

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	29/04/2022 14:14 (SGT)
Date of Accident	29/04/2022 09:00 (SGT)
Exact Location of Accident	Jln Singa, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR9750Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HUANG ZHENGJIE
NRIC No	SXXXX822I
Email Address	chelsiawang@gmail.com
Mobile Phone No	(Phone) +65-97993610
Alternative Phone No	+65-97993610

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Jade
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?	Yes
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	DHOM110159481704
Cover Note Number	-

DRIVER

Name of Driver	WANG QIUXIA,CHELSIA
NRIC No	SXXXX671F

Date Of Birth	05/09/1983
Occupation	Indoor
Date Of Driving Pass	19/01/2007
Driving experience	15 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97476573
Alt. Phone Number	-
Email Address	chelsiawang@gmail.com
Address	6B JALAN RIMAU
Address complement	-
Postcode	418696
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	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	DAUGHTER
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

VEH B SLOWED DOWN AND STOPPED WITHOUT SIGNAL.I PROCEED TO OVERTAKE ON RIGHT.VEH B MADE A TURN AND HIT MY FRT LEFT WHEEL OF MY VEH.

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	SJV3308J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	FOONG KHAI WENG
NRIC No	SXXXX798J
Contact Number	(Phone) +65-98007338
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 be 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 firms/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 claim;
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
(iv) administering my claims (including the issuing 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 firms/law firms, may be 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 firms/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

Witness by Reporting Centre Personnel

Sketch Plan

JABAN SINGH

A-51897507

B-51897507

A

B

Describe Circumstances of the Accident

Driver slowed down and stopped without signals. Proceed to
 evaluate car right. Driver made a turn and hit wheel (from left wheel)
 of my vehicle.

Declaration

I/We declare the foregoing particulars are true in every respect.

Policy holder's Signature / Date &
 Time

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

Witnessed by Reporting Centre
 Personnel