

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	20/01/2023 12:33 (SGT)
Reported by	Driver
Date of Accident	19/01/2023 18:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPPER CHANGI ROAD EAST
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP2008B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SEOW KHIM POLYTHELENE CO PTE LTD
Company Reg No	1XXXXX593E
Email Address	jmartauto@gmail.com
Mobile Phone No	(Phone) +65-98470562
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1591

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Policy Number / Cover Note Number	DHOM110107761012

DRIVER

Name of Driver	WEE MARY
NRIC No	SXXXX812D
Date Of Birth	16/05/1969
Occupation	Outdoor

Date Of Driving Pass	19/04/1997
Driving experience	25 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98470562
Alt. Phone Number	-
Email Address	jmartaauto@gmail.com
Address	APT BLK 71 BEDOK SOUTH ROAD
Address complement	# 05-258
Postcode	460071
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 - Head to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLC4297B
Vehicle Manufacturer	-
Vehicle Model	-
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	WEE MARY
Gender	Female
Phone No	(Phone) +65-98470562
Address	APT BLK 71 BEDOK SOUTH ROAD
Address Complement	# 05-258
Post Code	460071
Approximate Age Years Old	-
Injuries Sustained	NECK AND BACK ACHE
Injured person in which vehicle?	SKP2008B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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

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

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

Sketch Plan

upper changi Road East

19/1/23

A SKP 2008 B

B SLC 4297B

Describe Circumstance of the Accident ^{Upper}

I was driving along A Changi Rd East, suddenly my vehicle rear portion was hit by veh B.

Declaration

I/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 Centre Personnel
(Name as in NRIC/ID card)















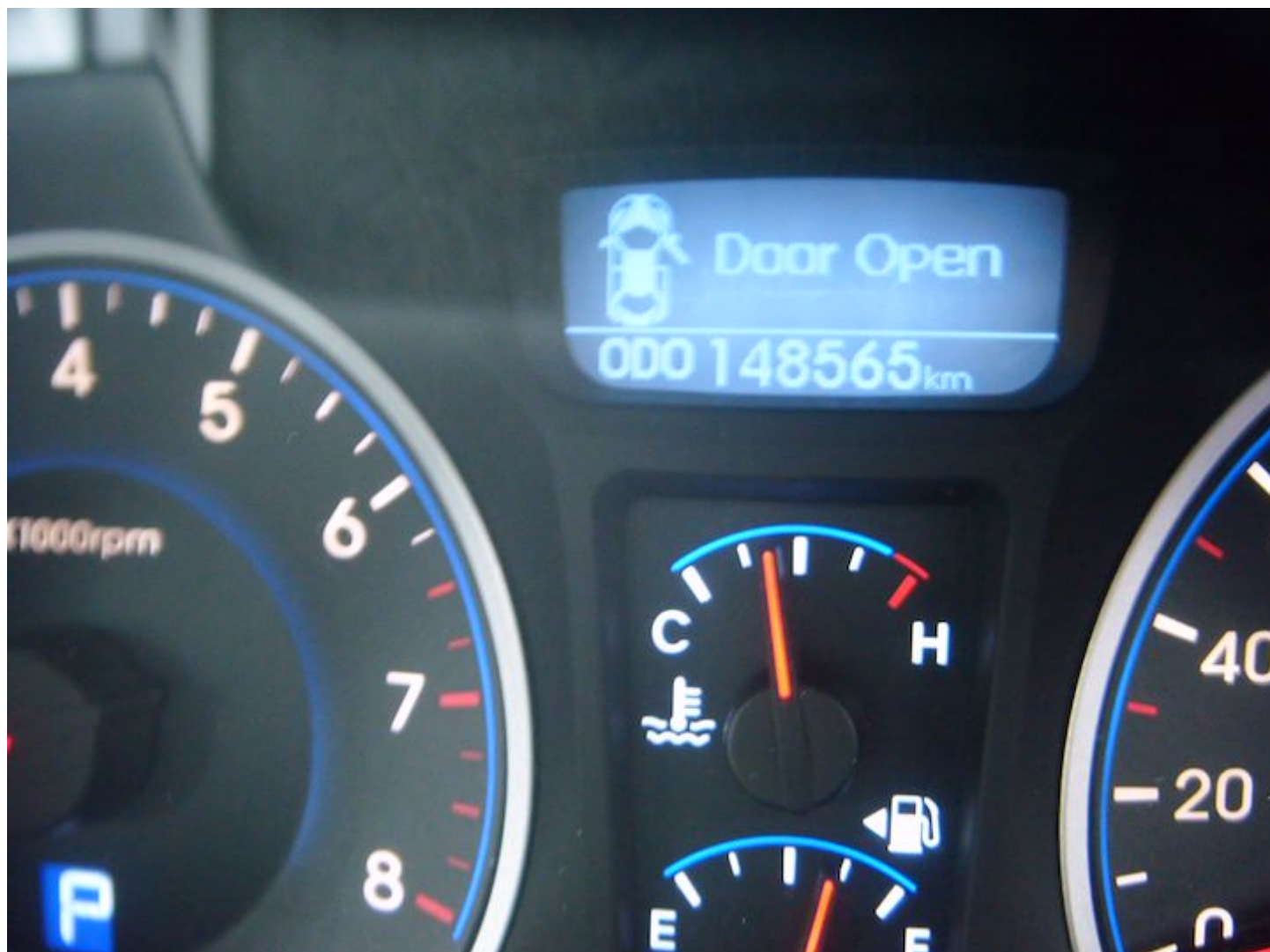














**HEALTHWAY MEDICAL**

COMPANY REGISTRATION NO: 200001180K / GST REGISTRATION NO: 200001180K
 BLK 108 HOUGANG AVE 1 #01-1299, SINGAPORE 530108
 TEL 62849692 / FAX 62846535

**OFFICIAL
RECEIPT**

NAME: WEE MARY
 ATTENDING DR: DR. TAN YI RYH

IDENTIFICATION: *****812D
 VISIT DATE: 20-01-2023

Item	Dispensed Qty	Unit Cost	Sub Total
MEDICATION			\$100.98
HIMALAYA RUMALAYA GEL 30G	1	\$15.73	
LIGNOPAD 5% MEDICATED PLASTER	2	\$41.80	
LYRICA 75MG CAPSULE	10	\$35.75	
MYONAL 50MG TABLET	10	\$7.70	
CONSULTATION			\$45.00
CONSULTATION	1	\$45.00	
	SUBTOTAL CHARGE		\$145.98
	GST@8%		\$11.68
	TOTAL AMOUNT		\$157.66
PAYMENT			
PAY BY VISA	20-01-2023 11:02		\$157.66

All drugs sold are non-exchangeable and non-refundable
 This is a computer generated document that does not require a signature

Case No: 2023203962394

**Healthway
Medical****HEALTHWAY MEDICAL**

COMPANY REGISTRATION NO:200001180K

GST REGISTRATION NO:200001180K

BLK 108 HOUGANG AVE 1 #01-1299,

SINGAPORE 530108

TEL 62849692 / FAX 62846535

**MEDICAL
CERTIFICATE****NAME:** WEE MARY**IDENTIFICATION:**S6916812D**VISIT DATE:** 20-01-2023

This is to certify that **WEE MARY (S6916812D)** is UNFIT FOR DUTY for **3** day(s) from **20-01-2023** to **22-01-2023** inclusive.

DR. TAN YI RYH (M06552H)

DOCTOR

Not Valid for Absence from Court Attendance

This certificate is electronically generated, no signature is required.

Ref No.:2023202564175

Printed By:hgvca1(20-01-2023)

OCBC Bank
SINGAPORE FAMILY
CLINIC & SURGERY
BLK 108 HOUGANG AVE 1
#01-1299
SINGAPORE 530108

TID# 84511325
MID# 000000090118804
BATCH# 001009
INVOICE# 010423
STAN# 022017

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SALE

***** 9387 CTLS

VISA-OFFUS EXP: 12/25
11:01:33
20/01/23 954643
APPR CODE 302016313826
REF NUM Visa Credit

APP
AID : A0000000031010
TC : D9430449E4E0817F
TVR : 0000000000
TSI :
AMT:SGD 157.66

NO SIGNATURE REQUIRED

I AGREE TO PAY THE ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT

App Ver:01.22

**** CUSTOMER COPY ****