

## 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 15:37
Date Of Accident	15/03/2018 08:40
Exact Location Of Accident	LOYANG AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJS7313H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	EUGENE PHOEN YU JUN
NRIC No	S9006627G
Email Address	E.PHOEN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91013035
Alternative Phone No	OFFICE-91013035

### Vehicle Particulars

Manufacturer	VOLVO
Model	C30-2.0 (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? 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-V0014375-MVA
Cover Note Number	

### Driver

Name of Driver	EUGENE PHOEN YU JUN
NRIC No	S9006627G
Date Of Birth	28/02/1990
Occupation	INDOOR
Date Of Driving Pass	28/02/2009
Driving Experience	9 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91013035
Fax Number	
Contact Number	OFFICE-91013035
Email Address	E.PHOEN@GMAIL.COM

Address 15E JALAN BERJAYA  
Postcode 578634  
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 - 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 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) 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

WHILE I WAS DRIVING ALONG LOYANG AVE AT ABOUT 0840 HRS ON 15 MARCH 2018, THE VEHICLE INFRONT OF ME MADE AN EMERGENCY BRAKE. MY VEHICLE FRNT SJS7313H HIT ON TO THE REAR OF THE OTHER VEHICLE SKQ9589PAT APPROXIMATELY 20 KMH.

#### 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 SKQ9589P  
Vehicle Make/Model/Colour  
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**

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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 of interested parties.
7. The Information disclosed to the insurers will be used for the archiving of this report at the centre and is subject to the application of the Personal Data Protection Act (PDPA).
8. I, the undersigned, understand, acknowledge, agree and consent that:
  - a. My insurer, my workshop and the General Insurance Association of Singapore (GIA) may be permitted to collect, use, disclose and to 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 insurers who have insured vehicles involved in this accident (all insurer(s) who have insured vehicles) 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/semi-government authority, such as the police, for the purpose of:
    - i. processing, handling of a claim/pending claim, claims relating to the settlement of the claim and any necessary investigation relating to the claim;
    - ii. settling 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 making 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 any documents/packages); and/or
    - v. complying with applicable law, in administering, processing, handling and/or settling my claims.
  - b. My insurer, my workshop and the General Insurance Association of Singapore (GIA) may be permitted to collect, use, disclose and to 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 based outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time  
 15 Mar 2018

Driver's Signature (if driver is not the policyholder) / Date & Time

Sketch Plan

Witnessed by Reporting Centre Personnel

please refer to the attached

Describe Circumstances of the Accident:

While driving along Layan Avenue at 0840am on 15 Mar 2018, the vehicle in front of me made an emergency brake. My vehicle front (SJS 7313H) hit on to the rear of the other vehicle (SKQ 9589P) at approximately 20km/h.

I declare that

I declare the foregoing particulars are true in every respect

123pm  
15 Mar 2018

Signature of Driver & Vehicle Holder Date & Time

Witnessed by Reporting Centre  
Witnessed

