

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	09/01/2018 16:26
Date Of Accident	08/01/2018 22:30
Exact Location Of Accident	SLIP RD OF SENGKANG EAST RD EXIT SENGKANG EAST AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGR6899G
Insured/Policyholder	
Name Of Registered Owner	TOH KOK WAH
NRIC No	S1575283A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97496408
Alternative Phone No	OFFICE-97496408

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALPHARD-3.5 S (A)
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	THIRD PARTY
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-V0016437-MVA
Cover Note Number	

Driver

Name of Driver	TOH XIN CHENG
NRIC No	S9548349F
Date Of Birth	18/12/1995
Occupation	INDOOR
Date Of Driving Pass	23/05/2014
Driving Experience	3 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83684450
Fax Number	
Contact Number	
Email Address	TOH_XC@HOTMAIL.COM

Address	BLK 451A SENGKANG WEST WAY #04-369
Postcode	791451
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
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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

ON 08-01-2018 AT ABOUT 10.30PM , I WAS DRIVING ALONG SENGKANG EAST ROAD AND WANTED EXIT TO SENGKANG EAST AVE , I STOPPED MY VEHICLE BEFORE THE GIVEWAY LINE AND WAITING FOR TRAFFIC CLEARANCE , MOMENT LATER I FELT AN IMPACT FROM THE REAR OF MY VEHICLE , UPON ALIGHTING TO CHECK REALISED THAT A TAXI SHD33P HAD COLLIED ONTO THE REAR OF MY VEHICLE , WE HAD TOOK DOWN SOME PHOTO AND MOVE OUR VEHICLE AT THE ROAD SIDE, THE TAXI DRIVER HAD PASS ME THE NRIC SAYING THAT HE NEED TO SEND PASSENGER TO THE DESTINATION , MOMENT LATER THE TAXI CAME BACK TO THE SCENE AND I RETURN THE NRIC TO THE SAID TAXI DRIVER AND HE TOLD ME TO CLAIM FROM HIS INSURANCE COMPANY FOR MY VEHICLE DAMAGED , NO ONE WAS INJURED .

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	SHD33P
Vehicle Make/Model/Colour	TRANSCAB
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LEE KONG WAH
NRIC/Passport Number	S1065142E
Contact Number	96933922
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan

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.
- (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.

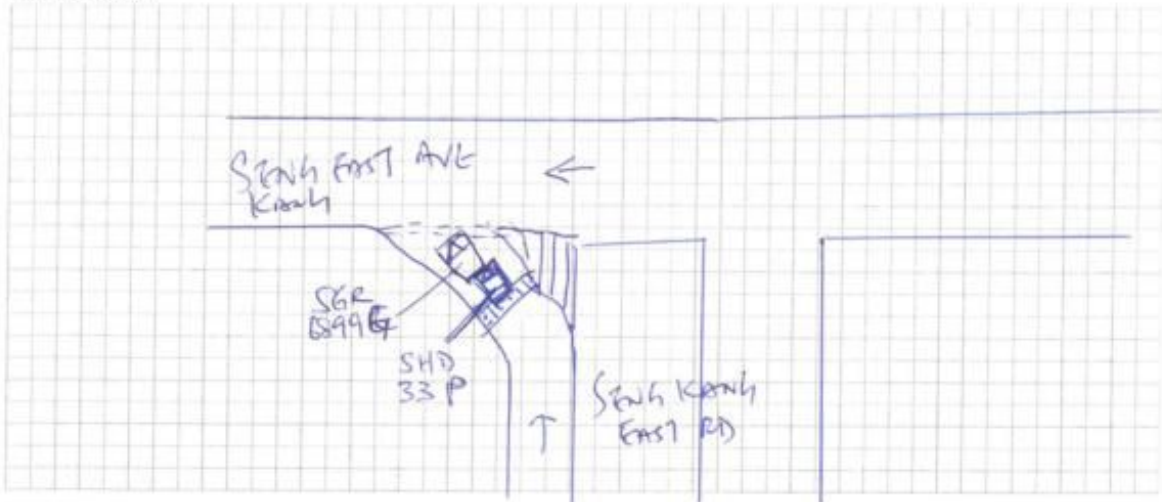

Policyholder's Signature
Date & Time:


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


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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 8-1-2018 AT ABOUT 10.30 P.M, I WAS DRIVING ALONG SENGKANG EAST RD AND WANTED TO EXIT TO SENGKANG EMB AVE. I STOP MY VEHICLE BEFORE THE GIVEWAY LINE CHECKING FOR TRAFFIC CLEARANCE. MOMENT LATER I FELT AN IMPACT FROM THE REAR OF MY VEHICLE UPON AWAKENING TO CHECK REARUSKTS THAT A TAXI SHD 33 P WAS COLLIDED INTO THE REAR OF MY VEHICLE. WE HAD TOOK DOWN SOME PHOTO AND MOVE OUR VEHICLE AT THE RD SIDE, THE TAXI DRIVER HAD PASS ME THE NRIC SAYING THAT HE NEED TO SEND PASSENGER TO THE DESTINATION, MOMENT LATER THE TAXI CAME BACK TO THE SCENE AND I RETURN THE NRIC TO THE TAXI DRIVER. THE SAID VEHICLE DRIVER ASK ME TO CLAIM FROM HIS INSURANCE COMPANY, NO ONE WAS INJURED.

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.:

Accident Photo



Accident Photo



Accident Photo



CHASSIS NO.



Accident Photo

