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 witholding 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 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.

By the lodgement of this report to the insurers, you hereby con aforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	19/01/2018 17:32
Date Of Accident	18/01/2018 15:05
Exact Location Of Accident	32 JOO KOON ROAD (WITHIN FACTORY COMPOUND)
Country/State of Loss	SINGAPORE
ı	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YP3886K
Insured/Policyholder	
Name Of Registered Owner	FILTEC PTE LTD
Co Reg No	199905184W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90620369
Alternative Phone No	OFFICE-64837522
Vehicle Particulars	
Manufacturer	HINO
Model	LORRY
Exact Purpose for which vehicle was being used at time of accident	t .
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	COMMERCIAL VEHICLE
_	

Insurance Company

QBE INSURANCE (SINGAPORE) PTE LTD Name of Insurance Company

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number 8-V00013776-MVA-R001

Cover Note Number

Driver

YU NAI SING Name of Driver NRIC No S0107580B Date Of Birth 23/09/1954 Occupation **INDOOR** Date Of Driving Pass 28/08/1972

Driving Experience 45 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96571715

Fax Number

Contact Number

EMail Address NOEMAIL

BLK 290 BISHAN STREET 24 #20-35 Address

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

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**

NO

NO

1

NO

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.

Number of Passengers (Including Driver)

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?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN.

Attachment(s)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YL6813Y

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

CHAMY Name of Driver

NRIC/Passport Number

91634355 **Contact Number**

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

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

Lunderstand, 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 :
 - 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: Oriver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN		
	32 700 Koon	Pood
		A- 4P 3886K
		A- YP 3886K B: YL 6813Y
DESCRIBE CIRCUMSTANCES OF	THE ACCIDENT	
Vehicle B LIGS	Stationary. 1 was	reversing and did
not notice ?	Whole B so colle	reversing and did
boryen. Hopog	y was informed.	
	·	
		W/W///////////////////////////////////
	ANALYSIA MATTALA MATTA	
DECLARATION /We declare the foregoing particular	rs are true in every respect.	1/18@ 91.xxx
M_{V}		1.2.
Policyholder's Signature \(\sqrt{\lambda}\) Date & Time:	Oriver's Signature ' (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:

Company Chop (if applicable)

Date & Time:

NRIC/FIN No.:



















