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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

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		ACCIDENT STATEMENT
	Date Of Report	16/05/2018 10:31
	Date Of Accident	15/05/2018 17:30
	Exact Location Of Accident	PIE TOWARDS CHANGI AIRPORT (BEFORE LORNIE EXIT)
	Country/State of Loss	SINGAPORE
	D	ETAILS OF OWN VEHICLE
	Vehicle Registration Number	SLJ8406R
	Insured/Policyholder	
	Name Of Registered Owner	SOON JEREMY
	NRIC No	S9045726H
	Email Address	SOONJEREMY@HOTMAIL.COM
	Mobile Phone No	(LOCAL) +65-93299830
	Alternative Phone No	OTHERS-93299830
	Vehicle Particulars	
	Manufacturer	MAZDA
	Model	3
	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?	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-V0016592-MVA
	Cover Note Number	
	Driver	
	Name of Driver	SOON JEREMY

Name of Driver SOON JEREMY
NRIC No S9045726H
Date Of Birth 27/11/1990
Occupation INDOOR
Date Of Driving Pass 16/10/2010

Driving Experience 7 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93299830

Fax Number

Contact Number OTHERS-93299830

EMail Address SOONJEREMY@HOTMAIL.COM

9B JALAN ISMAIL Address

Postcode 419263

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

NO

YES

NO

1

NO

NO

General Information of the Accident

Type Of Accident **CHAIN COLLISION**

Weather Conditions **CLEAR** Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 3 Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJJ1085C

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SJG9122S

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)

DETAILS OF INJURED PERSON 1

Name SOON JEREMY

Approximate Age

Injuries Sustain **SLIGHT INJURY**

SLJ8406R Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

YES

NO

Postcode

Sketch Plan

SKETCH PLAN

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- 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 daims 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Sketch Plan #2

SKETCH PLAN		
		A = SLJ 8406R
	A	B= SJJ1085C
	(6)	C = SJG 91225
	1 1 1 1 1	PIE towards Changi Airport (Before Lornie Exit)
DESCRIBE CIRCUMSTANCES	131913131010	
PESCHIBE CINCOMSTANCES	OF THE ACCIDENT	7
	Refer to att	v1.
	Veces 10 will	~n
	/	
/		
DECLARATION		
	iculars are true in every respect.	////10
100	1	pr 16105/2018
Policyholder's Signature Date & Time:	Oriver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Persopher's Signature Name: NRIC/FIN No.: Off W 44003

Sketch Plan #3

On 15.05.18 at about 17:30 hours at along PIE towards Changi Airport (Before Lornie Exit). While I was travelling on the lane one and traffic was heavy, my front vehicle slow down and stop hence I follow suit.

Suddenly I heard a loud bang from behind and when I alighted I realized it was vehicle (B) who hit my rear portion of my vehicle (A) causing damages to my vehicle. It was a chain collision of total 3 vehicles involved.

Vehicle (A): SLJ8406R

Vehicle (B): SJJ1085C

Vehicle '(C): SJG9122S

Car colos/2018
Rof Li WANTONS















