

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 26/01/2022 20:19 (SGT)
Date of Accident 26/01/2022 15:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information 202 HOUGANG STREET 21 NTUC CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKQ3950T

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner WONG YOKE EU
NRIC No SXXXX556H
Email Address ALISONWONGYE@GMAIL.COM
Mobile Phone No (Phone) +65-94550061
Alternative Phone No +65-94550061

VEHICLE PARTICULARS

Manufacturer Toyota
Model Corolla
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? Yes
Vehicle Category Private car
Transmission Auto
CC 0

INSURANCE COMPANY

Name of Insurance Company United Overseas Insurance Ltd
Type of Coverage -
Fleet Policy No
Policy Number DHOM110178172100
Cover Note Number -

DRIVER

Name of Driver TAN CHEE HONG
NRIC No SXXXX014Z

Date Of Birth	09/12/1950
Occupation	Indoor
Date Of Driving Pass	15/04/1976
Driving experience	45 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96352631
Alt. Phone Number	-
Email Address	CSINSURE@SINGNET.COM.SG
Address	31B LOWLAND ROAD
Address complement	-
Postcode	547425
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 - Major/Minor Rd
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	WONG YOKE EU
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

AT AROUND 3PM, I WAS DRIVING SLOWLY OUT OF THE CARPARK LOT. I DID NOT NOTICE ANY CAR TO MY LEFT AS I WAS TURNING RIGHT TO EXIT THE LOT. SUDDENLY I HEARD A SMALL BANG AND NOTICE MY CAR AND THE OTHER CAR HAS COLLIDED. MY LEFT FRONT BUMPER HAS COLLIDED WITH THE OTHER CAR RIGHT FRONT BUMPER. BOTH CARS CAME TO A HALT IMMEDIATELY. I BELIEVE I HAVE THE RIGHT OF WAY AS I WAS ALREADY 3/4 OUT OF THE CAR LOT.

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	E450H
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	GOH KIM SENG
Contact Number	(Phone) +65-96381618
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' 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

PLS REFER SKETCH.

✓ Describe Circumstances of the Accident

At around 3pm I was driving slowly out of the car park Lot.

I did not notice any car to my left as I was turning right to exit the lot.

Suddenly I heard a small bang and notice my car and the other car has collided.

My left front bumper has collided with the other's car right front bumper.

Both cars came to a halt immediately.

I believe ~~both cars~~ I have right of way as I was already $\frac{3}{4}$ out of the car lot.


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

Witnessed by Reporting Centre Personnel

 26/10/2020 4:20pm 