

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 28/02/2022 14:50 (SGT)
Date of Accident 26/02/2022 14:45 (SGT)
Exact Location of Accident 134 Lor Ah Soo, Block 134, Singapore 530134
Additional Location Information LOT 264
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLK8088U

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SNG LI LOO
NRIC No SXXXX867B
Email Address sngli006@gmail.com
Mobile Phone No (Phone) +65-90090006
Alternative Phone No +65-90090006

VEHICLE PARTICULARS

Manufacturer Mazda
Model 3
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 1496

INSURANCE COMPANY

Name of Insurance Company United Overseas Insurance Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DHOM120043771901
Cover Note Number -

DRIVER

Name of Driver SNG LI LOO
NRIC No SXXXX867B

Date Of Birth	15/07/1968
Occupation	Indoor
Date Of Driving Pass	26/03/1990
Driving experience	31 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90090006
Alt. Phone Number	+65-90090006
Email Address	sngliloo06@gmail.com
Address	60A SING AVENUE
Address complement	-
Postcode	217904
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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 26/02/2022 AT ABOUT 14:35HRS, I VEHICLE A (SLK8088U) WAS PARKED AT THE STATED LOCATION AT LOT 264. AT ABOUT 14:45HRS, I WENT BACK TO MY VEHICLE AND SAW THAT THERE WAS A VEHICLE B (GBE8202G) COLLIDED ONTO THE FRONT PORTION OF MY VEHICLE CAUSING DAMAGES. THE DRIVER ADMIT THAT HE COLLIDED ONTO MY VEHICLE.

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

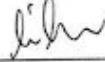
Vehicle Registration Number	GBE8202G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-

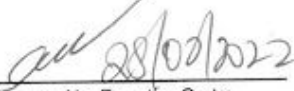
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLANIMPORTANT 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' 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.

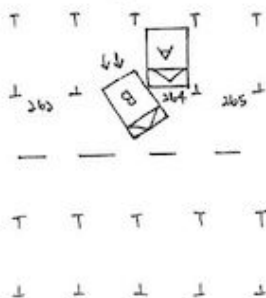

Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan

Blk 134 Lorong Ah Soo Lot 264




Vehicle A - 51K 20884
Vehicle B - 6BF 82024

On 26/02/2022 at about 1435hrs, I, Vehicle A (SLK80884) was parked at the stated location at lot 264. At about 1445hrs, I went back to my vehicle and saw that there was a vehicle B (GBE82026) collided onto the front right portion of my vehicle causing damages. The Driver admit that he collided onto my vehicle.

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















