

## 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 .....	01/02/2023 14:56 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	31/01/2023 04:10 (SGT)
Exact Location of Accident .....	17 Marsiling Ln, Singapore 730017
Additional Location Information .....	CAR PARK ENTRANCE
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLB2671Y
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	YEO GUAK SUI
NRIC No .....	SXXXX923H
Email Address .....	wqyao@hotmail.com
Mobile Phone No .....	(Phone) +65-96261161
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Volkswagen
Model .....	Golf
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 .....	1197

#### INSURANCE COMPANY

Name of Insurance Company .....	United Overseas Insurance Ltd
Policy Number / Cover Note Number .....	DHOM120040861902

#### DRIVER

Name of Driver .....	WEE QUANYAO
NRIC No .....	SXXXX368I
Date Of Birth .....	13/02/1985
Occupation .....	Indoor

Date Of Driving Pass .....	22/03/2012
Driving experience .....	10 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96351369
Alt. Phone Number .....	-
Email Address .....	wqyao@hotmail.com
Address .....	BLK 118 MARSILING RISE #04-142
Address complement .....	-
Postcode .....	730118
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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? .....	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

OM 31/01/2023 AT AROUND 04:10 AM I WAS DRIVING MY VEHICLE SLB2671Y ALONG MARSILING LANE. AS I MADE A LEFT TURN INTO 17 MARSILING LANE CAR PARK ENTRANCE GANTRY, THERE WAS A LORRY GBC417S IN FRONT OF MY VEHICLE. HOWEVER THE LORRY SUDDENLY MADE A REVERSE ABRUPTLY A I QUICKLY SOUNDED MY CAR HORN. BUT THE LORRY STILL COLLIDED ONTO MY VEHICLE FRONT PORTION. WE TOOK PHOTOS AND EXCHANGE PARTICULARS AND PROCEED TO FILE TO INSURANCE. NOBODY IS INJURED.

#### 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 .....	GBC417S
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-

Vehicle Category .....	Commercial vehicle
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) .....	-

**IMPORTANT NOTICE**

**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 judgement 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.

**B Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

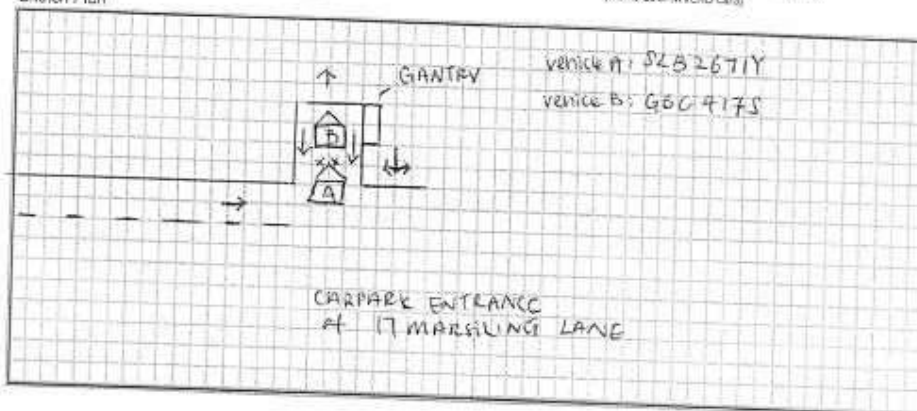
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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' lawyer/s 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/small packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (b) all Insurers who have insured vehicle(s) involved in this accident and the Insurers' lawyer/s 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/are be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyer/s law firms), which may be stated outside of Singapore, for one or more of the above Purposes.

*[Signature]*  
Policyholder's Signature / Date & Time

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

*[Signature]* 01/02/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Sketch Plan



**Describe Circumstance of the Accident**

On 31/01/2023 at around 0710 am. I was driving my vehicle SLB 2671Y along Marsiling Lane. As I made a left turn into 17 Marsiling Lane carpark entrance gantry, there was a lorry ABC 4175 in front of my vehicle. However the lorry suddenly made a reverse abruptly and I quickly sounded my car horn but the lorry still collided onto my vehicle front portion. We took photos and exchange particulars and proceed to file to insurance. Nobody is injured.

**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

 01/02/2023  
Witnessed by Reporting Centre Personnel  
(Name as in ARICCD card)