

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 05/11/2021 16:52 (SGT)
Date of Accident 05/11/2021 14:46 (SGT)
Exact Location of Accident Singapore
Additional Location Information TPE TOWARDS LENTOR AVE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMT5990A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner HUANG XIANG TING
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? Yes
Vehicle Category Private car
Transmission Auto
CC 1000

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 XIANG TING
NRIC No SXXXX669H

Date Of Birth	08/12/1988
Occupation	Outdoor
Date Of Driving Pass	06/01/2009
Driving experience	12 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93210342
Alt. Phone Number	+65-93210342
Email Address	HUANGXIANGTING.D@GMAIL.COM
Address	BLK 329 YISHUN RING RD #07-1414
Address complement	-
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

ON THE ABOVE MENTION DATE AND TIME. I WAS TRAVELLING ALONG TPE TOWARDS LENTOR AVE. VEHICLE B IN FRONT OF ME SUDDENLY STOPPED AS SHE WAS TRYING TO AVOID AN OBJECT LYING ON THE FLOOR. I TRIED TO BRAKE BUT I STILL COLLIDED ONTO VEHICLE B REAR PORTION.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMS2125G
Vehicle Manufacturer	Honda
Vehicle Model	Vezel
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	RASHEEDA SAMERA BINTE ROSLI
NRIC No	SXXXX559H

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:

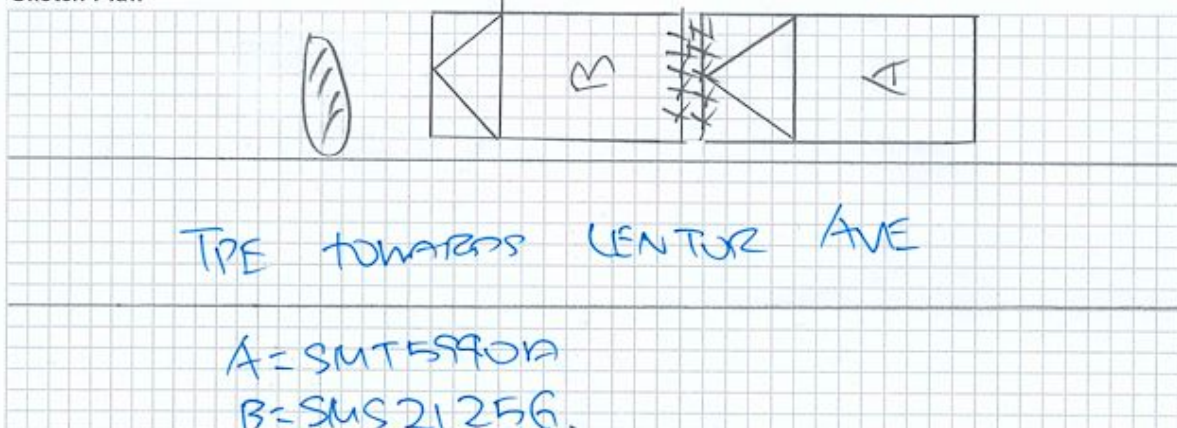
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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.

16364
5/11/21
X [Signature]
Policyholder's Signature / Date & Time

16364
5/11/21
X [Signature]
Driver's Signature (If driver is not the policyholder) / Date & Time

進友成汽車服務私人有限公司
CYS Automobile Services Pte Ltd
3B Woodlands Industrial Park East 1
#02-17 Admiralty Industrial Park
Singapore 757700
Tel: 6219 2086 (Mobile) Fax: 6219 2090
[Signature]
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON THE ABOVE MENTION DATE & TIME -I WAS TRAVELLING ALONG THE TOWARDS LENTOR AVE. VEHICLE IS IN FRONT OF ME Suddenly STOPPED AS SHE WAS TRYING TO AVOID AN OBJECT LYING ON THE FLOOR. I TRIED TO BRAKE BUT I STILL COLLIDED INTO VEHICLE'S REAR PORTION.

Declaration

We declare the foregoing particulars are true in every respect.

16344
5/11/21
Policyholder's Signature / Date & Time

16344
5/11/21
Driver's Signature (If driver is not the policyholder) / Date & Time

 進友成汽車服務私人有限公司
CYS Automobile Services Pte Ltd
38 Woodlands Industrial Park East 1
#01-17 Admiralty Industrial Park
Singapore 757700
Tel: 6219 2098 (3 lines) Fax: 6219 2099
Witnessed by Reporting Centre Personnel