

## 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 willful 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 .....	09/02/2023 17:20 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	09/02/2023 07:15 (SGT)
Exact Location of Accident .....	Jurong Town Hall Rd, Singapore
Additional Location Information .....	TOWARDS PIE
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMZ6226K
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	SIMON SEO CHYE SHENG
NRIC No .....	S7708448G
Email Address .....	seo.simon@yahoo.com.sg
Mobile Phone No .....	(Phone) +65-91761250
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	C200 AMG LINE M-HYBRID
Variant .....	-
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? .....	No - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1497

#### INSURANCE COMPANY

Name of Insurance Company .....	United Overseas Insurance Ltd
Policy Number / Cover Note Number .....	DHOM110177342101

#### DRIVER

Name of Driver .....	SIMON SEO CHYE SHENG
NRIC No .....	S7708448G
Date Of Birth .....	29/03/1977
Occupation .....	Indoor

Date Of Driving Pass .....	09/05/2013
Driving experience .....	9 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91761250
Alt. Phone Number .....	-
Email Address .....	seo.simon@yahoo.com.sg
Address .....	BLK 29 KEPPEL BAY VIEW #06-88
Address complement .....	-
Postcode .....	098417
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 - U-Turn
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? .....	Yes
Police Station Name .....	Serangoon North Neighbourhood Police Post
Police Station Address .....	Blk 108 Serangoon North Avenue 1 #01-709 Singapore 550108
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

On 9/2/2023 at about 0715hrs, I was driving along Jurong Town Hall Road towards PIE when I met with a traffic accident at the U-turn nearby Snow City, and there were damages to both vehicles. The front of my vehicle's bumper was dislodge, and the front passenger side tyre was flattened. Passenger side headlight cracked. Traffic Police attended my scene and seized my vehicle's in car camera SD card. I am lodging this report for insurance claim and I would like to inform that I would visit the clinic the next day if I were to feel unwell subsequently due to the impact of accident.

NOTE: VEHICLE REPAIR AT OWNER W/SHOP.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	SD CAR WITH TRAFFIC POLICE

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	ER1633M
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Vehicle Manufacturer .....	Mercedes
Vehicle Model .....	E300
Vehicle Variant .....	-
Vehicle Colour .....	Black
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) .....	-

# SKETCH PLAN

## IMPORTANT NOTICE

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## 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.

*9/2/23* *9/2/23*

Policyholder's Signature / Date & Time: *Jurong Town Hall Rd towards AYE*

Driver's Signature (If driver is not the policyholder) / Date & Time: *Jurong Town Hall Rd towards PIE*

Witnessed by Reporting Centre Personnel: *Finance lth*

**Sketch Plan**

A = SMZ 6226K  
B = ER163SM

**Describe Circumstances of the Accident**

*Refer to Police Report No: T/20230209/2042*

**Declaration**

We declare the foregoing particulars are true in every respect.

*[Signature]* 9/2/23

Policyholder's Signature / Date & Time

*[Signature]* 9/2/23

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



*Finance*  
*WH*

Witnessed by Reporting Centre Personnel