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.

- 4. The issue and acceptance of this is form by instrained 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 26/04/2023 16:31 (SGT) Reported by **Actual Driver** Date of Accident 26/04/2023 09:15 (SGT) Exact Location of Accident Singapore Additional Location Information FROM NEW UPPER CHANGI ROAD TURNING TO SIGLAP **ROAD** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMY1132K

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner **LIM YING JUN** NRIC No SXXXX342I Email Address yingjun.lim@gmail.com Mobile Phone No (Phone) +65-90616888 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Peugeot Model 3008 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 - Reporting only Vehicle Category Private car Transmission Auto CC 1199

INSURANCE COMPANY

Name of Insurance Company United Overseas Insurance Ltd Policy Number / Cover Note Number DHOM110180282201

DRIVER

Name of Driver **CHUE MEI WEI** NRIC No SXXXX420I Date Of Birth 28/02/1956

Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	Indoor 07/09/1978 44 YEARS AND 7 MONTHS Male (Phone) +65-97511361 - yingjun.lim@gmail.com 90 SEA BREEZE AVENUE - 487588 No Parent No
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear
	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement	No 2 No - Yes 1 No
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No
ii yoo, agaiiot wiioiii.	
CIRCUMSTANCES OF ACCIDENT	
ON THE ABOVE STATED DATE AND TIME, I WAS TRAVELLING ROAD. VEHICLE B WAS INFRONT OF ME. SUDDENLY VEHICL TIME AND I HIT THE REAR PORTION OF VEHICLE B. ACCORDING TO THE VIDEO FOOTAGE, THERE WAS NO ONCURST FILTER OUT AND DROVE OFF, BUT HE SUDDENLY STOCOLLIDED WITH HIS CAR.	E B JAM BRAKE, I FOLLOW SUIT BUT I COULDN'T STOP ON COMING VEHICLES ON THE TURNING POINT WHERE HE COULD
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes Yes
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer	SJV1753U -

Vehicle Model

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	PANG ER JUN
NRIC No	SXXXX569Z
Contact Number	(Phone) +65-98363653
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

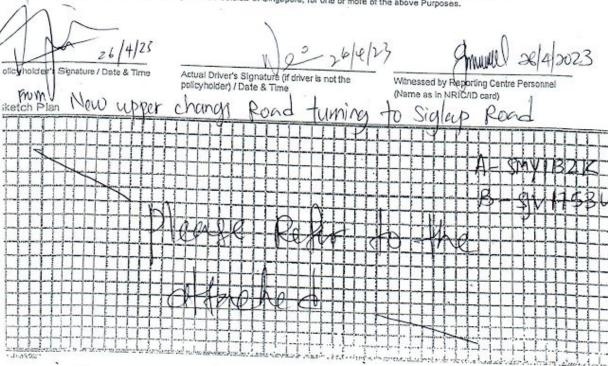
SKETCHPLAN

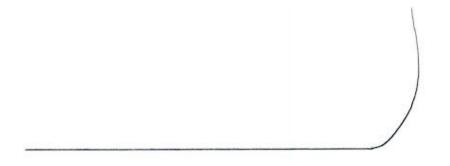
IMPORT TOTICE

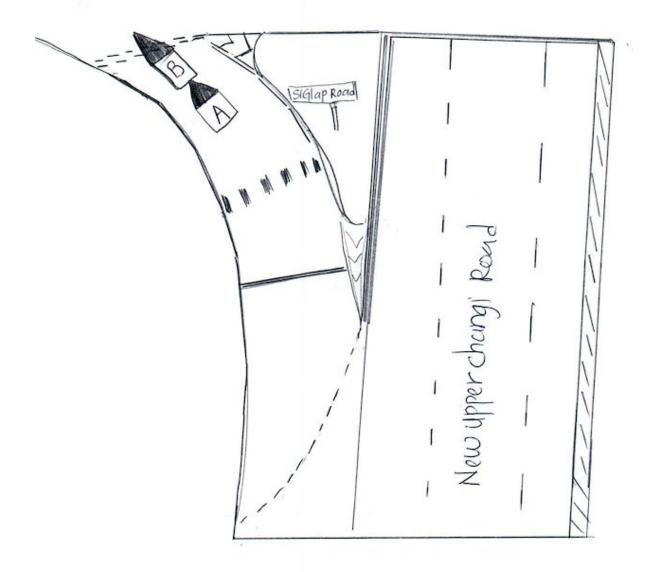
- Pleas report correctly the details of the accident to speed up the claims process.
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- 8. Consertunder the Personal Data Protection Act (PDPA)

I understant, acknowledge, agree and consent that:

- (a) My insight, 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 inferred to as the "insurers"), the insurers' lewyers/lew 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
- (ii) investiga 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 tertain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail
- (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 mayican be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including the friswyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.







A- SMY 1132K B-SJV 17534

4			
Describe Circumstance of the Accident On the above stated along New upper che Vehicle B was in the B ferm Brake i toll time and I hit the According to the oncoming vehicles on just filter out and do which made me to to	angi Road tu ont of me. ow suit bu rear portion video footal the tuming ove	uning to suddenly of could on of re ger there soint whe	siglap Road. vehicle n't stop on hicle B. was no re he could denly stopped

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

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

vJun2022

