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 witholding 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	24/12/2021 11:01 (SGT)
Date of Accident	23/12/2021 16:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	30-40 HOOT KIAM ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGC812A

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	OH BOON HONG @ JENNY OH
NRIC No	SXXXX732C
Email Address	jennyoh2006@yahoo.com
Mobile Phone No	(Phone) +65-90708008
Alternative Phone No	+65-90708008

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
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	1595

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DHOM120043301902
Cover Note Number	-

DRIVER

Name of Driver	OH BOON HONG @ JENNY OH
NRIC No	SXXXX732C

Date Of Birth	20/06/1960
Occupation	Indoor
Date Of Driving Pass	21/09/1978
Driving experience	43 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90708008
Alt. Phone Number	+65-90708008
Email Address	jennyoh2006@yahoo.com
Address	160 HAIG ROAD
Address complement	#10-01
Postcode	438795
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	Side Swipe
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LEE POOH HAI
Gender	Female

PASSENGER 2

Name	LEE AH HARN
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 AT HOOT KIAM ROAD AND VEHICLE INFRONT SUDDENLY STOP SO I FOLLOWED SUIT. THEN SUDDENLY I FELT AN IMPACT FROM BEHIND. IT WAS VEHICLE B THAT HAD COLLIDED MY VEHICLE RIGHT REAR PORTION.

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	SHC5827M

Vehicle Manufacturer	Renault
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	(Phone) +65-96237757
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	OH BOON HONG @ JENNY OH
Gender	Female
Phone No	(Phone) +65-90708008
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SGC812A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	LEE POOH HAI
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SGC812A
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	LEE AH HARN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SGC812A
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.
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.

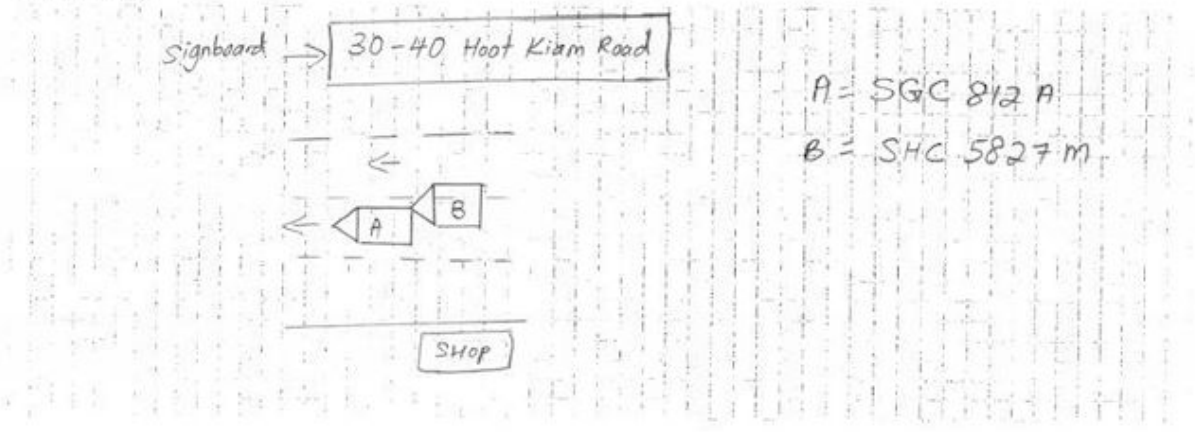
(collectively the "**Purposes**")

(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
	24/Dec/2021	24/12/21

Sketch Plan



Describe Circumstances of the Accident

I was travelling at Hoot Kiam Road and vehicle infront suddenly stop so i followed suit. Then suddenly i felt an impact from behind. It was vehicle B that had collided my vehicle right rear portion.

Declaration

I/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
	24/Dec/2021	24/12/21

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

IMAGES #9

IMAGES #10

IMAGES #11

IMAGES #12

IMAGES #13

IMAGES #14

IMAGES #15

IMAGES #16

N P
D
From reset
272 km
13:24 h
20 km/h
12.5 l/100 km
Trip
29.0 °C
10:28
km/h
100
120
140
160
180
200
220
240
260
0
1/2
1
0
1
2

IMAGES #17

Mercedes-Benz
988
MY2015
TYP: 204
PZ: 9
1,0 %
Made in South Africa
3069681
A 007 817 10 20
DAIMLER AG
WDD2050402R069332
1990 kg
1- 945 kg
2- 1075 kg