

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	29/09/2022 15:51 (SGT)
Reported by	Both
Date of Accident	28/09/2022 09:45 (SGT)
Exact Location of Accident	Braddell Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKW117X

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	PARTHIBAN S/O MURUGAIYAN
NRIC No	SXXXX205H
Email Address	ijsingapore@yahoo.com
Mobile Phone No	(Phone) +65-94777767
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Maserati
Model	Quattroporte
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	2979

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Policy Number / Cover Note Number	DHOM110153651605

DRIVER

Name of Driver	PARTHIBAN S/O MURUGAIYAN
NRIC No	SXXXX205H
Date Of Birth	26/10/1971
Occupation	Indoor

Date Of Driving Pass	26/08/1992
Driving experience	30 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-9477767
Alt. Phone Number	-
Email Address	ijsingapore@yahoo.com
Address	35 JALAN LOKAM
Address complement	-
Postcode	537877
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	Hit by fallen tree / Other objects
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	No
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 DRIVING ALONG BRADDELL RD.IT WAS RAINING AND THE ROAD WAS WET.I WAS ON THE 1ST LANE OF THE RD.I WANTED TO CHANGE LANETO 2ND LANE.I SLOWED DOWN AND THE CAR SUDDENLY SKIDDED.I LOST CONTROL AND THE CAR RURNED AND HIT THE CURB ON THE 3RD LANE.THERE WAS VEH BESIDE ME AT THE TIME.I WAS NOT INJURED.THE CAR WAS DAMAGED.AFT THAT I CAME OUT OF THE CAR AND CALLED THE 995 FOR HELP.IN 10 MINS TIME THE TP CAME AND EMAS CAME AFT 20 MINS.I TOWED THE CAR TO MASERATI SERVICE CENTRE AT LENG KEE RD.

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	SD CARD WITH TRAFFIC POLICE

SKETCH PLAN

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6. 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' law yers/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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

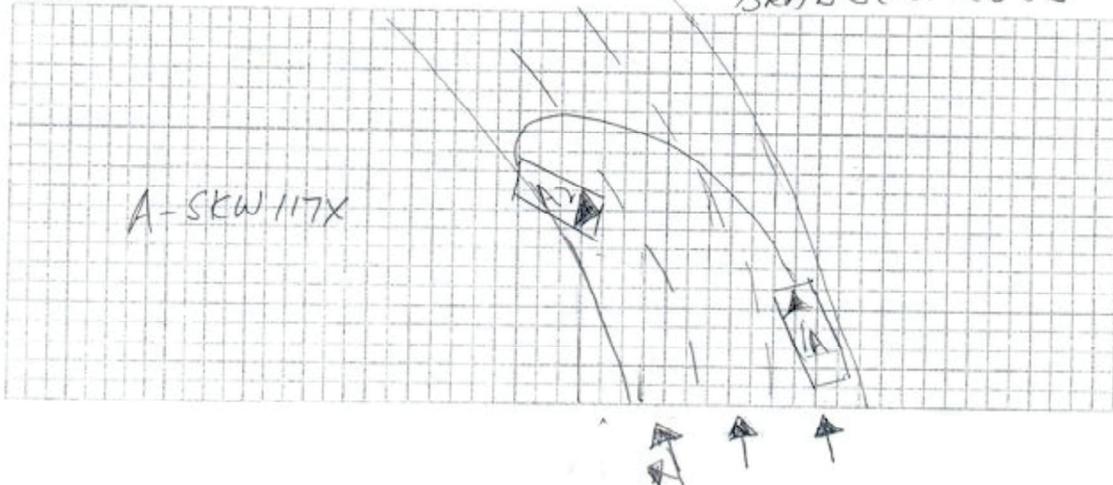
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

W 29/9/22
Policyholder's Signature / Date & Time

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

sfym 29/09/22
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

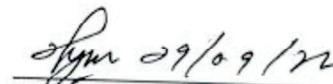
I was driving along BRADDELL ROAD.
It was raining and the road was wet.
I was on the 1st lane of the road.
I wanted to change lane to 2nd lane.
I slowed down and the car suddenly
skidded. I lost control and the car turned
and hit the curb. There was no vehicle on
the 3rd lane. There was no vehicle beside
me at the time. I was not injured. The
car was damaged. After that I came out of
the car and called the police 995 for help.
In 10 minutes time the TP came and EMAS
came after ~~20~~ 20 minutes. I towed the car
to mascati service centre at Long kee
Road.

Declaration

We declare the foregoing particulars are true in every respect.

 29/9/22
Policyholder's Signature / Date & Time

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

 29/09/22
Witnessed by Reporting Centre Personnel