

## 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	20/03/2023 15:41 (SGT)
Reported by	Owner
Date of Accident	19/03/2023 17:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPPER THOMSON ROAD INFRONT OF 215P FUR KIDS SHOP
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGN1901L
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN SEUNG PO
NRIC No	S0005294I
Email Address	ECKHENG@YAHOO.COM
Mobile Phone No	(Phone) +65-82839296
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Lexus
Model	Es250
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	2500

#### INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Policy Number / Cover Note Number	DH0M120025451603

#### DRIVER

Name of Driver	TAN PEI CHAY DEBORAH
NRIC No	S9032479I
Date Of Birth	04/09/1990
Occupation	Indoor

Date Of Driving Pass .....	06/06/2009
Driving experience .....	13 YEARS AND 9 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-83883913
Alt. Phone Number .....	-
Email Address .....	ECKHENG@YAHOO.COM
Address .....	12 CALDECOT CLOSE
Address complement .....	-
Postcode .....	299121
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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 .....	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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) .....	0
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? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATTACHED SKETCH PLAN AND 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 .....	SNG8743J
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	LEE HUI YING
Contact Number .....	(Phone) +65-92366327

Address ..... -  
 Address complement ..... -  
 Postcode ..... -  
 Insurance Company Name ..... -  
 Nature Of Damage ..... -  
 Details of property damaged in accident ..... -  
 No. Of Passenger (Including Driver) ..... -

# DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number ..... GBH4123L  
 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) ..... -

**SKETCH PLAN**

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. 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.
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' 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

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

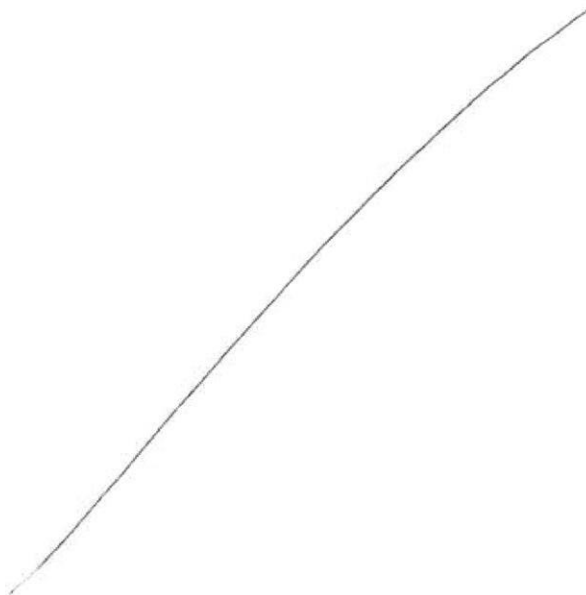
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

**Sketch Plan**

## Describe Circumstance of the Accident

I parked my vehicle outside 215P Thomson Road - Fur Kids Shop along Upper Thomson Road. When I went back to my vehicle, I noticed that there are damages on the RHS front portion of my vehicle. I called my dad & mum and they came to the scene.

Driver of vehicle B, Ms Lee Hui Ying is still around and we exchanged particulars with her.  
Driver of vehicle B apologized for hitting our vehicle and agreed that we claim her insurance



## Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

*Amelia 20/3/23 3pm.*

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

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