

## 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	15/03/2018 17:31
Date Of Accident	15/03/2018 14:45
Exact Location Of Accident	TWENTY ANSON BLDG AT 20 ANSON ROAD CARPARK EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU1473J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHAN TZE LOON JEREMY
NRIC No	S7743132B
Email Address	ETYLING@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94777117
Alternative Phone No	OTHERS-81250541

### Vehicle Particulars

Manufacturer	BMW
Model	520D
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?	YES
If No, Please state action to be taken	
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-V0016572-MVA
Cover Note Number	

### Driver

Name of Driver	ELAINE THAM EE LING (ELAINE TAN YILING)
NRIC No	S8021272J
Date Of Birth	20/07/1980
Occupation	INDOOR
Date Of Driving Pass	20/09/2006
Driving Experience	11 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94777117
Fax Number	
Contact Number	OTHERS-81250541
Email Address	ETYLING@GMAIL.COM

Address	10 FLORA DRIVE #07-07
Postcode	506942
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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 ON 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

PLEASE REFER TO SKETCH PLAN

#### 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	SHC1745S
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	MR. TAN
NRIC/Passport Number	
Contact Number	81124398
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:

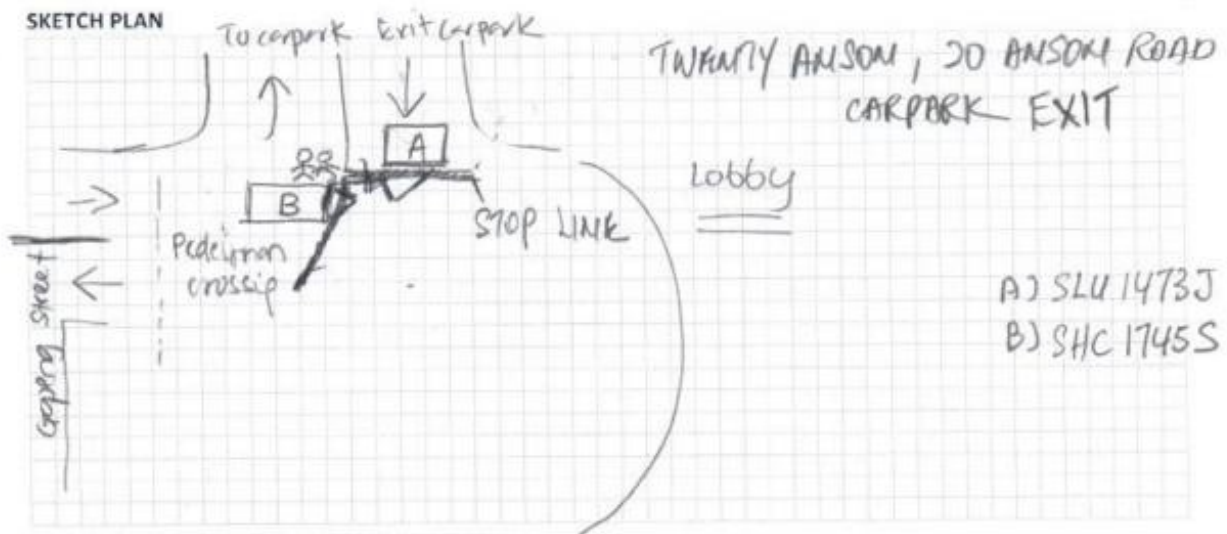
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 15 MAR 2018

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 15 MAR '18

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

# Accident Sketch Plan



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At 2.45pm, I was exiting the carpark of Twenty Anson and once after the gantry, I stopped my car as there were pedestrians, and since the pedestrians stopped there, I proceeded to start the car again but before I could step on the accelerator to drive off, a taxi came into the lobby and drove straight into my car and the right front bumper / front light. The taxi driver did not look or even bother to stop and see the surroundings as I see him drive straight into my car. He immediately reverse the car after hitting my car before he stop and get out of the car.

After which, I proceeded to take photos and the building security asked us to move the vehicles. The comfort taxi driver refused to give his details, asking me to just call comfort taxi to report and claim their insurance and ~~the~~ after I insist, he finally gave his mobile and just left his surname and drove off without giving other details.

## DECLARATION

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

*Jayden*  
Policyholder's Signature  
Date & Time: 15 MAR 18

*Edwin*  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 15 MAR 18  
5.10pm

*an 15/03/2018*  
Reporting Centre Personnel's Signature  
Name: *Ross WAHAB*  
NRIC/FIN No.:



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



# Addendum Sheet



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: S665500205 / 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 : MA18418035827 Vehicle Registration No: SL4 1473J  
Name(as shown in NRIC): ECBINE THAM ER LING NRIC/FIN/Passport No : S8021272J  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No.: 81250541  
Email Address : \_\_\_\_\_  
Date of Accident : 15/03/2018 Time of Accident : 14:45  
Place of Accident : TWENTY ANSON BLDG #7 20 ANSON ROAD CARPARK F&T  
Insurance Company: DBS 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:

THE STOP LINE ON SKETCH PLAN SHOULD BE ON THE INSURED  
SIDE

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Rafael Wong  
NRIC/FIN No.:  
Date: 16/03/2018

# Addendum Sheet



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: S66550020G / 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 : M1A41835827-01 Vehicle Registration No: SLU1473J  
Name (as shown in NRIC) : ECARINE THOM ERL LING (MALAYSIAN CITIZEN) NRIC/FIN/Passport No : 8021272J  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No.: 94777117  
Email Address : \_\_\_\_\_  
Date of Accident : 15/03/2018 Time of Accident : 14:45  
Place of Accident : THANJAY ANSON BLDG A7 20 ANSON ROAD CARPARK FLOOR  
Insurance Company : LIBER 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:

INSURED NAME TO CHAN TZE LOON JEREMY

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Rafli Wong  
NRIC/FIN No.:  
Date: 04/04/2018