

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 19/01/2023 17:39 (SGT)
Reported by Driver
Date of Accident 19/01/2023 13:20 (SGT)
Exact Location of Accident 160 Sin Ming Dr, Singapore 575722
Additional Location Information SIN MING AUTOCITY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBL2751R

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner NEW SOUTHERN TYRE & BATTERY
Company Reg No 5XXXX959L
Email Address styreco@singnet.com.sg
Mobile Phone No (Phone) +65-96211663
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Nissan
Model Nv200
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only
Vehicle Category Commercial vehicle
Transmission Auto
CC 1597

INSURANCE COMPANY

Name of Insurance Company United Overseas Insurance Ltd
Policy Number / Cover Note Number DHOM110180792200

DRIVER

Name of Driver SEAH SWEE CHOON
NRIC No SXXXX641H
Date Of Birth 05/04/1959
Occupation Indoor

| | |
|--|----------------------------|
| Date Of Driving Pass | 26/03/1990 |
| Driving experience | 32 YEARS AND 10 MONTHS |
| Gender | Female |
| Mobile Number | (Phone) +65-96211663 |
| Alt. Phone Number | - |
| Email Address | styreco@singnet.com.sg |
| Address | BLK 484 SEGAR ROAD #16-332 |
| Address complement | - |
| Postcode | 670484 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Employee |
| 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 | Collision - Major/Minor Rd |
| Weather Conditions | Raining |
| Road Surface | Wet |

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) | 2 |
| 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 | SISTER |
| 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

I WAS GOING OUT OF SIN MING AUTO CITY CAR PARK EXIT, JUST REACHING THE ENTRANCE, I WAS SLOWING DOWN.WHEN I TURN THE I SAW THE CAR APPEARED.

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 | SJF748B |
| Vehicle Manufacturer | Toyota |
| Vehicle Model | Picnic |

Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver -
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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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.

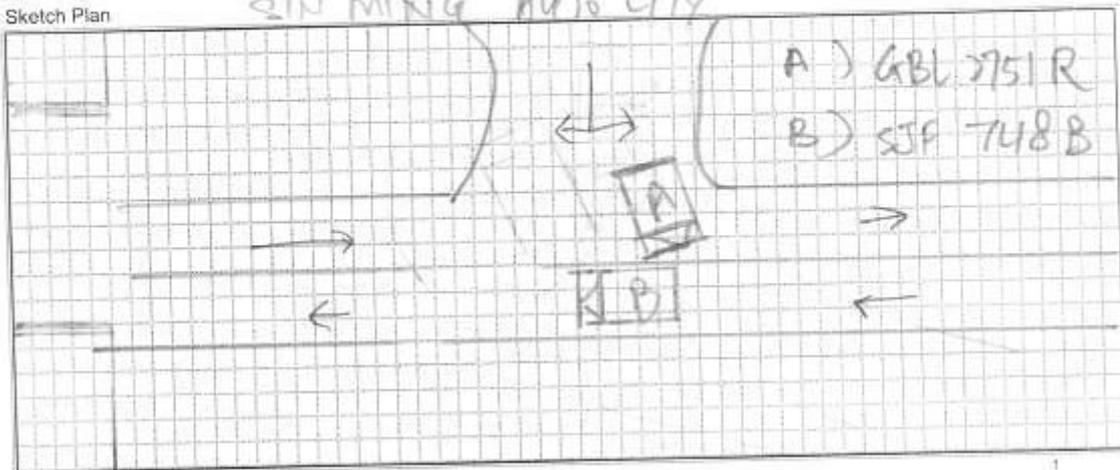
NEW SOUTH PACIFIC TRYS & BROS
 11 MANDALAY ESTATE, #01-10 ELDIN
 SINGAPORE 720908
 TEL: (65) 6764 3708 FAX: (65) 6316 9254
 EMAIL: styreco@singnet.com.sg

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 going out of SIM MING AUTOCITY CARPARK EXIT,
 Just reaching the entrance, I was slowly down, when
 I turn I saw the car appeared.

NS15 新南方視輪電池
 Declaration
 We declare the foregoing particulars are true in every respect.
 STYRECO TYRE & BATTERY
 11 MANGAI ESTATE, #01-10 ELDIX
 SINGAPORE 729908
 TEL: (65) 6764 3708 FAX: (65) 6310 4054
 EMAIL: styreco@singnet.com.sg

Policyholder's Signature / Date & Time: *[Signature]* / 19/1/23 17:00hrs

Actual Driver's Signature (if driver is not the policyholder) / Date & Time: *[Signature]* / 19/1/23 17:00hrs

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card): *[Signature]* / 19/01/2023























CHASSIS NO. : VM20163706
U.L.W : 1220 KG
M.L.W : 1950 KG
PASS. CAP : 01
TYRE SIZE : F.165/80R14
 : R.165/80R14







