

## 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	31/03/2018 14:03
Date Of Accident	28/03/2018 10:45
Exact Location Of Accident	SIMS WAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK6239M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHIN KOK LEONG KENNETH
NRIC No	S8022680B
Email Address	BLISSCLEANING88@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98755065
Alternative Phone No	OFFICE-98755065

### Vehicle Particulars

Manufacturer	HONDA
Model	STREAM-1.8 X (A)
Exact Purpose for which vehicle was being used at time of accident	TO FETCH FRIEND AT ICA BUILDING
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	8-V0016326-MVA
Cover Note Number	

### Driver

Name of Driver	CHIN BOON KEE
NRIC No	S0440478E
Date Of Birth	18/05/1945
Occupation	INDOOR
Date Of Driving Pass	28/07/1965
Driving Experience	52 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96860178
Fax Number	
Contact Number	
E Mail Address	BLISSCLEANING88@GMAIL.COM

Address	BLK 194 RIVERVALE DR #02-775
Postcode	540194
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

### General Information of the Accident

Type Of Accident	SIDE SWIPE
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)	2
Passenger 1	NAME: : MS RINA 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

I WAS TRAVELLING ALONG SIMS WAY INTENDING TO TURN RIGHT TO GEYLANG RD ON THE SECOND LANE FOR TURNING RIGHT. SUDDENLY A TAXI FROM BEHIND OVERTAKE MY VEHICLE AND HIS LEFT HAND SIDE MIRROR HIT AGAINST MY RIGHT HAND MIRROR. THERE IS NO DAMAGED ON BOTH VEHICLES ACCEPT MY RIGHT HAND MIRROR TILT OUTWARD AND SLIGHT PAINT SCRATCHES. THE TAXI DRIVER AND MYSELF TAKE DOWN PARTICULAR AND TOOK PHOTO OF THE INCIDENT. LATER HE CALLED THE WORKSHOP AND HE ASKED ME TO PAY \$300.00 FOR THE PAINT WORK WHICH HE CLAIMED THAT MY VEHICLE HAD SCRATCHES HIS VEHICLE BELOW THE FRONT DOOR. I HAD CHECKED THE PAINTWORK AND FOUND THAT IT IS NOT SCRATCHES AND IT IS NOT FROM MY VEHICLE. THE STAIN MARK IS IN BLACK COLOR WHEREBY MY VEHICLE IS BROWN COLOR. I REFUSED TO PAY THE \$300.00 TO HIM AND HE TOLD ME TO MAKE A REPORT. HIS VEHICLE HAD HIT MY VEHICLE SO I DO NOT WANT TO PAY, MOREOVER ITS NOT CAUSED BY ME.

### 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	SHC8279A
Vehicle Make/Model/Colour	HYUNDAI COMFORT TAXI, BLUE COLOR
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	NEO HOCK KOON
NRIC/Passport Number	S6905249E

Contact Number

Address

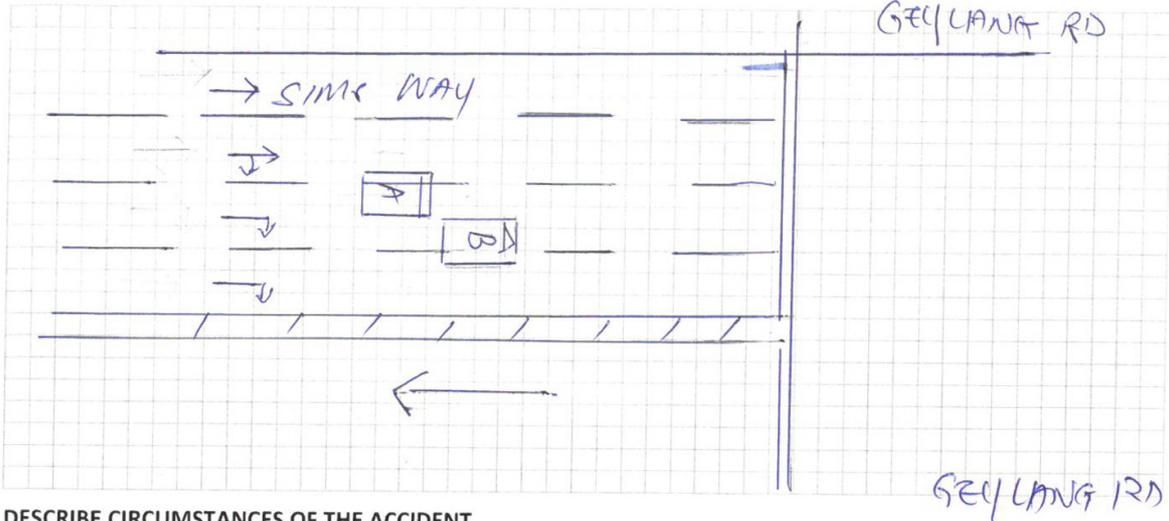
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Sims Way intending to turn right to Greylang Rd on the second lane for turning right. Suddenly a taxi from behind overtake my vehicle and his left hand side mirror hit against my right hand mirror. There is no damaged on both vehicles except my right hand mirror tilt outward and slight paint scratches. The Taxi driver and myself take down particular and took photo of the incident. Later, he called the workshop and he asked me to pay \$300.00 for the paint work which he claimed that my vehicle had scratches his vehicle below the front door. I had checked the paint work and found that it is ~~not~~ scratches and it is not from my vehicle. The stain mark is in black color whereby my vehicle is Brown color. I refused to pay the \$300 to him and he told me to make a report. His vehicle had hit my vehicle so I do not want to pay, moreover it's not cause by me.

DECLARATION

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

Policyholder's Signature  
 Date & Time: 29/03/18  
 31 @ 1.55pm

Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 29/03/18  
 31 @ 1.55pm

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

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: 29/03/18  
31 (R) 1. 57 PM

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 29/03/18  
31 (R) 1. 57 PM

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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