

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	21/12/2017 11:02
Date Of Accident	04/12/2017 08:35
Exact Location Of Accident	ALONG LOR CHUAN // BRADDELL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBB5431Y
Insured/Policyholder	
Name Of Registered Owner	LOW CHEE BOON BENJAMIN
NRIC No	S8116136D
Email Address	BENNCTLOW@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91991191
Alternative Phone No	OFFICE-91991191

Vehicle Particulars

Manufacturer	SUZUKI
Model	GSR400M-398CC
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	V0013124
Cover Note Number	14/05/2017 - 13/05/2018

Driver

Name of Driver	LOW CHEE BOON BENJAMIN
NRIC No	S8116136D
Date Of Birth	27/05/1981
Occupation	INDOOR
Date Of Driving Pass	07/04/2009
Driving Experience	8 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	+65-91991191
Fax Number	
Contact Number	OFFICE-91991191
Email Address	BENNCTLOW@HOTMAIL.COM

Address	BLK 307 SERANGOON AVE 2 #04-46
Postcode	550307
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	NO COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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

REFER TO ATTACHED SKETCH PLAN

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	SHD1662S
Vehicle Make/Model/Colour	TAXI
Details Of Properties	
Vehicle Category	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN


IMPORTANT NOTICE

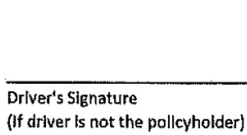
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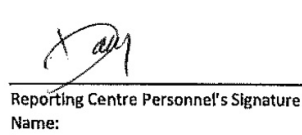
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

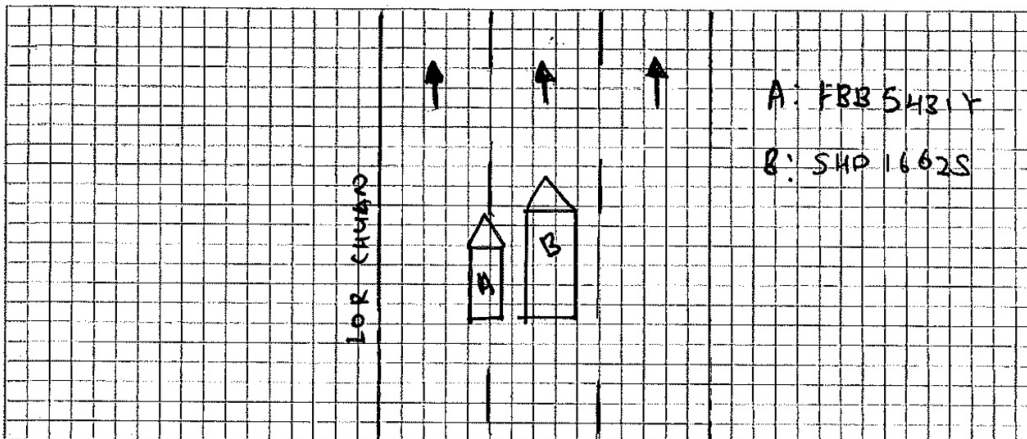
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the "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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time:


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


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 04/12/17 at around 0835 hrs, I was travelling to work on my bike FBB5431Y on Lorry Chuan along Braddell Road towards Juncie Island. Along the journey, I did not notice or any abnormalities and arrived at my workplace safely.

A few days later, I received a letter from my Insurance Company stating that there is a claim against me for an accident with SHP1662S.

I wasn't aware of any accident & that I may have caused as there was no damage to my bike nor injury to myself.

DECLARATION

I/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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



F/20171221/2057

1 of 2

POLICE REPORT (NP299)

Report No. F/20171221/2057

Police Station Of Origin
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

Date/Time Report Made 21/12/2017 12:01		Vide Report No.		Station Diary No. 13	
Name Of Informant LOW CHEE BOON, BENJAMIN		Address APT BLK 307 SERANGOON AVENUE 2 #04-46 SINGAPORE 550307			
ID Type / ID No. NRIC NO / S8116136D		Contact No. Home/Office Mobile 91991191			
Nationality SINGAPORE CITIZEN		Email Address			
Occupation safety officer		Sex Male	Age 36	Date of Birth 27/05/1981	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 04/12/2017 08:35		Location Of Incident 1 LORONG CHUAN AUSTRALIAN INTERNATIONAL SCHOOL SINGAPORE 556818 Along Lor Chuan towards Braddell Road			

Brief details.

" On 04/12/2017 at about 0835hrs, i was riding my motorcycle bearing plate number FBB5431Y along Lor Chuan towards Braddell Road. Throughout the journey to my workplace (Jurong Island), i did not notice any abnormalities and I arrived at my workplace safely.

On 12/12/2017, I received a letter from my insurance company (QBE Insurance Pte Ltd), stated that my

Signature Of Officer Recording The Report: F / Sgt 2 TAN SHU XUAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 21/12/2017 12:01
Officer In-Charge Of Case: F / Serangoon N.P.C / Sgt 2 TAN SHU XUAN Contact No.: 64880999	Classification Of Case:

Authentication Stamp

SN 154



Signature:

Singapore Police Force



**SINGAPORE
POLICE FORCE**



F/20171221/2057

2 of 2

POLICE REPORT (NP299)



CONTINUATION OF REPORT

Report No. F/20171221/2057



vehicle were involved in an accident with another vehicle bearing car plate number, SHD1662S. I checked with my insurance company and they advice me to lodge a police report.

I wish to state that I did not meet with any accident with any vehicle on the date stated. I made a check on my motorcycle and there is no damages.

I am lodging this report for my insurance record purpose.

Signature Of Officer Recording The Report: F / Sgt 2 TAN SHU XUAN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 21/12/2017 12:01
Officer In-Charge Of Case: F / Serangoon N.P.C / Sgt 2 TAN SHU XUAN Contact No.: 64880999	Classification Of Case:

Authentication Stamp SN 154

 Signature: 

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : NMBM 17167559 Vehicle Registration No: FBB 5431Y
Name (as shown in NRIC) : LOW CHEE BOON BENJAMIN NRIC/FIN/Passport No : S8116136D
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Blk 307 Serangoon Ave 2 #04-H6 Singapore (550304)
Contact (Tel) : _____ Mobile No. : 9199 1191
Email Address : benctlow@hotmail.com
Date of Accident : 04/12/2017 Time of Accident : 0835
Place of Accident : ALONG LOR LUAN // BRADSHAW ROAD
Insurance Company : QBE INSURANCE

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- Attach police report

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: