

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	19/05/2023 15:31 (SGT)
Reported by	Actual Driver
Date of Accident	18/05/2023 23:02 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CHANGI AIRPORT TERMINAL 1 DEPARTURE CRESCENT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFT9991D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN HUI KHENG SUSAN
NRIC No	SXXXX288A
Email Address	benny.lwr@gmail.com
Mobile Phone No	(Phone) +65-90466133
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Elantra
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	1591

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Policy Number / Cover Note Number	DHOM120053022002

DRIVER

Name of Driver	LIM WEI RONG
NRIC No	SXXXX772F
Date Of Birth	09/06/1993
Occupation	Indoor

Date Of Driving Pass	12/03/2021
Driving experience	2 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91810081
Alt. Phone Number	-
Email Address	benny.lwr@gmail.com
Address	APT BLK 635A TAMPINES NORTH DRIVE 2
Address complement	# 08-303
Postcode	521635
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	SON-IN LAW
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	WIFE
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

ON THE 18TH OF MAY 2023, I WAS DRIVING ALONG T1 DEPARTURE CRESCENT TOWARDS THE DEPARTURE HALL. THERE WERE 2 LANES. I WAS DRIVING ON THE LEFT LANE.
I THEN NOTICED A SSANYONG PICK-UP TRUCK TRAVELLING ABREAST MY VEHICLE ON MY RIGHT.
HE PROCEEDED TO SLOW DOWN WHILE SIGNALLING TO THE LEFT. A MOMENT LATER, THERE WAS IMPACT WHERE THE FRONT LEFT BUMPER OF THE PICK-UP TRUCK COLLIDED WITH MY RIGHT REAR FENDER.
DAMAGE WAS DONE TO THE RIGHT REAR FENDER, RIGHT REAR DOOR AND RIGHT REAR BUMPER.

ATTACHMENT(S)



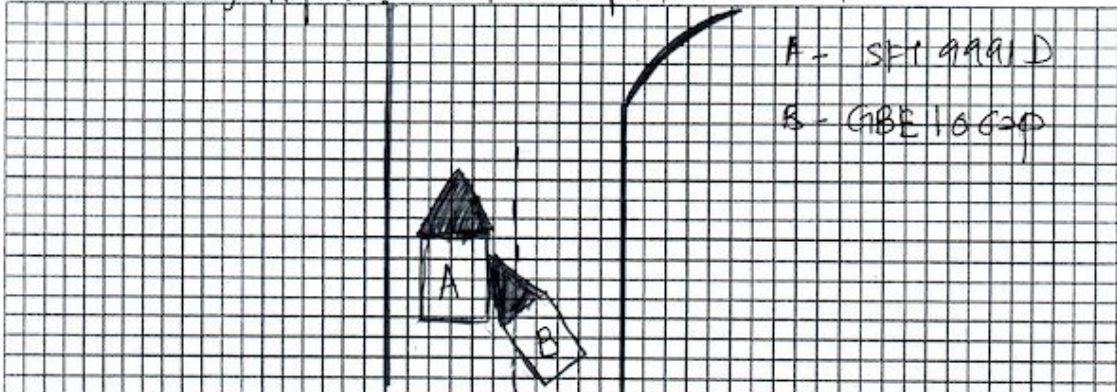
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE1062P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	THANGAVEL PANDURANGAN
Work Permit No	0XXXX9879
Contact Number	(Phone) +65-86220251
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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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' 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  19/5/23 _____ _____	Witnessed by Reporting Centre Personnel  19/05/2023 _____ _____
Sketch Plan <u>Changi Airport Terminal 1 Departure Crescent</u>		
		

Describe the Circumstance of the Accident




On the 18th of May 2023, I was driving along T1 Departure Cues towards the departure hall - There were 2 lanes, I was driving on the left lane.

- I then noticed a Sanyong pick-up^{truck} travelling abreast my vehicle on my right.
- He proceeded to slow down whilst signalling to the left
- A moment later, there was impact where the front left bumper of the pick-up truck collided with my right rear fender.
- Damage was done to the right rear fender, right rear door and right rear bumper.

My vehicle: SFT9991D
Sanyong pick-up truck: GBE1062P

Declaration

We declare the foregoing particulars are true in every respect.

 Policyholder's Signature / Date & Time	19/5/23  Actual Driver's Signature (if driver is not the policyholder) / Date & Time	19/05/2023  Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)
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