

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	25/01/2023 10:33 (SGT)
Reported by	Both
Date of Accident	21/01/2023 21:27 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BUKIT BATOK EAST AVE 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGL512T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAY YANLING, DORA (ZHENG YANLING, DORA)
NRIC No	SXXXX506G
Email Address	AQUILA_1508@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-97461839
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Qashqai
Variant	NISSAN QASHQAI 1.2
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1198

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Policy Number / Cover Note Number	DH0M110162371804

DRIVER

Name of Driver	TAY YANLING, DORA (ZHENG YANLING, DORA)
NRIC No	SXXXX506G
Date Of Birth	15/08/1981
Occupation	Indoor

Date Of Driving Pass	28/01/2004
Driving experience	19 YEARS
Gender	Female
Mobile Number	(Phone) +65-97461839
Alt. Phone Number	-
Email Address	AQUILA_1508@YAHOO.COM.SG
Address	202 BUKIT BATOK STREET 21
Address complement	12-100
Postcode	650202
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	Collision - Head on collision
Weather Conditions	Clear
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)	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

REFER ATTACHED

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	SKW800G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LOH CHUN HOWE IVAN
Contact Number	-

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-
	1

SKL512T

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report accurately the details of the accident to help speed up the claim process.
- 2. This Form must be completed by the Policyholder and/or the Actual Driver.
- 3. Information provided must be as full and accurate as possible. Any willful concealment or omission of material facts may affect insurance coverage or separate policy liability.
- 4. The issue and acceptance of this Form by insurer and/or policy is not an admission of policy liability on the part of the insurer or policyholder.
- 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 (RMC) and by the General Insurance Association of Singapore (GIA) for archiving, and that copies of this report will for a limited period, made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to this copy and other report at the centre and to copies of this report being made available aforesaid.

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 be 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 insurers) 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 be 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.

[Signature] 25 JAN 2023

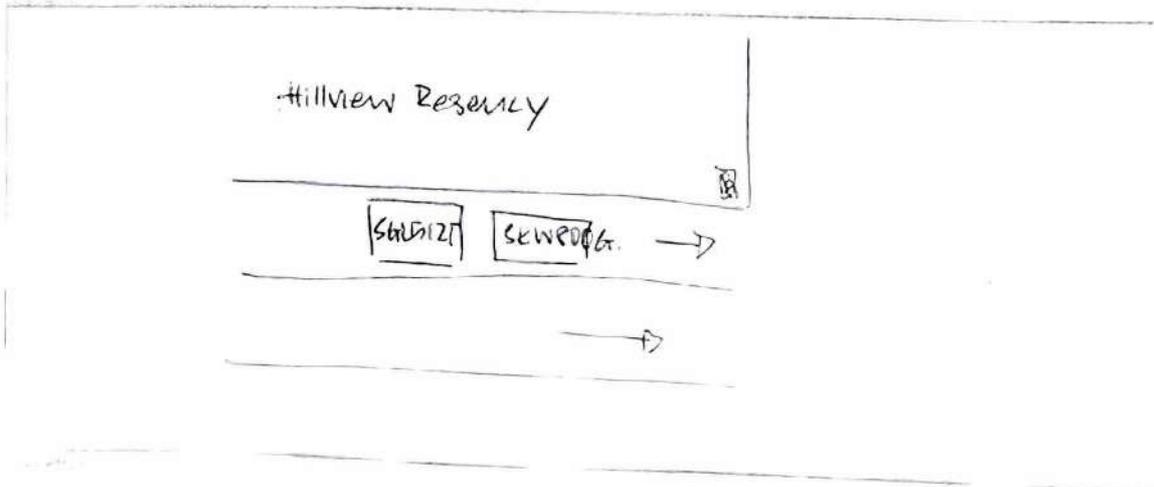
Policyholder's Signature / Date & Time

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

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

[Signature]

Sketch Plan



Describe Circumstances of the Accident

Accident Location: BUKIT BATOK EAST AVE 2
 Accident Date: 21 Jan 2023 Time: 9 27 am/pm
 Owner Email: aquila-1508@yahoo.com.sg Driver Email: NA.

On 21 Jan 2023, I was driving along Bukit Batok East Ave 2 (outside Hillview Resency) and stopped when the traffic light turn red. Once the car was in a stationary mode, I bent down to pick up something that I dropped. Unknowingly, I didn't hold the brake hard enough & the car moved forward & bumped into the car in front.

OTHER VEHICLE NO INVOLVE DETAILS :-

B	Veh No: <u>SKW8006</u>	Hp: <u>90075523</u>	Total Pax: <u>1</u>	Driver Name: <u>Loh Chun Howe, Lwin</u>
C	Veh No:	Hp:	Total Pax:	Driver Name:

Declaration

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

[Signature] 25 JAN 2023
10 25 AM

Signature of Signatory

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

Witnessed by: [Signature] Witness Name: _____