



## 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 16:33 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	23/03/2023 13:35 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 3, Singapore
Additional Location Information	OPPOSITE ANG MO KIO HUB
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDL3606Y
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GOH SOO HWANG LILIAN
NRIC No	S0193561E
Email Address	LILIAN_GSH@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-98711311
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Mazda
Model	6
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	2500

#### INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Policy Number / Cover Note Number	DHOM11013281309

#### DRIVER

Name of Driver	POH LIONG BOON
NRIC No	S0654706J
Date Of Birth	20/06/1949
Occupation	Indoor



Date Of Driving Pass	22/06/1967
Driving experience	55 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96615707
Alt. Phone Number	-
Email Address	LILIAN_GSH@YAHOO.COM.SG
Address	BLK 10E BEDOK SOUTH AVE 2 #18-548
Address complement	-
Postcode	464010
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Chain Collision
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)	5
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	YEO JWEE SIANG
Gender	Male

#### PASSENGER 2

Name	YEO KEE HENG
Gender	Male

#### PASSENGER 3

Name	HEOK SENG CHIANG
Gender	Male

#### PASSENGER 4

Name	LOH CHING PING
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 STOP MY VEHICLE AT TRAFFIC LIGHT. SUDDENLY, VEHICLE C HIT VEHICLE B, VEHICLE B FORWARD AND HIT MY VEHICLE FROM BEHIND.

## ATTACHMENT(S)

Are accident photos available for attachment?  
Was there any video captured by Car Camera?  
Reasons for not uploading a video of the accident

Yes  
Yes  
WITH OWNER

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJS1579Y
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	VEHICLE B
No. Of Passenger (Including Driver)	-

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SNE6701D
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	VEHICLE C
No. Of Passenger (Including Driver)	-



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of damage sent to speak up the claims review.
2. This document must be completed by the Policyholder and/or the Authorising Driver.
3. Information must be as truthful and accurate as possible. Any false representation, withholding of material facts or giving misleading information may cause insurance companies to repudiate policy liability.
4. The signatory on behalf of the foreign insurance companies is not an admission of policy liability on the part of the insurance member.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the members 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 completion 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 if needed.
8. Consent under the Personal Data Protection Act (PDPA)
 

I, the Insured, acknowledge, agree and consent that:




  - (a) the Insurers, my workshop and the General Insurance Association of Singapore (GIA) may be entitled to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information now or in the future possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurers who have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident will 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 purposes of:
    - (i) processing, handling and/or dealing with my claims including the settlement of the claim and/or necessary investigations leading to the claim;
    - (ii) investigating the accident and/or my claims;
    - (iii) carrying out and/or dealing with my settlement and/or responding to any enquiries by the;
    - (iv) administering my claims including the making of correspondence, statements, reports, or notices to me, which may include disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of my vehicles and packages; and/or
    - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
  - (b) collectively the "Purposes";
  - (c) all Insurers who have insured vehicle(s) involved in this accident and the Insurers, lawyers/law firms may be entitled to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
  - (d) my Personal Information may also be disclosed by any of the Insurers and/or GIA to the third party zeroed products or agents (including their lawyers/law firms) which may be sold 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

  
 Witnessed by: Accepting Office Personnel

 — SPL 36047  
 — SJS 15797  
 — SAE 61010

Describe Circumstances of the Accident

I stop my vehicle at traffic light, suddenly vehicle C hit B  
 vehicle B forward hit my vehicle from behind

Declaration

We declare the foregoing particulars are true in every respect

  
 Police Officer (Signature) Date & Time

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

  
 Witness (if Required) (Signature) Date & Time



