

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 13/01/2022 16:42 (SGT)
Date of Accident 12/01/2022 14:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information BEDOK SOUTH ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBL3668S

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner FAR EASTERN COSMETICS (S) PTE LTD
Company Reg No 1XXXXX752W
Email Address loon2808@gmail.com
Mobile Phone No (Phone) +65-65380833
Alternative Phone No (Office) +65-65380833

VEHICLE PARTICULARS

Manufacturer Toyota
Model Liteace
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 Commercial vehicle
Transmission Manual
CC 2184

INSURANCE COMPANY

Name of Insurance Company United Overseas Insurance Ltd
Type of Coverage ThirdParty
Fleet Policy No
Policy Number DHOM110036260219
Cover Note Number -

DRIVER

Name of Driver LOON PENG KWANG @ LEUN PENG FONG
NRIC No SXXXX815E

Date Of Birth	15/06/1944
Occupation	Indoor
Date Of Driving Pass	01/01/1963
Driving experience	59 YEARS
Gender	Male
Mobile Number	(Phone) +65-90882808
Alt. Phone Number	-
Email Address	loon2808@gmail.com
Address	BLK 67 BEDOK SOUTH AVENUE 3
Address complement	#15-502
Postcode	460067
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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?	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	LIM LIN SIONG
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 ON THE STATED VENUE AND VEHICLE B WHICH IS INFRONT OF ME SUDDENLY JAM BRAKE AND I COULDN'T STOP IN-TIME HENCE HIT ONTO THE RIGHT SIDE REAR PORTION OF VEHICLE B. THERE WERE SOME OLD DAMAGES ON THE VEHICLE B WHICH IS NOT CAUSED BY ME, AND I OBSERVED THAT THERE IS NO LIGHT DAMAGE OR CRACK. THE DRIVER POINTED TO ME THE DAMAGES WAS ON THE REAR RIGHT SIDE ONLY. OTHERS DENT WAS OCCURED BY THEMSELVE PREVIOUSLY.

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



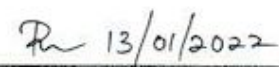
Vehicle Registration Number	CB6666T
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	-
Contact Number	(Phone) +65-83868989
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' 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 = GBL 3668S

B = CB 6666T

Bedok South Rd.

Describe Circumstances of the Accident

I was travelling on the stated venue and vehicle B which is in front of me suddenly jam brake and i couldn't stop in-time hence hit onto the right side rear portion of vehicle B. There were some old damages on the vehicle B which is not caused by me, and i observed that there is no light damage or crack. The driver pointed to me the damages was on the rear right side only. ~~Officer~~ ~~don't~~ was occurred by themselves previously.

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

[Signature] Jan 13th 2022

Witnessed by Reporting Centre Personnel

[Signature] 13/01/2022







