

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	24/06/2022 09:02 (SGT)
Reported by	Driver
Date of Accident	23/06/2022 12:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNC OF CANBERRA LINK & SEMBAWANG RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL4498J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TOP SPEED DELIVERY & COURIER SERVICES
Company Reg No	5XXXX886B
Email Address	kelvin2419@gmail.com
Mobile Phone No	(Phone) +65-97932419
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1998

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Policy Number / Cover Note Number	DHOM120061532100

DRIVER

Name of Driver	NG HEE THIAM(HUANG XITIAN)
NRIC No	SXXXX419C
Date Of Birth	07/07/1971
Occupation	Outdoor

Date Of Driving Pass	28/12/1992
Driving experience	29 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97932419
Alt. Phone Number	-
Email Address	kelvin2419@gmail.com
Address	BLK 800 YISHUN RING RD
Address complement	#05-4381
Postcode	760800
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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 TRAVELLING STRAIGHT ALONG CANBERRA LINK JUNC OF SEMBAWANG RD ON THE 2ND LANE OF A3-LANES RD.THE TRAFFIC LIGHT IS ON MY FAVOUR,SUDDENLY VEH B FROM THE OPPOSITE DIRECTION MAKE A RIGHT TURN WITHOUT LOOKING FOR ONCOMING VEH AND COLLIDED ONTO MY VEH.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBK1754U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	MR WEDGE
Contact Number	(Phone) +65-98978233
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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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.
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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

[Signature] 23/06/22

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

ROSINDA BINTE A. WAHAB

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card) 24/06/22

Sketch Plan

6/23/22, 3:54 PM

Canberra Link - Google Maps

Google Maps Canberra Link

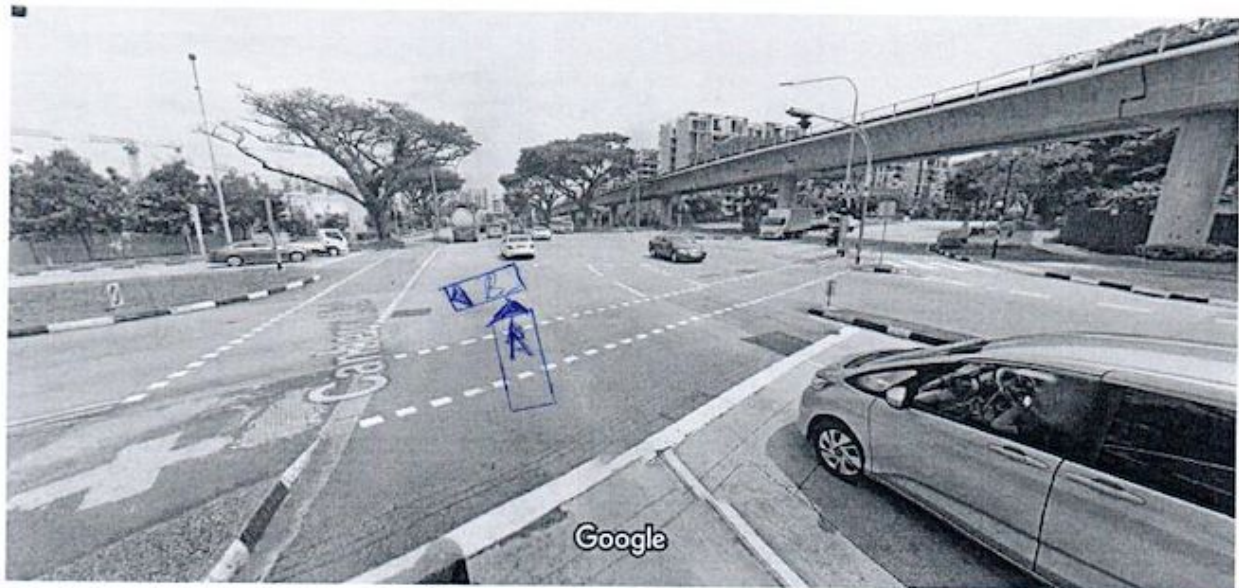


Image capture: Mar 2021 © 2022 Google

Singapore

Google

Street View - Mar 2021



A - GBL4498J
B - GBK1754U

<https://www.google.com.sg/maps/@1.4482519,103.8262806,3a,74.8y,155.22h,77.7t/data=!3m6!1e1!3m4!1sSMEBAr8HUBIYtbQEKcNoIwI2e0!7i1...> 1/1

Describe Circumstance of the Accident

I was travelling straight along Canberra Link junc of Sembawang Rd. The traffic light is on my favour suddenly veh B from the opposite direction make a right turn without looking for oncoming veh and collided onto my veh.

Declaration

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



Policyholder's Signature / Date & Time

[Signature] 23/06/22

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

ROS LINDA BENIE A. WATNAB

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

24/06/22

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