

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 First Submission	22/10/2024 14:05 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	22/10/2024 09:27 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPPER CHANGI ROAD EAST
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNU1820S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	QWEK WEI WANN EDWIN
NRIC No	S8201009B
Email Address	EDWINQWEK@GMAIL.COM
Mobile Phone No	(Phone) +65-98350425
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	B.M.W.
Model	318I ADPT LED HL
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1998
Vehicle Fuel	PETROL
First Registration Date	01/10/2021
Chassis no	WBA70DY0408C12444
Effective Date/Time of Ownership	09/10/2024 03:10 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5149984444

DRIVER

Name of Driver	QWEK WEI WANN EDWIN
NRIC No	S8201009B
Date Of Birth	03/01/1982
Occupation	Indoor
Driving Pass Date	19/02/2004
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	20 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98350425
Alt. Phone Number	-
Email Address	EDWINQWEK@GMAIL.COM
Address	BLK 39 YISHUN STREET 51 10-38 SINGAPORE 767994
Address complement	-
Postcode	-
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	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)	1
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

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNR3100P
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KHOO YAO XIANG
NRIC No	S9837580E
Contact Number	(Phone) +65-97911123
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	SHA4588U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	KOH HAK CHOK
NRIC No	S1639610I
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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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.

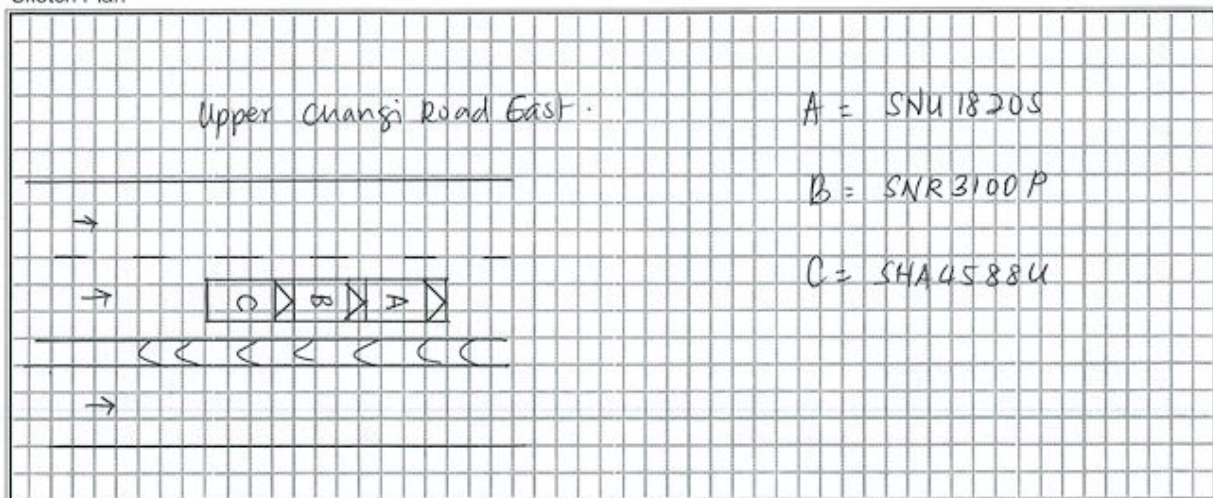
OTY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)

 22/10/24
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)

Sketch Plan



Upper Changi Road East.

A = SNU1820S

B = SNR3100P

C = SHA4588U

vJun2022

1

Describe Circumstance of the Accident

On 22.10.2024 at about 0927hrs I was travelling along
Upper Changi Road East.

Traffic was congested and my vehicle was stationary.

Suddenly I felt an impact from the rear.


I exited my vehicle to realise that I was involved in
a chain collision. Vehicle C had collided onto vehicle B
which caused vehicle B to rear-end my vehicle.

Nobody was injured from the accident.

We exchanged particulars for insurance reporting.

Declaration

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

 22/10/24

Policyholder's Signature / Date & Time

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

CITY AUTO PTE LTD

Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643

Tel: 6453 1235 Fax: 6453 7944

(Claims Section)

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























