

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	07/06/2018 12:51
Date Of Accident	06/06/2018 19:00
Exact Location Of Accident	BUKIT BATOK EAST AVE 3 TOWARDS PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDS3138U
Insured/Policyholder	
Name Of Registered Owner	BOO THIAM HEE
NRIC No	S1685386J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96863138
Alternative Phone No	OFFICE-96863138

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	WDB2110542B124447

Exact Purpose for which vehicle was being used at time of accident

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
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Insurance Company

Name of Insurance Company	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	8-V0017488-MVA
Cover Note Number	

Driver

Name of Driver	GABRIEL BOO JING YANG
NRIC No	S9504124H
Date Of Birth	01/02/1995
Occupation	INDOOR
Date Of Driving Pass	12/12/2014
Driving Experience	3 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96957069
Fax Number	
Contact Number	
Email Address	GABRIELBJY@GMAIL.COM

Address	16 BURGUNDY CRESCENT
Postcode	658729
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	
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

REFER TO SKETCH PLAN.

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	SLS6865P
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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8. Consent under the Personal Data Protection Act (PDPA)

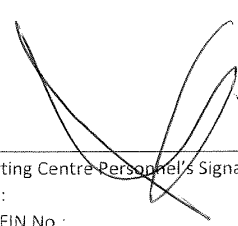
I understand, acknowledge, agree and consent that:

- (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:



Driver's Signature
(If driver is not the policyholder)
Date & Time: 7/3m, 12:30pm



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

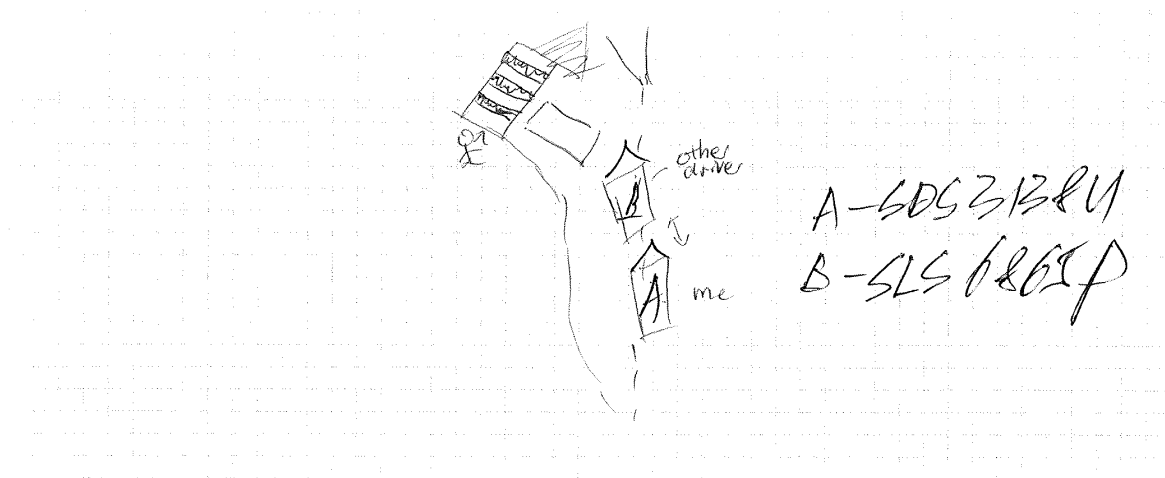
Please note that you might be able to submit an Own Damage Claim under own policy within 14 days.

() Claim Own Damage () Claim TP () Reporting Only () Claim OD/TP at other workshop

 Workshop Name : SAN TEE AUTO

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I'm the third car. Second car (Nissan Ashurai) 3 sudden brake in front of me because of pedestrian at zebra-crossing.

I was abit too close to Nissan, when I realise he brake, I could not ~~brake~~ react in time. Braked, but still hit. I swerved slightly to avoid head-on.

Nissan might have braked too sudden also.

DECLARATION

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

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 7/6, (2.3)pm

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

Driver's Driving License/ NRIC Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S9504124H**

Name: **GABRIEL BOO JING YANG**

Birth Date: **01 Feb 1995**
Issue Date: **12 Dec 2014**

002375746H



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S9504124H**



Name: **GABRIEL BOO JING YANG**

巫敬揚

Race: **CHINESE**
Date of birth: **01-02-1995** Sex: **M**
Country of birth: **SINGAPORE**

S9504124H

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE: **12 Dec 2014**

Class 3: Motor Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg

NP 428A

Licence No: **S9504124H**



4532470



NRIC No: **S9504124H**



Date of issue: **23-02-2010**

Address: **16 BURGUNDY CRESCENT
SINGAPORE 658729**

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1685386J



Name
BOO THIAM HEE

Race
CHINESE

Date of birth 06-09-1965 Sex M

Country of birth
SINGAPORE



S1685386J

POLICYHOLDER NRIC Pg. 2

4819556



NRIC No: S1685386J



Date of issue
01-02-2012

Address
16 BURGUNDY CRESCENT
SINGAPORE 658729

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



