

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	12/03/2018 11:55
Date Of Accident	10/03/2018 13:20
Exact Location Of Accident	ANG MO KIO ST 22 / 23
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFN7828M
Insured/Policyholder	
Name Of Registered Owner	BOEY YIP PANG
NRIC No	S2107551E
Email Address	UMAETALK@GMAIL.COM
Mobile Phone No	(LOCAL) +65-84870039
Alternative Phone No	OTHERS-84870039

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	PTE 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-V0017249-MVA
Cover Note Number	11/03/2018 - 10/03/2019

Driver

Name of Driver	BOEY YIP PANG
NRIC No	S2107551E
Date Of Birth	27/06/1947
Occupation	INDOOR
Date Of Driving Pass	04/08/1966
Driving Experience	51 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84870039
Fax Number	
Contact Number	OTHERS-84870039
E-Mail Address	UMAETALK@GMAIL.COM

Address	BLK 131 ANG MO KIO AVE 3 #09-1591
Postcode	560131
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	COLLISION - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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)	2
Passenger 1	NAME: : AW YONG LING GENDER: : FEMALE

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 STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJF9553L
Vehicle Make/Model/Colour	HONDA ACCORD
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

VEHICLE NO.: SPW 7828 M
INSURER : OBE
DATE & TIME: 10/03/18
1320 hrs

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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.

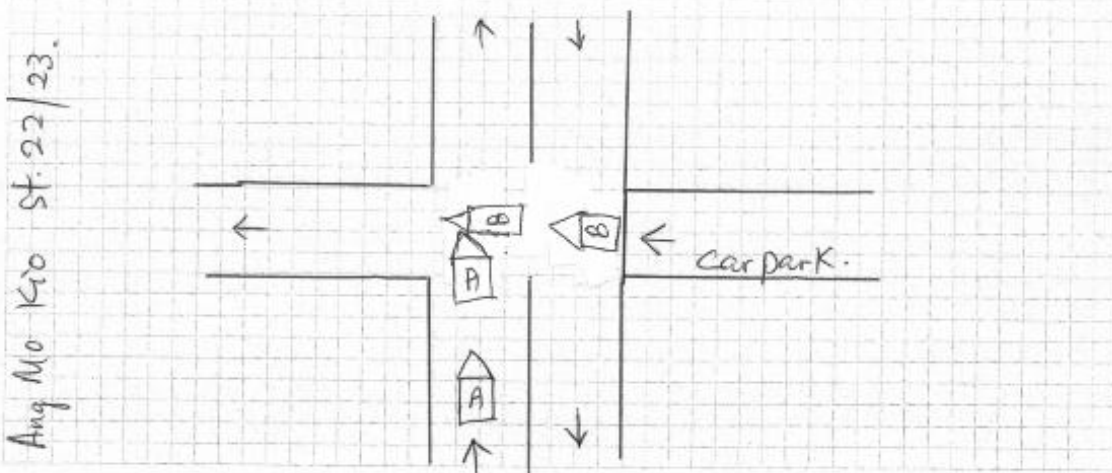
Policyholder's Signature
Date & Time: 12/3/18

Driver's Signature
Date & Time: 12/3/18

Reporting Centre Personnel's Signature
Name: Jodyn (AMK)
NRIC/FIN No.: 12/03/18

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/03/18 @ 1320 hrs, As I was traveling along Ang Mo Kio Junction of St. 22 to 23, suddenly vehicle B Exit from the car park without stopping and Collided onto my front portion of my vehicle. That all's.

Vehicle No: SFN7828M (RBE)

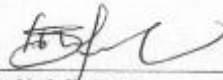
claim Third party @ Own workshop.


Email to C-S-Dng Auto P/L


Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

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


 Policyholder's Signature
 Date & Time: 12/3/18


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 12/3/18


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

Claim Own Policy Claim Third Party Reporting Only
 Claim 3rd/TP at other workshop (C-S-Dng Auto P/L)

Sketch Plan #3

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	04 Jun 1966
Class 2A	Motorcycles between 201 cc and 400 cc	04 Jun 1966
Class 2	Motorcycles exceeding 400 cc	04 Jun 1966
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	04 Aug 1966

NP 478A

Licence No: S2107551E

141483

S2107551E

BOEY YIP PANG

27-06-1947

13 OCT 2003

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S2107551E

Name: BOEY YIP PANG

Birth Date: 27 Jun 1947

Issue Date: 13 Oct 2003

1009165482

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S2107551E

Name: BOEY YIP PANG

梅葉鵬

Race: CHINESE

Date of Birth: 27-06-1947 Sex: M

Country of Birth: MALACCA

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

