

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	12/07/2023 10:09 (SGT)
Reported by	Actual Driver
Date of Accident	11/07/2023 09:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	396 ALEXANDRA ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW8601A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	OTTAPPALAM SUBRAMANIAM MURALI SHANKAR
NRIC No	SXXXX892J
Email Address	muralishankaros@gmail.com
Mobile Phone No	(Phone) +65-81215110
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Jazz
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	1318

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Policy Number / Cover Note Number	DHOM120040001902

DRIVER

Name of Driver	MAYA MURALI SHANKAR
NRIC No	SXXXX782G
Date Of Birth	04/06/1969
Occupation	Indoor

Date Of Driving Pass	26/05/2009
Driving experience	14 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-94246029
Alt. Phone Number	-
Email Address	muralishankaros@gmail.com
Address	9 JALAN DAUD
Address complement	-
Postcode	419554
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	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	OTTAPPALAM SUBRAMANIAM MURALI SHANKAR
Gender	Male

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 ABOVE STATED DATE AND TIME, I WAS TRAVELLING ALONG 396 ALEXANDRA ROAD AND I WAS ON THE THIRD LANE. I DROPPED MY SPOUSE AT THE SIDE OF THE ROAD BEFORE THE UOB ALEXANDRA BUILDING ENTRANCE AND I MOVED OFF. SUDDENLY VEHICLE B HIT THE FRONT RIGHT SIDE OF MY VEHICLE. I DID NOT KNOW FROM WHERE HE COMES AS HE JUST OVERLAP MY VEHICLE TO ENTER INTO THE UOB BUILDING. UPON IMPACT I STOPPED MY VEHICLE AND HORNED AND THAT'S WHERE HE STOPPED TOO. WE EXCHANGE PARTICULARS AT THE ACCIDENT SCENE.

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	SNB4263E
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	DEONSUS LOO HON SIANG
NRIC No	SXXXX721B
Contact Number	(Phone) +65-98006005
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

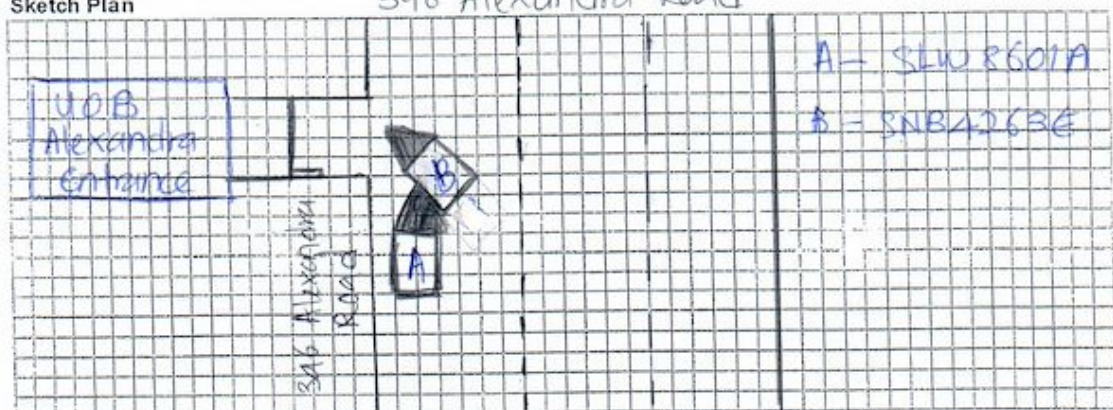
SKETCH PLAN

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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: 12-07-2023
 Driver's Signature (If driver is not the policyholder) / Date & Time: 12-07-2023
 Witnessed by Reporting Centre Personnel: 12/7/2023

Sketch Plan



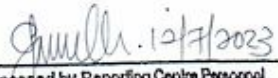


Describe Circumstance of the Accident

on the above stated date and time, I was travelling along 396 Alexandra Road and I was on the third lane. I dropped my spouse at the side of the road before the UOB Alexandra Building entrance and I moved off. and suddenly vehicle B hit the front right side of my vehicle. I did not know from where he comes, as he just overtook my vehicle to enter into the UOB Building. Upon Impact I stopped my vehicle and horned and that's where he too stopped. We exchange particulars at the accident scene.

Declaration

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	 Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)
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v.3.1a 2022

12-07-2023







