#### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Contact Number EMail Address

- 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.

	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			
Insured/Policyholder				
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 ime of accident	CEMENT TRUCK			
Are you claiming under your own insurance policy for repair to your vehicle?	NO			
f No, Please state action to be taken	REPORTING ONLY			
Vehicle Category	COMMERCIAL VEHICLE			
Insurance Company				
Name of Insurance Company	QBE INSURANCE (SINGAPORE) PTE LTD			
Гуре 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			
Oriving Experience	20 YEARS AND 0 MONTHS			
Gender	MALE			
Mobile Number	(LOCAL) +65-90100441			
Fax Number				

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.

Number of Passengers (Including Driver) 1

#### **Details of Police Action**

Was the accident reported to the police?

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 Changi 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)

#### Sketch Plan Pg. 1

#### SKETCH PLAN

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- The report will be forwarded by the insurers of the GIA Broads 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 ladgment 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 aloresaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/faw firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of ".
  - 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 provides 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 traud detection, investigation and management in present and all future claims.
- (c) 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, raw enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders

PolysholdN: Date & Liese Oriver's Signature Off driver's set the popryholdert

""" 0 1107 | 16 C 0945

Reporting Centre Personnel's Signature Name: Lan We Flop

NRIC/FIM No.:

# Sketch Plan Pg. 2

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# **Accident Photo**



# **Accident Photo**



### **Accident Photo**

