

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 23/05/2022 15:03 (SGT)
Date of Accident 20/05/2022 14:10 (SGT)
Exact Location of Accident 2 Kaki Bukit Ave 2, Singapore 417921
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLD5255K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ANG POH CHOO
NRIC No SXXXX816Z
Email Address pntoh2255@gmail.com
Mobile Phone No (Phone) +65-83881629
Alternative Phone No +65-83881629

VEHICLE PARTICULARS

Manufacturer Jaguar
Model Xe
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 1999

INSURANCE COMPANY

Name of Insurance Company United Overseas Insurance Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DHOM120042211901
Cover Note Number -

DRIVER

Name of Driver KOH CHUAY HUAY
NRIC No SXXXX176I

Date Of Birth	23/04/1952
Occupation	Indoor
Date Of Driving Pass	08/06/1972
Driving experience	49 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91052129
Alt. Phone Number	-
Email Address	pntoh2255@gmail.com
Address	2 THRIFT DRIVE
Address complement	-
Postcode	535010
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	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 20/5/22 ABOUT 10AM I SENT MY CAR TO WORKSHOP FOR REPAIR AT 2 KAKI BUKIT AVE 2 #01-25 KAKI BUKIT AUTOHUB S(417921). AT ABOUT 2.10PM THE WORKSHOP IN CHARGE RICHARD CHOY H/P : 97307286 CALLED ME AND SAID THAT MY CAR WAS HIT BY ANOTHER VEHICLE YM5271L WHILE PARKED ALONG THE LANE. THE VEHICLE B DRIVER'S PARTICULAR IS MR. TAN TECK KEE H/P: 96648489. THE WORKSHOP IN-CHARGE AND OTHERS IS WILLING TO BE THE WITNESS FOR THIS INCIDENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	HAVEN'T RETRIEVE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YM5271L
Vehicle Manufacturer	Isuzu
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	TAN TECK KEE
NRIC No	SXXXX720H
Contact Number	(Phone) +65-96648489
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

WITNESS DETAILS

WITNESS 1

Name	RICHARD CHOY
Phone	(Phone) +65-97307286
Email	-

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.

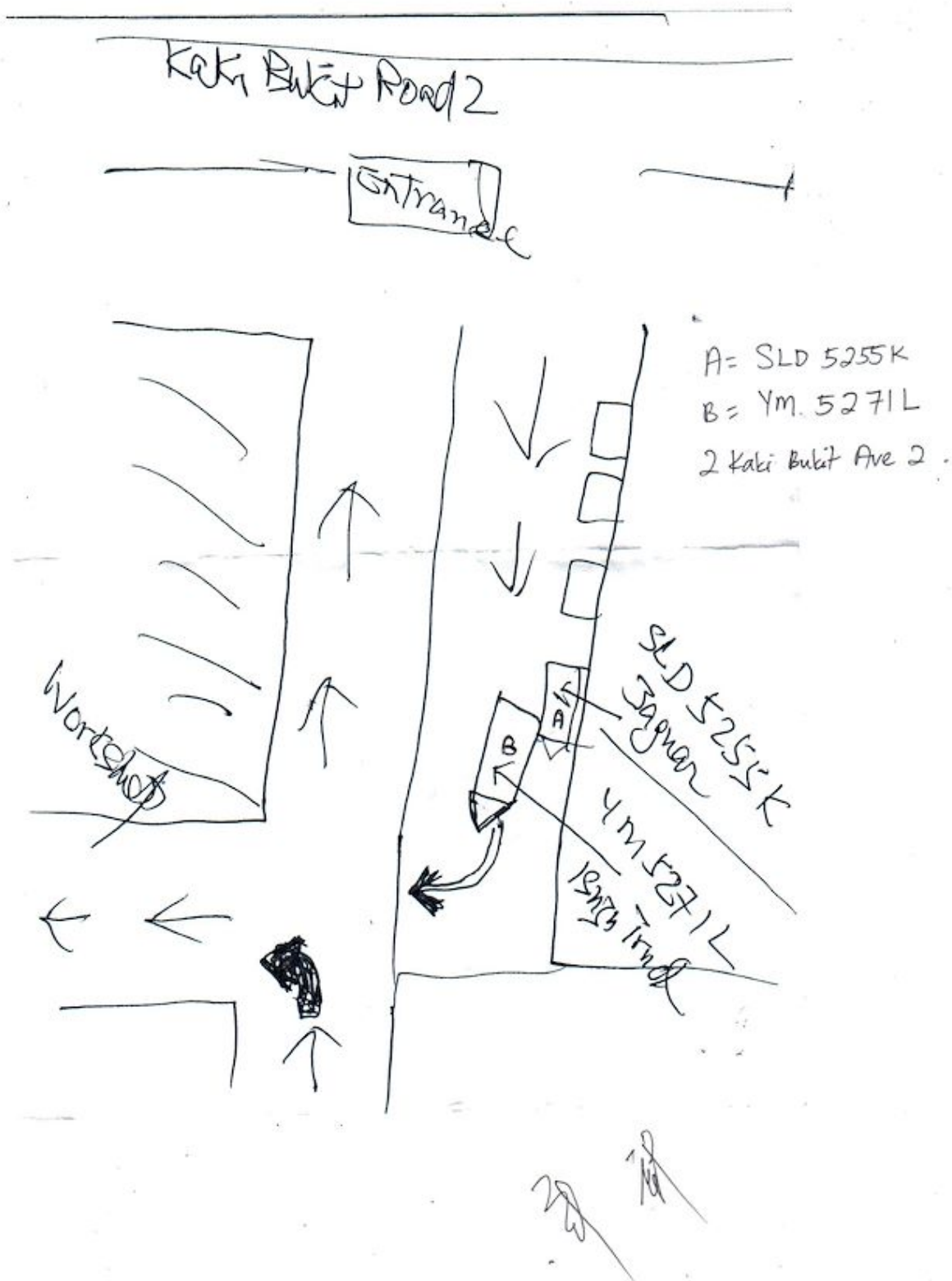
 Policyholder's Signature / Date &
 Time

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

 Witnessed by Reporting Centre
 Personnel

Sketch Plan

As per attached.



Describe Circumstances of the Accident

On 20/5/22 about 10am I sent my car to Workshop for repair at 2 Kaki Bukit Ave 2 #01-05 Kaki Bukit Autohub S(81794). At about 2:00pm the workshop in charge Richard Choy U/P: 97307286 called me and said that my car was hit by another vehicle 5M5241L while parked along the lane. The vehicle B driver's particular is Mr. Tan Teck Kee U/P: 96688789. The workshop in-charge and others is willing to be the witness for this incident.

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



