

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 Authorised 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 ability.
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 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 Report	30/08/2017 11:48
Date Of Accident	29/08/2017 18:40
Exact Location Of Accident	MCE EXITING TOWARDS ECP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCW223S
Insured/Policyholder	
Name Of Registered Owner	LUBRITRADE TRADING PTE LTD
Co Reg No	199405839M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63237223

Vehicle Particulars

Manufacturer	BMW
Model	730LI AT D/AB 4DR SR LED DSC NAV HUD
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
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	8-V0010324-MVA-R002
Cover Note Number	

Driver

Name of Driver	KENNETH HO HONG WEI
NRIC No	S9713070A
Date Of Birth	11/04/1997
Occupation	INDOOR
Date Of Driving Pass	17/06/2016
Driving Experience	1 YEAR AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85111104
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	28, JALAN ULU SIGLAP
Postcode	457190
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

IT HAPPEN ALONG MCE, WHILE EXITING ECP CHANGI. THERE WAS A LONG CONGESTION WHILE EXITING ECP CHANGI. THE CARS WERE MOVING SLOWLY AND I WAS BEHIND CAR B. WHEN CAR B MOVED FORWARD, I SAW THAT I COULD MOVE FORWARD AS WELL. HOWEVER, I ACCIDENTALLY STEP ON THE ACCELERATOR AND MY VEHICLE COLLIDED INTO THE CAR INFRONT OF ME, WHICH INCIDENTALLY KNOCK ONTO CAR C. AFTER THE COLLISION, I IMMEDIATELY PRESS THE HAZARD LIGHT AND STEP OUT OF THE VEHICLE. OWNERS OF CAR B AND CAR C DID NOT SUSTAIN ANY DAMAGES. CAR B HAD A PAINT TRANSFER DAMAGE ON THE REAR, AND THE FRONT LICENSE PLATE WAS SLIGHTLY DENTED IN WITH A CHIP. CAR C SUFFERED FROM MINOR PAINT DAMAGES AT THE BOTTOM REAR. THESE WERE ALL VISUAL FROM THE SCENE OF THE ACCIDENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLH9742Z
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	WONG CHIN SING
NRIC/Passport Number	S1282762H
Contact Number	98190992
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
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Phone Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SJG8368G

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

HIRANAND REWACHAND MIRPURI

NRIC/Passport Number

S1412291E

Contact Number

96375804

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

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.

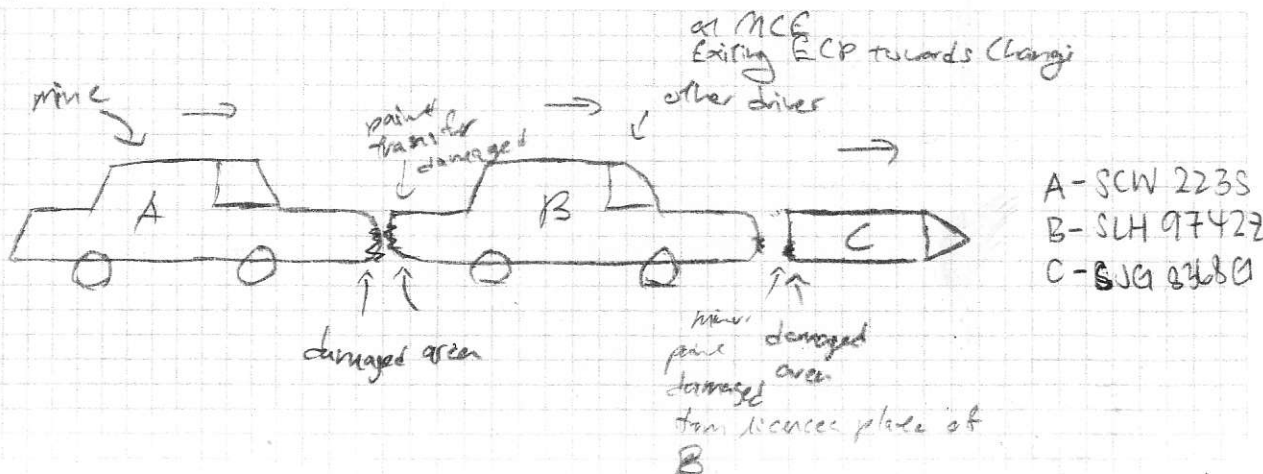


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Please note that you might be able to submit an Own Damage Claim under own policy within 14 days.

☒ Claim Own Damage ☐ Claim TP ☐ Reporting Only ☐ Claim OD/TP at other workshop

Workshop name:

Describe Circumstances of the Accident

It happen along MCE, while exiting ECP Changin.

There was a long congestion while exiting ECP Changin.
The cars were moving slowly, and I was behind Car B.

When Car B moved forward, I saw that I could move forward as well.

However, I accidentally ~~hit~~ step on the accelerator and ~~my~~ my vehicle
collided into the car in front of me, which ~~or~~ incidentally ~~knock~~ knock over Car C.

After the ~~collide~~ collision, I immediately press the hazard light and stop out of
the vehicle. Car B and Car C ~~did not~~

Owners of Car B and Car C did not sustain any ~~damaged~~ damages. Car B had
a ~~plum~~ ~~to~~ rear damage on the rear, and the front driver plate was slightly dented in
with a chip.

Car C suffered from minor paint damage at the ~~front~~ bottom rear.

These were all visited from the scene of the accident.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel