

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	-
Reported by	Both
Date of Accident	17/07/2022 19:30 (SGT)
Exact Location of Accident	Second Link Bridge, Second Link Expy, Kampung Tiram, 81550 Gelang Patah, Johor, Malaysia
Additional Location Information	towards Tuas
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMV1553U
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	Wu Pei Kam
NRIC No	SXXXX657B
Email Address	eikawg@yahoo.com
Mobile Phone No	(Phone) +65-96511526
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	216i
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	1500

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Policy Number / Cover Note Number	DH0M120061622100

DRIVER

Name of Driver	Pui Chuk Kong
NRIC No	SXXXX911Z
Date Of Birth	23/07/1975

Occupation	(Draft)
Date Of Driving Pass	Indoor
Driving experience	22/08/2007
Gender	14 YEARS AND 11 MONTHS
Mobile Number	Male
Alt. Phone Number	(Phone) +65-96604632
Email Address	*
Address	francispui@yahoo.com
Address complement	Blk 631 Senja Road #29-222
Postcode	*
Is the driver the policyholder?	670631
If No, Relationship of the Driver with the Insured	No
Does Driver Own Other Vehicles?	Friend
Vehicle Registration Number of Other Vehicle Owned by Driver	No
Insurance Company of Other Vehicle Owned by Driver	*

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	Wu Pei Kam
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

Car A, SMV 1553U was travelling on Tuas Second Link Bridge towards Singapore custom. However, was unable to stop in time and involved in collision to Car B, SLP 899Y, which was in front of Car A. Car B was subsequently collided to Car C, SJJ 4004S ahead. The accident happened around 1930 hours, 17 July 2022. There was no one reported injured at scene.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP899Y
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Vehicle Manufacturer	(Draft)
Vehicle Model	Porsche
Vehicle Variant	Cayenne
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
Contact Number	-
Address	(Phone) +65-90225082
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJJ4004S
Vehicle Manufacturer	Volvo
Vehicle Model	Xc90
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-96555321
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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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 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.
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.
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

18 JUL 2022

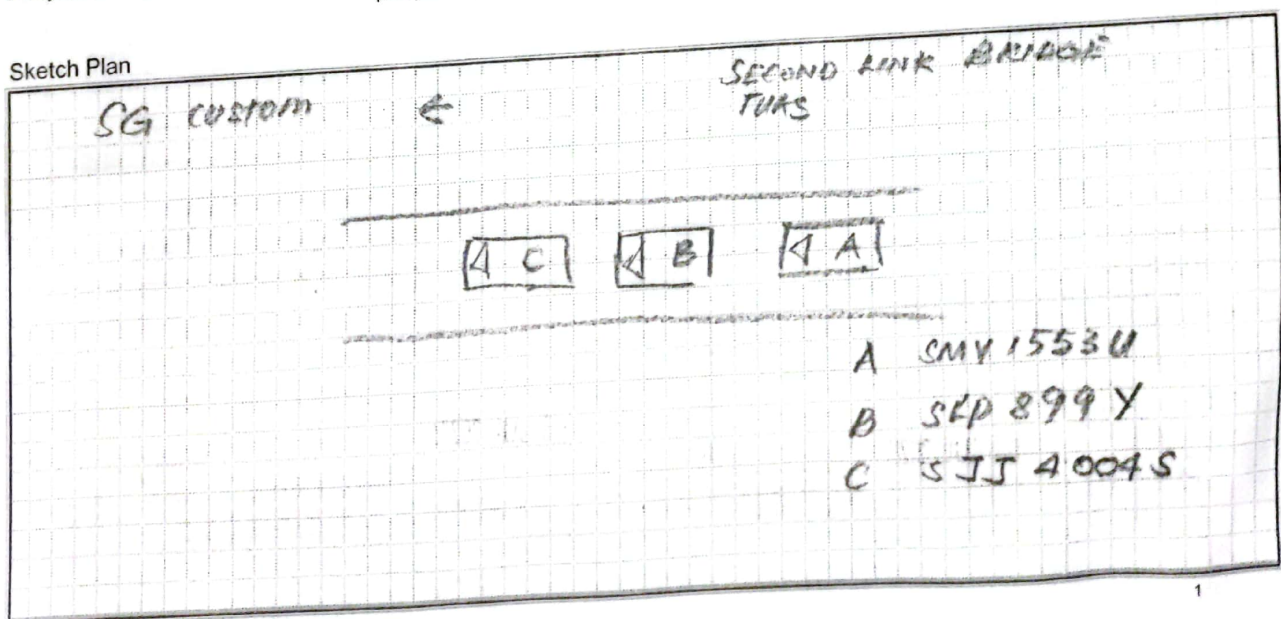
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

18 JUL 2022

Lim Lai Foong

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

Sketch Plan

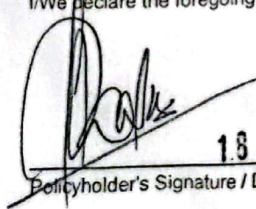


Describe Circumstance of the Accident

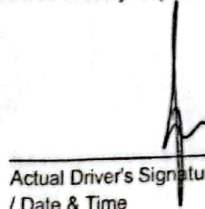
Car A, 8MV1553U was travelling on Tuas Second Link Bridge towards Singapore Custom. However, was ~~not~~ unable to stop in time and involved in ~~rear~~ collision to Car, B, SLP899Y, which was in front of Car A. Car B was subsequently collided to Car C, 3JJ4004S ahead. The accident happened around 1930hrs, 17 July 2022. There was no one reported injured at scene.

Declaration

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


Policyholder's Signature / Date & Time

18 JUL 2022


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

18 JUL 2022

Lim Lai Foong

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

