

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 liability.
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	07/11/2018 12:43
Date Of Accident	06/11/2018 19:55
Exact Location Of Accident	PIE (CHANGI AIRPORT) AFTER BEDOK NORTH AVENUE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW4638H
Insured/Policyholder	
Name Of Registered Owner	LEWA-NIKKISO SINGAPORE PTE LTD
Co Reg No	199502131W
Email Address	HANCARREPAIRS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97929575
Alternative Phone No	OFFICE-97929575

Vehicle Particulars

Manufacturer	BMW
Model	528I
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	8-V0016194-MVA-R001
Cover Note Number	

Driver

Name of Driver	WONG KEEN FAI
NRIC No	S1646546A
Date Of Birth	15/07/1964
Occupation	INDOOR
Date Of Driving Pass	22/03/1991
Driving Experience	27 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97929575
Fax Number	
Contact Number	OTHERS-97929575
Email Address	HANCARREPAIRS@GMAIL.COM

Address	100 FLORA ROAD #08-61
Postcode	509743
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

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?	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)	2
Passenger 1	NAME: : PASSENGER 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

PLEASE 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	SKN9858D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TWO TAI SAI
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: :
GENDER: :

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration NumberSHC7056H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle CategoryTAXI

Name of DriverMR GOH CHOO KHIN

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)1

Accident Sketch Plan

SKETCH PLAN

Vehicle No: _____

DOA: _____

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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 & 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 & 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 & 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 & any necessary investigations relating to the claims;
 - (ii) 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) involved in this accident and the insurers' 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.

PLEASE NOTE YOUR INSURER MAY HAVE A 14-DAY-TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY.

Policyholder's Signature
Date & Time

Driver's Signature (Date & Time)
(If driver is not the policyholder)

Witnessed by Reporting Center
Personnel

Sketch Plan

<p>(A) SKW4638H (B) SKN985BD (C) SHC7056H</p> <p>PTE (Changi) After Bedok North Ave 3</p>	
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Accident Sketch Plan


Describe Circumstances of the Accident

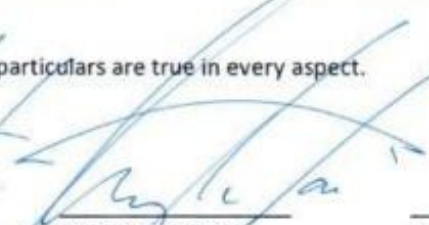
I was travelling along PIE (Changi) after Bedok North Ave 3 on 06-11-18 at about 1955hrs.


The traffic was smooth but it was drizzling and wet. The vehicle C (in front) stopped so I followed. However, Vehicle B came from behind and hit onto me.

Declaration

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


Policyholder's Signature
Date & Time


Driver's Signature
(If driver is not policyholder)
Date & Time


Witnessed by Reporting Centre
Personnel

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1646546A**



Name

WONG KEEN FAI

黄建辉

Race
CHINESE

Date of birth
15-07-1964

Country of birth
SINGAPORE

Sex
M

S1646546A

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S1646546A**

Name

WONG KEEN FAI

Birth Date: **15 Jul 1964**

Issue Date: **29 Jun 2004**



4175074

WNC No. **S1646546A**



Date of issue
15-02-2008

Address
**100 FLORA ROAD
#08-61
SINGAPORE 509743**

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

PASS DATE

Class 3 Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg

22 Mar 1991



Licence No: **S1646546A**

NP 428A

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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