

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	15/02/2023 15:16 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	14/02/2023 17:15 (SGT)
Exact Location of Accident	Braddell Rd, Singapore
Additional Location Information	BEFORE CTE/SLE ANG MO KIO AVENUE 1 EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU5133B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG PUAY KEAT EDDIE EDDY
NRIC No	SXXXX820J
Email Address	eddie.ng@live.com
Mobile Phone No	(Phone) +65-96856051
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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	1598

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Policy Number / Cover Note Number	DHOM120055682001

DRIVER

Name of Driver	NG PUAY KEAT EDDIE EDDY
NRIC No	SXXXX820J
Date Of Birth	23/09/1983
Occupation	Indoor

Date Of Driving Pass	02/12/2003
Driving experience	19 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96856051
Alt. Phone Number	-
Email Address	eddie.ng@live.com
Address	BLK 388C PUNGGOL WALK #04-318
Address complement	-
Postcode	823308
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 to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
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	NG SI YU EDNA
Gender	Female

PASSENGER 2

Name	NG HAI TANG ERIN
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 TRAVELLING ALONG BRADDELL ROAD TOWARDS CTE/SLE BEARING THE NUMBER PLATE (SKU5133B) ,THE CAR IN FRONT OF ME SLOWED DOWN, I FOLLOWED SUIT. SUDDENLY I FELT AN HUGE IMPACT FROM THE REAR. WHEN I GOT DOWN, I REALISED VEHICLE B (SJR1261T) HIT ONTO ME.

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	SJR1261T
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	NG PUAY KEAT EDDIE EDDY
Gender	Male
Phone No	(Phone) +65-96856051
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SKU5133B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

IMPORTANT NOTICE

- 8. Consent under the Personal Data Protection Act (PDPA)**

(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.

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

Drabell Rd
before ex. Sta
Ang mo K. W
ave 1

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A: SKM 513313

B: SJR 12611

(J)

Date of Accident : 14/02/23 Accident Time: 17:15 (24-HR-FORMAT)
Accident Place : Braddell Road before (te sle any mo kio ave 1 exit
Vehicle Reg. No (Car plate No.) : SKU5133B CC: 1.6 Vehicle Make/Model: Kia
Insurance Company : UOI Policy No. DHOM120055682001
Name of Registered Owner : Company / Individual NG Puay Keat Eddie EDDY
ID of Registered Owner : Co Reg No: Owner's NRIC No: S82398201
OWNER EMAIL ADDRESS: Co Contact No: Owner's Contact No: 96856051
Eddie.NG@live.com
DRIVER'S Name : NG Puay Keat Eddie EDDY DRIVER'S NRIC No: S82398201
DRIVER'S Date of Birth : 23/09/1983 DRIVER'S License Pass Date 02/12/2003
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: own
DRIVER'S Address : APT BIK 308C Punggol walk #04-318 S(823328)
DRIVER'S Contact No./ Alt No. : 1) 96856051 2)
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
Email Address : Eddie.NG@live.com
Weather & Road Surface : CLEAR & DRY \ RAINING \ WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (including Driver): 3 Name & Gender: Ng Si Yu Edna, Ng Hai Tang Erin, (P)
Was the accident reported to the police? YES \ NO
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any injuries, if yes (name of the injured person) NG Puay Keat Eddie EDDY
Other Party Driver's Particulars (if any)
Vehicle Reg No: SJR1261T Vehicle Reg No:
Vehicle Make/Model: Vehicle Make/Model:
Name DRIVER: Name DRIVER:
IC No. DRIVER: IC No. DRIVER:
DRIVER'S Contact & add: DRIVER'S Contact & add:
REPORT FORM EXPLAINED IN: ENGLISH / CHINESE / MALAY / TAMIL OTHERS:
WHO REPORTED THE ACCIDENT: OWNER / DRIVER / BOTH