

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	09/09/2022 13:56 (SGT)
Reported by	Owner
Date of Accident	08/09/2022 23:24 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG LUCKY HEIGHTS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLQ1132P

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHAN WAH HAK NIEN SHEN
NRIC No	[REDACTED]
Email Address	[REDACTED]
Mobile Phone No	(Phone) +65-98000200
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	X1
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	1499

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Policy Number / Cover Note Number	DHOM120042751901

DRIVER

Name of Driver	CHAN WAH HAK YEE SEN
NRIC No	[REDACTED]
Date Of Birth	[REDACTED]
Occupation	Indoor

Date Of Driving Pass	[REDACTED]
Driving experience	16 YEARS
Gender	Male
Mobile Number	(Phone) +65-98000200
Alt. Phone Number	[REDACTED]
Email Address	[REDACTED]
Address	[REDACTED]
Address complement	[REDACTED]
Postcode	[REDACTED]
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Collided into Parked Vehicle
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

ON THE DATE AND TIME MENTIONED I WAS DRIVING ALONG THE SAID MENTIONED ROAD AND CAME TO A RIGHT HAND BEND. AS THERE WAS A DOUBLE WHITE LINE IN THE MIDDLE OF THE ROAD I KEPT TO THE CENTER OF THE LANE. AS I APPROACHED THE RIGHT HAND BEND, IMMEDIATELY I SAW A VEHICLE PARKED AT THE LEFT SIDE JUST S I ENTER THE BEND AND I SAW VEHICLE B IT WAS TOO LATE, BUT I TRIED TO SWERVE TO MY RIGHT TO AVOID A COLLISION BUT IT WAS ALREADY TOO CLOSE AND THE LEFT FRONT SIDE OF MY VEHICLE CAME IN CONTACT WITH THE REAR RIGHT SIDE OF PARKED VEHICLE B. NO ONE WAS INJURED. STATEMENT WAS READ TO ME AND I ACKNOWLEDGED IT.

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	SMC282H
Vehicle Manufacturer	Porsche
Vehicle Model	Macan
Vehicle Variant	-

Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	LENNON LEE
Contact Number	(Phone) +65-98000848
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	0

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 used outside of Singapore, for one or more of the above Purposes.



Witnessed By Reporting Officer
Hashim Bin Kamari

Policyholder's Signature / Date & Time:

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

Witnessed by Reporting Centre Personnel

Sketch Plan

REFER TO ATTACHED ACCIDENT DIAGRAM

Describe Circumstances of the Accident

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Declaration

We declare the foregoing particulars are true in every respect

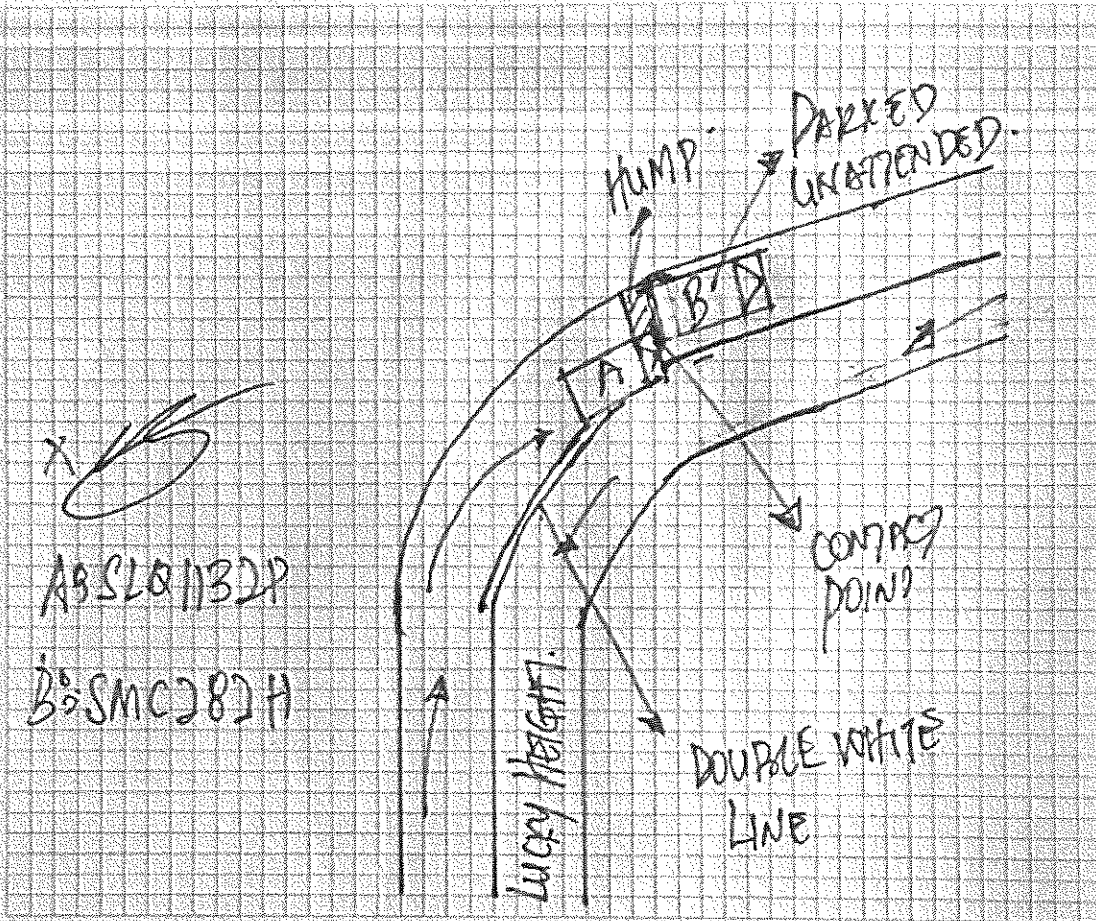
Policyholder's Signature / Date & Time

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

Witnessed By Reporting Officer
Hashim Bin Kamar

Witnessed by Reporting Centre
Personnel

ACCIDENT DIAGRAM



Policyholder's Signature / Date & Time

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

Witnessed By Reporting Officer
Hashim Bin Kamari
Witnessed by Reporting Centre
Personnel

AJAX MARS PTE LTD