

## 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	07/07/2018 09:28
Date Of Accident	06/07/2018 11:30
Exact Location Of Accident	JUNCTION OF NEW UPPER CHANGI ROAD & BEDOK ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	WC5686A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	STAR READY-MIX PTE LTD
Co Reg No	200211222R
Email Address	JENNIFERPONG@STARREADYMIX.COM.SG
Mobile Phone No	(LOCAL) +65-90100441
Alternative Phone No	OFFICE-67411066

### Vehicle Particulars

Manufacturer	ISUZU
Model	CYH52S-15.7 D (M)
Exact Purpose for which vehicle was being used at time of accident	CEMENT TRUCK
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	8-V0007660-MVA-R004
Cover Note Number	09.01.2018 TO 08.01.2019

### Driver

Name of Driver	TAN GEOK TAI
NRIC No	S1637141F
Date Of Birth	15/02/1964
Occupation	OUTDOOR
Date Of Driving Pass	03/07/1998
Driving Experience	20 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90100441
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLOCK 185C RIVERVALE CRESCENT #09-137
Postcode	543185
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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

On 06/07/2018 at about 1130hrs, I was travelling my vehicle (A: WC5686A) on the second lane from left along New Upper Changi Road heading towards New Upper Chnagi Road East. The vehicle (B: GBC5695Y) which was travelling in front of me make a sudden stop due to traffic light turn amber. I immediately applied my brake to avoid collision but to not avail. Thus, my vehicle's front portion hit onto rear portion of vehicle B. Nobody was injured in this accident. Both vehicle have no passenger on board

#### 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	GBC5695Y
Vehicle Make/Model/Colour	ISUZU D-MAX
Details Of Properties	PICK UP
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	9021 1131
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR PORTION
No. Of Passenger (Including Driver)	1

## Sketch Plan Pg. 1


### SKETCH PLAN

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

I understand, acknowledge, agree and consent that:

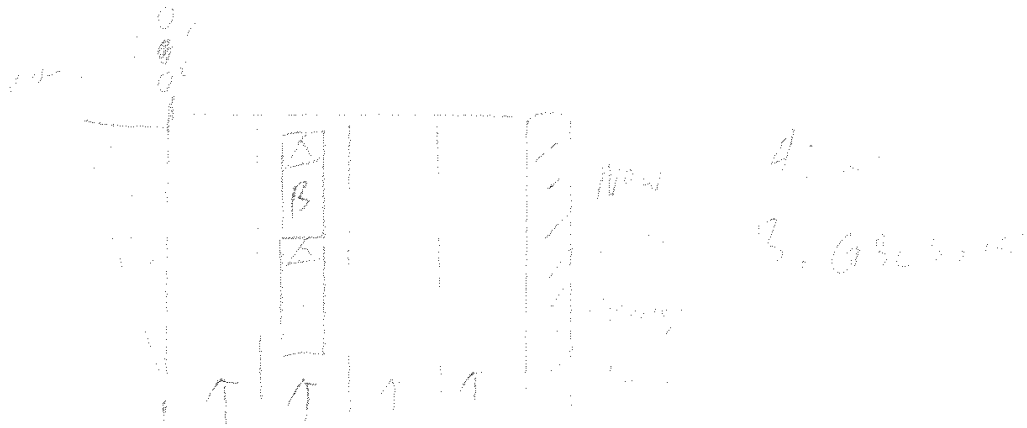
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 07/07/18 @ 0456h

Reporting Centre Personnel's Signature  
Name: Lam Wee Sheng  
NRIC/FIN No.: 60864052R

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

paper to G/A unit

[Handwritten signature across the form]

DECLARATION

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

Policyholder's Signature: [Signature]  
 Date & Time: [Signature]

Driver's Signature: [Signature]  
 (If driver is not the policyholder)  
 Date & Time: 07/07/18 00:45 hr

Reporting Centre Personnel's Signature: [Signature]  
 Name: Lem Wai Sun  
 NRIC/PIN No: 08864091A

Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



