

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	23/03/2023 11:57 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	22/03/2023 15:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CORPORATION ROAD (203 BOON LAY DRIVE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR8469S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHOU SEOW JOON
NRIC No	SXXXX082C
Email Address	CINDY_JLU@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-90010307
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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	1496

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Policy Number / Cover Note Number	DHOM120061632100

DRIVER

Name of Driver	CHOU SEOW JOON
NRIC No	SXXXX082C
Date Of Birth	30/05/1967
Occupation	Indoor

Date Of Driving Pass	11/06/2007
Driving experience	15 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90010307
Alt. Phone Number	-
Email Address	CINDY_JLU@YAHOO.COM.SG
Address	APT BLK 198 BOON LAY DRIVE
Address complement	# 02-51
Postcode	640198
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	Side Swipe
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	BERNICE LOO SHI EN
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

PLEASE REFER TO THE ATTACHED STATEMENT

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	XE5274H
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHOU SEOW JOON
Gender	Female
Phone No	(Phone) +65-90010307
Address	APT BLK 198 BOON LAY DRIVE
Address Complement	# 02-51
Post Code	640198
Approximate Age Years Old	-
Injuries Sustained	HEADACHE, SHOULDER AND BACK PAIN
Injured person in which vehicle?	SLR8469S
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	BERNICE LOO SHI EN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	HEADACHE, SHOULDER AND BACK PAIN
Injured person in which vehicle?	SLR8469S
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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5. Any false reporting may be referred to the Police for investigation.
6. The 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.
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date &
Time

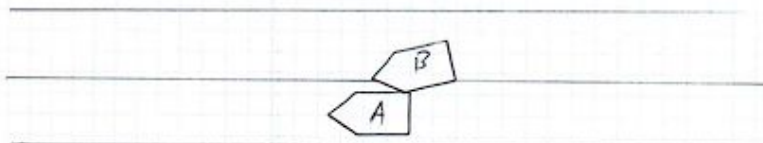

Driver's Signature (If driver is not the policyholder) / Date
& Time

 23/03/2023
Witnessed by Reporting Centre
Personnel

Sketch Plan Corporation Road (203 Boon Lay Drive)

A: SLR84695

B: XE5274H



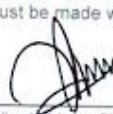
Describe Circumstances of the Accident

I WAS TRAVELLING STRAIGHT ALONG Corporation Road (203 Boon Lay Drive). SUDDENLY VEHICLE B (XE5274H) CUT INTO MY LANE AND HIT ONTO THE REAR RIGHT SIDE OF MY VEHICLE CAUSING MY VEHICLE TO SPIN 180 DEGREE. THE COLLISION CAUSED BOTH MY RIMS ON THE LEFT HAND SIDE OF MY VEHICLE TO COLLIDE WITH THE KERB.

Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.


Policyholder's Signature / Date & Time


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

 23/03/2023
Witnessed by Reporting Centre Personnel









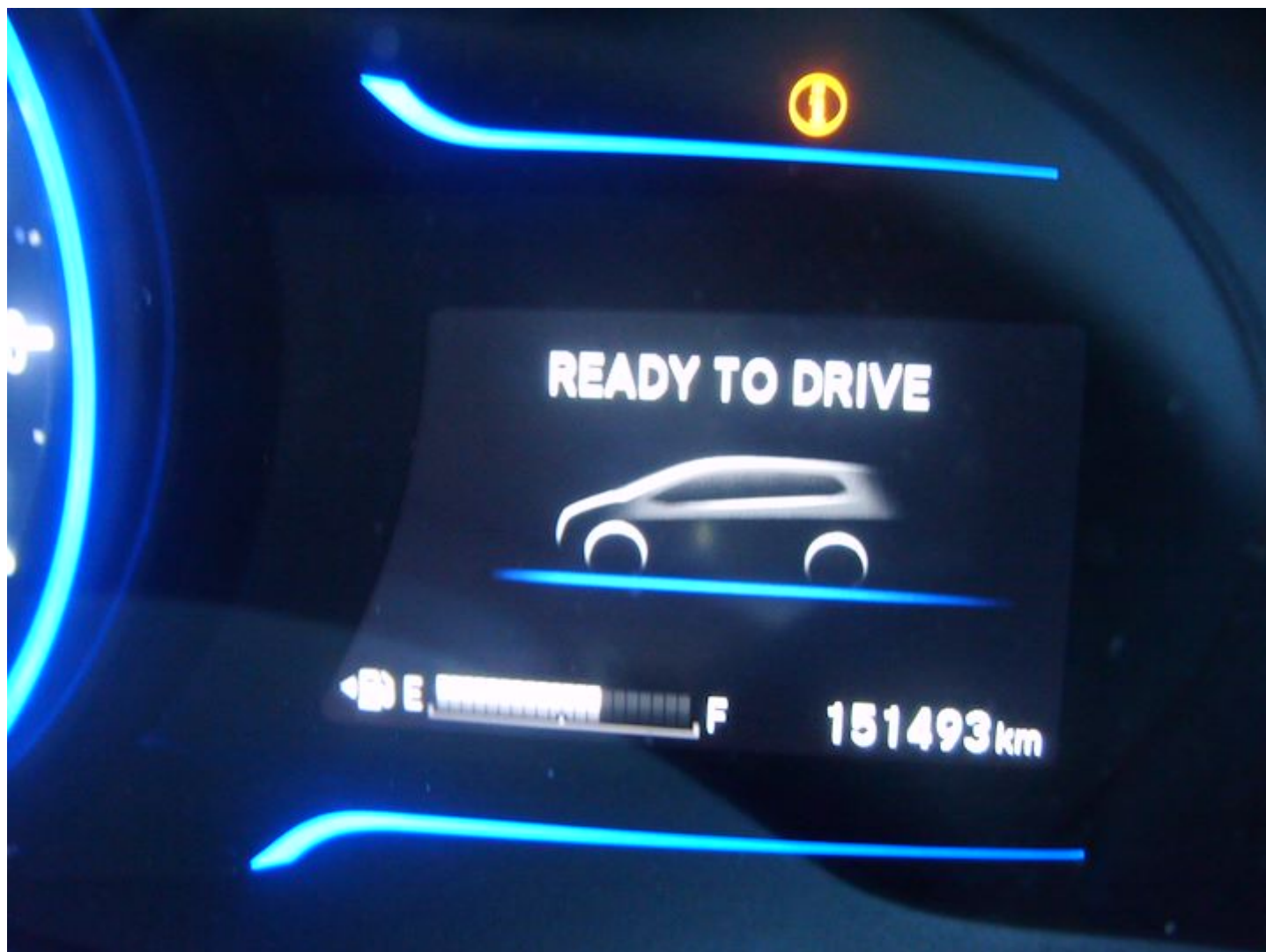














IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN09233N0002 Vehicle Registration No: SLR8469S
 Name (as shown in NRIC): CHOU SEOW JOON NRIC/FIN/Passport No: S1798082C
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: APT BLK 198 BOON LAY DRIVE #02-51 Singapore (640198)
 Contact (Tel): _____ Mobile No.: 90010307
 Email Address: CINDY_JLU@YAHOO.COM.SG
 Date of Accident: 22/3/2023 Time of Accident: 1510
 Place of Accident: CORPORATION ROAD (203 BOON LAY DRIVE)
 Insurance Company: UOI

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

- CHANGE EMAIL ADDRESS TO CINDY_JLU@YAHOO.COM.SG


 Policyholder / Driver's Signature
 Date: _____


 Reporting Centre Personnel's Signature
 Name: _____
 NRIC/FIN No.: _____
 Date: _____

ISSUED BY: ACCIDENT REPORTING CENTRE