

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 Actual 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 07/09/2022 16:28 (SGT)
Reported by Both
Date of Accident 06/09/2022 20:20 (SGT)
Exact Location of Accident Cairnhill Rd, Singapore
Additional Location Information JUNCTION WITH ORCHARD ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNB8273A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner PHUA LI CHENG AILEEN
NRIC No SXXXX540D
Email Address aileenp88@hotmail.com
Mobile Phone No (Phone) +65-83557778
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mazda
Model 5
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 1496

INSURANCE COMPANY

Name of Insurance Company United Overseas Insurance Ltd
Policy Number / Cover Note Number DHOM110179432100

DRIVER

Name of Driver PHUA LI CHENG AILEEN
NRIC No SXXXX540D
Date Of Birth 14/01/1970
Occupation Indoor

Date Of Driving Pass	17/10/1989
Driving experience	32 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-83557778
Alt. Phone Number	-
Email Address	aileenp88@hotmail.com
Address	BLK 5 HULLET ROAD #10-10
Address complement	-
Postcode	229161
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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?	Yes
Police Station Name	Orchard Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007359999
Alt. Police Station Phone No	(Fax) +65-67331934
Police Station Address	51 Killiney Road Singapore 239572
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220906/2109

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 YET

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	Mercedes
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHEN YONG LING
NRIC No	SXXXX202H
Contact Number	-
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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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.

[Signature] 7/9/22 15:20

Policyholder's Signature / Date & Time

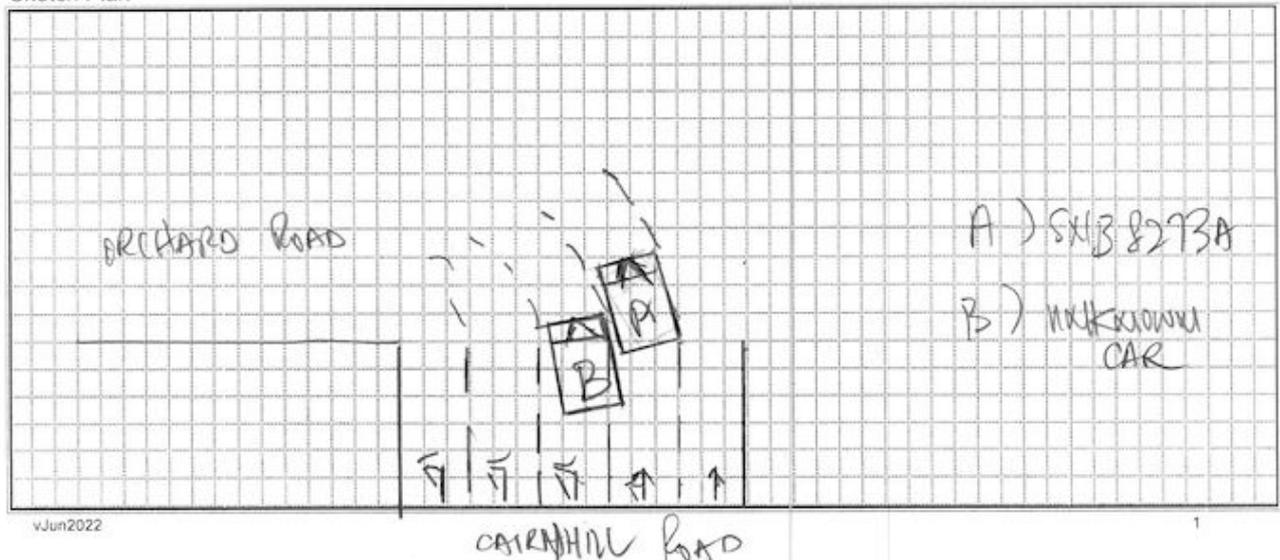
[Signature]

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

[Signature] 07/09/2022

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

Sketch Plan



vJun2022

Describe Circumstance of the Accident

REFER TO POLICE REPORT T/20220906/2109

Declaration

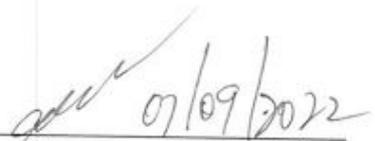
I/We declare the foregoing particulars are true in every respect.

 7/9/22
15:20

Policyholder's Signature / Date & Time



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

 07/09/2022

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
























**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999



T/20220906/2109

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Report No. T/20220906/2109

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/09/2022 22:05	Vide Report No.:	Station Diary No.: 129
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Informant's Particulars

Name of Informant: PHUA LI CHENG AILEEN		Address: BLK 5 HULLET ROAD #10-10 SINGAPORE 229161	
ID Type / ID No.: NRIC NO / S7001540D		Contact No.:	Mobile: 83557778
Nationality: SINGAPORE CITIZEN		Email: aileenp88@hotmail.com	
Sex: Female	Age: 52	Date of Birth: 14/01/1970	Type of Informant: Driver
Race: Chinese		Language: Chinese	Institution / School Name:
Occupation: Retiree		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury	Drink Drive: No	Date/Time of Accident: 06/09/2022 20:20	Type of Location: Straight Road
Location: GRANGE ROAD			
Weather: Clear	Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SNB8273A	Car	MAZDA	MAZDA2 5-DOOR HATCHBACK 1.5L SP.6EAT	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNB8273A	UNITED OVERSEAS INSURANCE LIMITED	DHOM110179432100	06/10/2021	13/11/2022

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Report No. T/20220906/2109

CONTINUATION OF REPORT**Brief Details.**

I am the above mentioned, on the above mentioned date, time and location, I was involved in a traffic accident at the traffic junction. I was making a left turn from Cairnhill Rd towards Orchard Rd within my own lane when my vehicle (SNB8273A - Light Blue Mazda 2) was banged on the left side by another car in mustard color. The damages on my car are dents and scratches on both front and back doors. I did not managed to get the car plate number or contact number of the other party. There were no injuries sustained during the traffic accident. I am making this report for record and insurance claim purposes. The below are the particulars that I have from the other party. That is all.

Chen Yong Ling
S2633202H
Birth Date: 6/5/1964



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51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999



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Report No. T/20220906/2109

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature of Officer Recording The Report:

E /

SGT 2 KOH YI ZHE, DARRION

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

06/09/2022 22:05

Officer In Charge Of Case:

TP / GIA /

SI TAN JEOK LENG

Contact No.: 65476151

Classification Of Case:

NP168