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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 witholding 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

INSURED/POLICYHOLDER

Is company? 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 Private use accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto 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	(1 110110) 100 0000001
Email Address	eddie.ng@live.com
Address	
Address complement	BLK 388C PUNGGOL WALK #04-318
	•
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	H
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet
Tiodd Guildoo	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)	S
soliciting/offering accident claims assistance?	Ne
Translator's name	No
	· *
Translator's ID	1
Translator's phone number	
Translator's email	
Original language used in the statement	
PASSENGER 1	
Name	NG SI YU EDNA
Gender	Female
PASSENGER 2	
PASSENGER 2	
Name	NG HAI TANG ERIN
Gender	Female
	Temale
DETAILS OF POLICE ACTION	
DETAILS OF TOLIGE ACTION	
Was the assistant managed at the configuration of	
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	E/SLE BEARING THE NUMBER PLATE (SKU5133B) ,THE CAR IN
FRONT OF ME SLOWED DOWN, I FOLLOWED SUIT. SUDDENI DOWN, I REALISED VEHICLE B (SJR1261T) HIT ONTO ME.	LY I FELT AN HUGE IMPACT FROM THE REAR, WHEN I GOT
ATTACHMENT(S)	
KANDAS BAS SERVICES DE CARE LA SE	
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	 0
Address complement	-
Postcode	-:
Insurance Company Name	-
Nature Of Damage	-0
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender	NG PUAY KEAT EDDIE EDDY Male
Phone No	(Phone) +65-96856051
Address	3 =
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

SKETCH PLAN

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.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 Traffic Police Department for investigation.
- 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.
- 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

Sketch Plan

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

& Time

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

A. SKMS13313

A. SKMS13313

A. SKMS13313



	Date of Accident	: 14/02/23 Accident Time: 17:15 (24-HR-FORMAT)					
	Accident Place	: Braddell Road before (te sle any wo kin ave 1 exit					
	Vehicle Reg. No (Car plate No.)	:SKUS133B CC: 1.6 Vehicle Make/Model: Kia					
	Insurance Company	: UOI Policy No. 0H0M12005568200)					
	Name of Registered Owner	: Company/Indicional NG Puay keat Eddie EDDY					
C	ID of Registered Owner	: Co Reg No: Owner's NRIC No: \$83 19820)					
	Eddie NG 6 live com	: Co Contact No: Owner's Contact No: 9685 6051					
	DRIVER'S Name	: NG Pray keat Eddie Eddy DRIVER'S NRIC No: 58239820)					
	DRIVER'S Date of Birth	:23/09/1083 DRIVER'S License Pass Date 02/12/2003					
	Relationship bet. Owner & Driver	: Spouse \ Parents \Children\ Sibling \ Employee\ Others: 0Wn					
	DRIVER'S Address	: APT BIK 308 (Punggo) Walk \$04-318 S(2)33v8)					
	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					
	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) No Properties.						
		Party Driver's Particulars (if any)					
	Vehicle Reg No: SJR 12617 Vehicle Make\Model:	Vehicle Reg No:					
Name DRIVER-							
	IC No. DRIVER:						
	DRIVER'S Contact & add:						
	REPORT FORM EXPLAINED IN : ENGLISH /	CHINESE / MALAY / TAMIL OTHERS:					
	WHO REPORTED THE ACCIDENT: OWNER	R/DRIVER/BOTH					