

## 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	15/11/2021 13:35 (SGT)
Date of Accident	13/11/2021 15:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UB ONE BUILDING OPEN SPACE CARPARK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ2636K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	GOH LENG CHAN
NRIC No	S1462109A
Email Address	johnnygoh@starmissionservices.com
Mobile Phone No	(Phone) +65-98771900
Alternative Phone No	+65-98771900

### VEHICLE PARTICULARS

Manufacturer	Audi
Model	A6
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1800

### INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DHOM120032231701
Cover Note Number	-

### DRIVER

Name of Driver	GOH LENG CHAN
NRIC No	S1462109A

Date Of Birth	09/02/1961
Occupation	Indoor
Date Of Driving Pass	10/06/1978
Driving experience	43 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98771900
Alt. Phone Number	+65-98771900
Email Address	johnnygoh@starmissionservices.com
Address	BLK 187 PASIR RIS ST 11 #13-90
Address complement	-
Postcode	510187
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	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)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	NICHOLAS
Gender	Male

#### PASSENGER 2

Name	SHIRIN
Gender	Female

#### PASSENGER 3

Name	JESSY
Gender	Female

#### PASSENGER 4

Name	VANESSA
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

I WAS TRAVELLING ALONG UB ONE BUILDING CARPARK ON 13/11/2021 AT ABOUT 3PM. WHILE TRAVELLING, VEHICLE B REVERSE AND COLLIDED INTO THE REAR PORTION OF MY VEHICLE. WE ALIGHTED AND EXCHANGE PARTICULARS AND LEFT AFTERWHICH. THAT'S ALL.

#### 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	SLP2994S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIOW SOON HUAT
Contact Number	(Phone) +65-83636690
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
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' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purposes 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 making 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/trail packaging); 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 based 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 (a) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in investigating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies or authorities relevant for the purposes stated; or
  - (ii) for complying with requirements under any regulatory, laws or court orders.

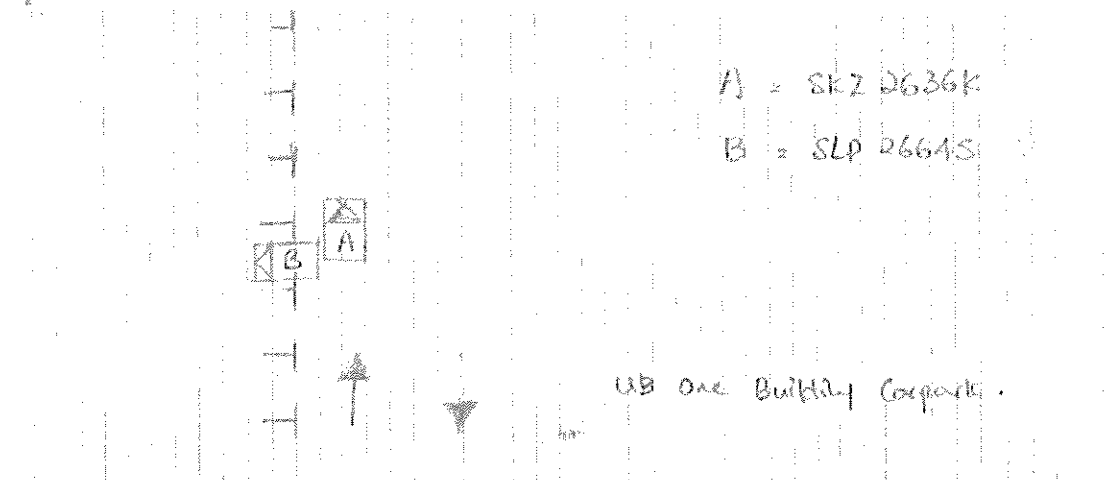
Signature of Policyholder  
Date: 8/1/2020

Signature of Authorised Driver  
Name: CHAN SENG HUI  
Date: 8/1/2020

Signature of Insurance Provider - Agent and/or  
Name: NANCY TAN  
Date: 8/1/2020

(OR PROVIDERS)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along UB one building corpark on 13/11/2021 at about 3pm. While travelling, vehicle B reverse and collided into the rear portion of my vehicle. We alighted and exchange particulars and left after which. That's all.

