

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	07/11/2022 14:54 (SGT)
Reported by	Both
Date of Accident	05/11/2022 16:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	EASTPOINT MALL BASEMENT CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT7627Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEO TIAT CHYE
NRIC No	SXXXX757E
Email Address	IVYINET888@GMAIL.COM
Mobile Phone No	(Phone) +65-90177048
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Axio
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	DHOM110159381704

DRIVER

Name of Driver	TEO TIAT CHYE
NRIC No	SXXXX757E
Date Of Birth	17/10/1948
Occupation	Indoor

Date Of Driving Pass	27/11/1971
Driving experience	51 YEARS
Gender	Male
Mobile Number	(Phone) +65-90177048
Alt. Phone Number	-
Email Address	IVYINET888@GMAIL.COM
Address	34 TANAH MERAH KECHIL ROAD #12-29
Address complement	-
Postcode	465560
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)	3
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	PASSENGER
Gender	Male

PASSENGER 2

Name	PASSENGER
Gender	Female

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

PLEASE REFER TO ATTACHED REPORT

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	SMD7787S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LEE LEH KHENG
NRIC No	SXXXX958G
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

The incident took place at Eastpoint Mall (Simei St 3)
 Carpark level Basement one on 5 November 2022 around 4:50 PM.
 When I was about to leave the Mall, I exited my car SLT 7627Z
 from the parking lot (located beside the left lane) by turning left
 and kept to the left lane. At that moment, there was a
 black car (Mazda SMM1992H) reversing to park his car about
 three parking lots away from my original parking lot which was
 also located beside the left lane. I stopped my car and waited
 for the driver to reverse his car into the parking lot. While my
 car was stationary, an oncoming red Hyundai Elantra car
 No. SMD 7787S was driving past from an opposite direction (on
 the right lane^{hit} and scratched the right side of my car.
 The lady driver of the red Hyundai Elantra SMD 7787S was Ndm
 Lee Leh Kheng ID S1237958G. (B)

Note: left lane for car moving to the carpark exit
 right lane for car moving from carpark entrance into the carpark



Reported By: Teo Tiat Chye
 S0014757E

Vehicle A: SLT 7627Z
 Vehicle B: SMD 7787S

SKETCH PLAN

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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:

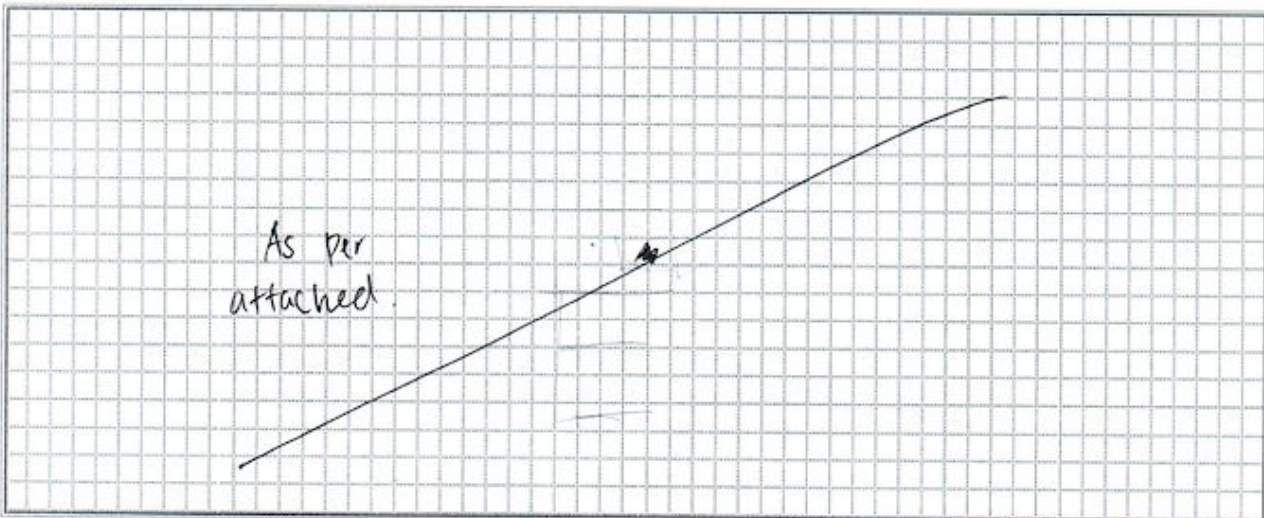
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

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

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

Sketch Plan



vJun2022

1

Describe Circumstance of the Accident

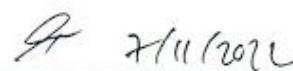
Please refer to the attached statement.

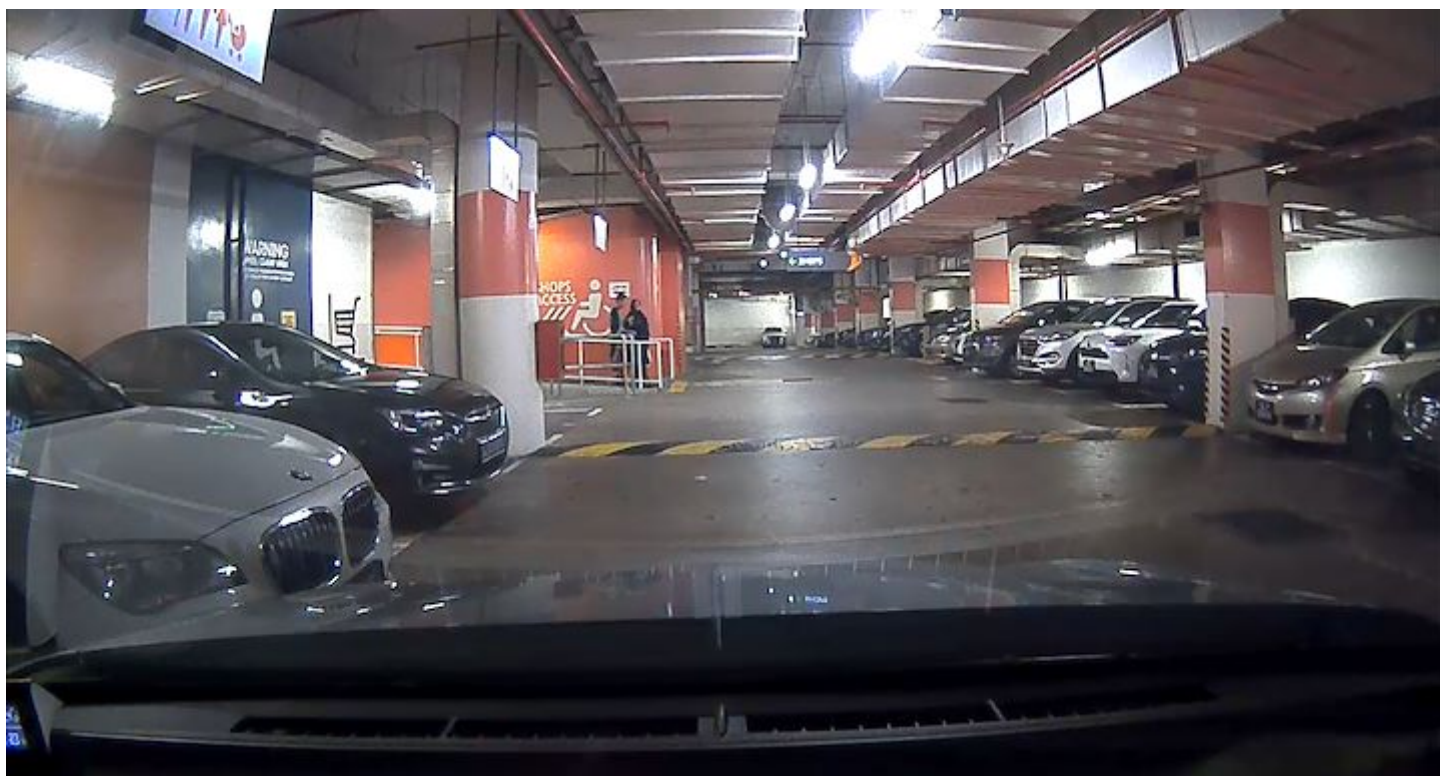
Declaration

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



Policyholder's Signature / Date & Time

Actual Driver's Signature (if driver is not the policyholder)
/ Date & Time 2/11/2022Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)





































IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0922B70009 Vehicle Registration No: SLT76272
 Name (as shown in NRIC): TEO JIAI CHYE NRIC/FIN/Passport No: 90177084
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: 34 TANAH MERAH KECIL RD #12-29 Singapore (465560)
 Contact (Tel): _____ Mobile No.: 90177084
 Email Address: _____
 Date of Accident: 05/11/2022 Time of Accident: 16:50
 Place of Accident: EASTPOINT MALL BASEMENT CARPARK
 Insurance Company: UO?

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

AMEND OWNER MOBILE NO: 90177048

Policyholder / Actual Driver's Signature
Date:

shym 08/11/22
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: