

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	18/10/2021 10:01 (SGT)
Date of Accident	15/10/2021 08:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ECP SLIP RD TURNING INTO TANAH MERAH COAST RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT5990A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HUANG XIANGTING
NRIC No	SXXXX669H
Email Address	huangxiangting.d@gmail.com
Mobile Phone No	(Phone) +65-93210342
Alternative Phone No	+65-93210342

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A1
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	999

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DHOM120061492100
Cover Note Number	-

DRIVER

Name of Driver	HUANG XIANGTING
NRIC No	SXXXX669H

Date Of Birth	08/12/1988
Occupation	Outdoor
Date Of Driving Pass	06/01/2009
Driving experience	12 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93210342
Alt. Phone Number	+65-93210342
Email Address	huangxiangting.d@gmail.com
Address	BLK 329 YISHUN RING ROAD
Address complement	#07-1414
Postcode	760329
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	Collision - Head to Rear
Weather Conditions	Raining
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)	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

WAS DRIVING TO WORK AT 08:00 ON 15/10/2021.FILTERED LEFT TO THE SLIP RD TO TURN INTO TANAH MERAH COAST RD AND MAINTAINING IN MY LANE FROM ECP .VEH B PICK UP SPEED AND COLLIDED ONTO MY REAR RIGHT PORTION OF MY VEH..

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	SKW24E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LEGISS HUANG JING PENG
NRIC No	TXXXX199B

Contact Number	(Phone) +65-91256469
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

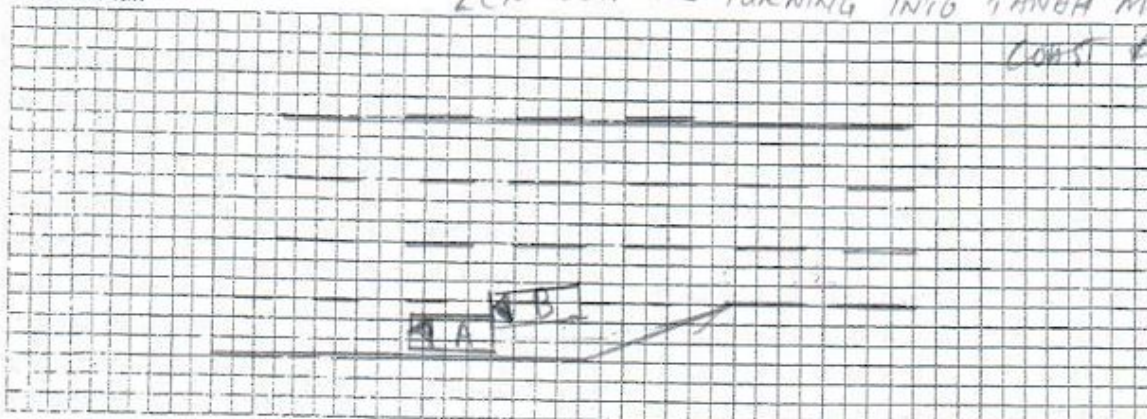
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
 (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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

Witnessed by Reporting Centre Personnel

Sketch Plan



A - SMT5990A

B - SKW24E

Describe Circumstances of the Accident


Was driving to work & approximately 88004 this morning (15 Oct 21)
 # planned left to the slip road to turn into Tash Branch (east bound)
 from ECP. Honda Vezel pulled up speed and collided with ~~the~~
 right rear of my vehicle. I was maintaining within law and speed
 limit while driving into slip road.

Vehicles collided at approximately 88024 to 88044.

It was drizzling slightly at the point of the incident

Declaration

We declare the foregoing particulars are true in every respect.

 13784
 15/10/21
 Policyholder's Signature / Date & Time

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

 18/10/21
 Witness / Supporting Centre Personnel













