURANCE COMPANY

Name of Insurance Company United Overseas Insurance Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DHOM120038441801
Cover Note Number -

DRIVER

Name of Driver NOOR HARIS YEW

NRIC No	SXXXX134C
Date Of Birth	05/05/1980
Occupation	Outdoor
Date Of Driving Pass	10/04/2010
Driving experience	11 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81630429
Alt. Phone Number	-
Email Address	haris.yew@gmail.com
Address	BLK 852 JURONG WEST STREET 81 #12-311
Address complement	-
Postcode	640852
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 - Major/Minor Rd
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	GERAINT YEW
Gender	Female

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 THE STATE DATE AND TIME, I VEHICLE A (SJE8845G) WAS TRAVELLING AT JURONG WEST AVENUE 2 TURNING INTO CORPORATION ROAD ON LANE 2. AS VEHICLE IN FRONT OF ME SLOW DOWN AND CAME TO A STOP AT CORPORATION ROAD DUE TO HEAVY TRAFFIC, I FOLLOWED SUIT OUT OF A SUDDEN I FELT AN IMPACT FROM THE LEFT PORTION OF MY VEHICLE, VEHICLE B (SLX1154P) FROM THE SLIP ROAD COLLIDED ONTO THE LEFT PORTION OF MY VEHICLE CAUSING DAMAGES.

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	SLX1154P
Vehicle Manufacturer	-


Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	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)	-


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

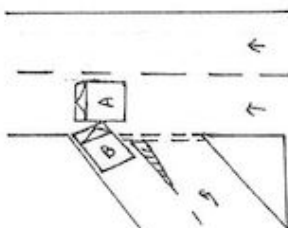

Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

Sketch Plan

Operation Road Towards Boon Lay Way after Jurong West Ave 2 Junc

Vehicle A - 3JE 28456
Vehicle B - 2LX 1154P




Describe Circumstances of the Accident

on the state date and time, I, vehicle A (5E8645G) was travelling at Jurong West Ave 2 turning into Corporation Road on Lane 2. As vehicle in front of me slow down and came to a stop at Corporation Road due to the heavy traffic, I followed suit. Out of sudden, I felt an impact from the left portion of my vehicle, vehicle B (SLX 154P) from the slip road collided onto the left portion of my vehicle causing damages.

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















