

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	25/04/2022 17:35 (SGT)
Date of Accident	23/04/2022 13:48 (SGT)
Exact Location of Accident	Yishun Ring Rd, Singapore
Additional Location Information	BLK 110 YISHUN RING ROAD CAR PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ5716D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHAN HONG CHOO
NRIC No	SXXXX443J
Email Address	SWEETLACAMPANELLA@GMAIL.COM
Mobile Phone No	(Phone) +65-97835274
Alternative Phone No	+65-68529198

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A4
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	1395

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DHOM120052492000
Cover Note Number	-

DRIVER

Name of Driver	CLARENCE LEE ZHENG LE
NRIC No	SXXXX215E

Date Of Birth	12/09/1990
Occupation	Indoor
Date Of Driving Pass	22/12/2008
Driving experience	13 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81130928
Alt. Phone Number	-
Email Address	CLARENCELEEZHONGLE@GMAIL.COM
Address	9 JALAN MATA AYER
Address complement	#03-55
Postcode	759153
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 - Cross Junction
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	CHAN HONG CHOO
Gender	Male

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 DRIVING ALONG THE CAR PARK AND SUDDENLY HEARD AND FELT A CAR RAM INTO THE LEFT SIDE OF THE CAR. THE DRIVER HAD ROLLED OUT OF HIS PARKING SPARE BEFORE MY CAR PASSED HIM. I WAS IN MOTION THROUGHOUT THE INCIDENT AND IMPACT WAS ONLY AFTER HALF OF MY CAR PASSED HIM.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMM1712A
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Outlander
Vehicle Variant	-

Vehicle Colour	Red
Vehicle Category	Private car
Name of Driver	MR TEO
Contact Number	(Phone) +65-80122363
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

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' 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.

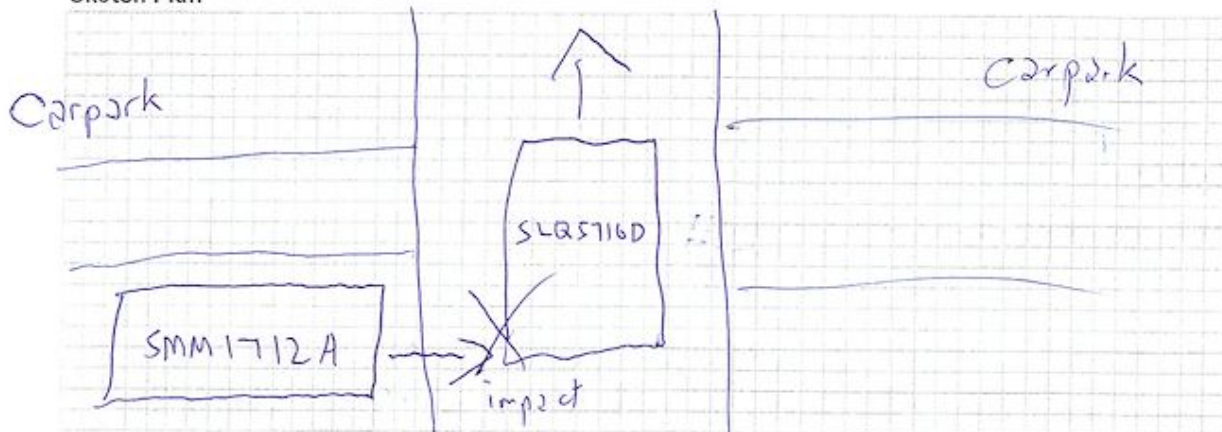
[Signature] 2:24pm
25/04/2022
Policyholder's Signature / Date & Time

[Signature] 2:24pm
25/04/2022
Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I was driving along the carpark and suddenly heard and felt a car ram into the left side of the car. The driver had rolled out of his parking space before my car passed him. I was in motion throughout the incident and impact was only after half of my car passed him.

Declaration

We declare the foregoing particulars are true in every respect.



[Signature] 2:27pm
25/04/2022
Policyholder's Signature / Date & Time

[Signature] 2:27pm
25/04/2022
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

























