

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 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	29/01/2018 17:24
Date Of Accident	29/01/2018 15:00
Exact Location Of Accident	SENGKANG WEST ROAD X SENGKANG INDUSTRIAL AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	WC3086U
Insured/Policyholder	
Name Of Registered Owner	SINMIX PTE LTD
Co Reg No	200705861H
Email Address	CHEWHONG.SEE@SINMIX.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65011627
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	FV51JKM4RDEA
Exact Purpose for which vehicle was being used at time of accident	CEMENT TRUCK
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	8-V0014300-MVA-R001
Cover Note Number	22/11/2017 TO 30/11/2020
Driver	
Name of Driver	CHEW PENG WENG
NRIC No	S1418180F
Date Of Birth	21/09/1960
Occupation	OUTDOOR
Date Of Driving Pass	21/04/1983
Driving Experience	34 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86618719
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLOCK 31 BENDEMEER ROAD
#12-847
Postcode 330031
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
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 29/01/2018 at about 1500hrs, I was driving my vehicle (A: WC3086U) on the second lane from right along Sengkang West Road turning right into Sengkang Industrial Avenue 1. Suddenly the vehicle (B: WC5400H) which was travelling in front of me make an emergency stop, I immediately applied my brake to avoid collision but to not avail. Thus, my vehicle's front portion hit onto rear portion of vehicle B. Nobody was injured in this accident. Both vehicles have no passenger on board.

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 WC5400H
Vehicle Make/Model/Colour
Details Of Properties CEMENT TRUCK
Vehicle Category COMMERCIAL VEHICLE
Name of Driver SHEIK ISMAIL MUZEEBUR RAHIMAN
NRIC/Passport Number G5245027L
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage REAR PORTION
No. Of Passenger (Including Driver) 1

SKETCH PLAN

IMPORTANT NOTICE

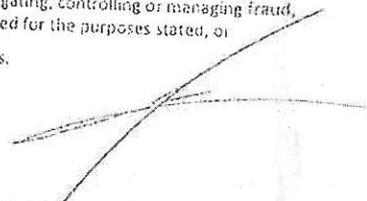
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy 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. 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)

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.

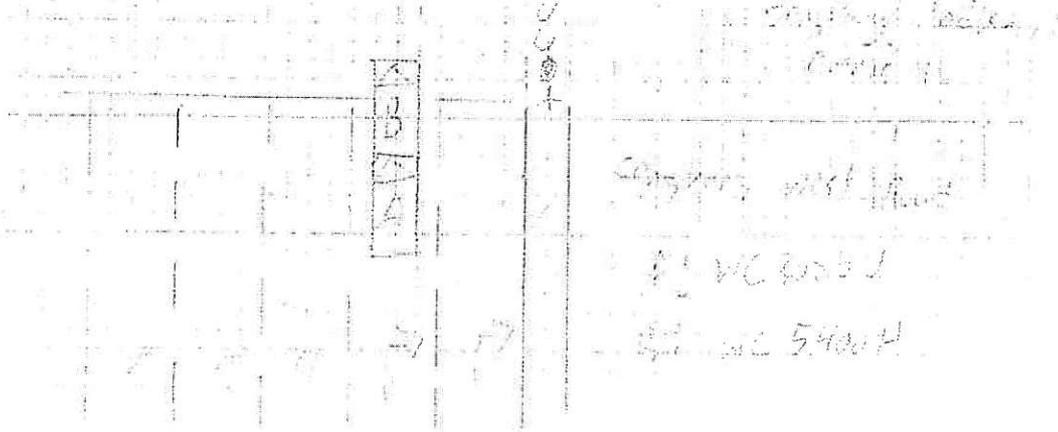

 Policyholder's Signature
 Date & Time: 16/11/14


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 29/01/15 @ 17:40h


 Reporting Centre Personnel's Signature
 Name: Gary Nishi Shiro
 NRIC/FIN No.: G6864052K

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to CIA report

DECLARATION

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

Policyholder's Signature

Date & Time: 30/1/18

Driver's Signature

(If driver is not the policyholder)

Date & Time: 29/01/18 01:17pm

Reporting Centre Personnel's Signature

Name: Gary Noel Gray

NRIC/ID No: 66864097R