

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	13/01/2023 17:04 (SGT)
Reported by	Both
Date of Accident	13/01/2023 10:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	EAST COAST ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW6840P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WONG MEI-ERN, COLETTE
NRIC No	SXXXX438C
Email Address	nollers74@yahoo.co.uk
Mobile Phone No	(Phone) +65-96375237
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Peugeot
Model	3008
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	1199

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Policy Number / Cover Note Number	DHOM120039481901

DRIVER

Name of Driver	WONG MEI-ERN, COLETTE
NRIC No	SXXXX438C
Date Of Birth	21/05/1974
Occupation	Indoor

Date Of Driving Pass	03/12/1998
Driving experience	24 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-96375237
Alt. Phone Number	-
Email Address	nollers74@yahoo.co.uk
Address	BLK 118 CLEMENTI STREET 13
Address complement	# 06-87
Postcode	120118
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED STATEMENT

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	SJU6637U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TEO CHER HOW
NRIC No	SXXXX763Z

Contact Number	(Phone) +65-92781134
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

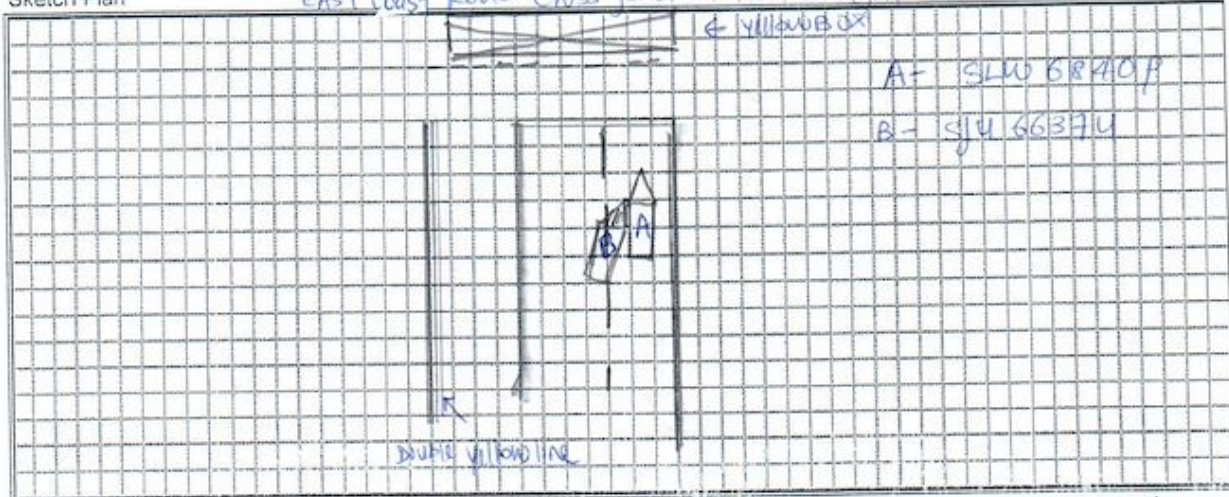
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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report 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

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



Describe Circumstance of the Accident

I was exiting the Esso station on east coast Road. When it was clear, I turned left, then filtered to the extreme right turning lane to make a right turn at the traffic lights. Before I could get to the lights, a car on the left lane cut into me and crashed into the left hand side of my car, damaging both doors and other parts of the left hand side.

Declaration

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

Belin 13/1/22

Policyholder's Signature / Date & Time

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

gmuah 13/1/2023

Witnessed 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: SN09231D00B Vehicle Registration No: SLW 6840P
 Name (as shown in NRIC): wong mei-ern colette NRIC/FIN/Passport No: S7418438C
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: Blk 118 Clementi Street 13 #06-87 Singapore (120118)
 Contact (Tel): _____ Mobile No.: 9637 5237
 Email Address: molleris74@yahoo.co.uk
 Date of Accident: 13/01/2023 Time of Accident: 10:00
 Place of Accident: EAST COAST ROAD
 Insurance Company: United Overseas Insurance

(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 upload video. - Yes

Policyholder / Actual Driver's Signature
Date:

gmuich 16/1/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: