

## 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	08/11/2018 11:21
Date Of Accident	07/11/2018 07:40
Exact Location Of Accident	SLIP ROAD OF ANG MO KIO INDUSTRIA PARK 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY3307G
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#### Insured/Policyholder

Name Of Registered Owner	QUADFORT DESIGN & CONSTRUCTION PTE LTD
Co Reg No	200209241D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62923445

#### Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR-2.0 (M)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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 FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	8-V0012572-MVA-R002
Cover Note Number	

#### Driver

Name of Driver	LEE MOO JAN
NRIC No	S2770953B
Date Of Birth	01/06/1965
Occupation	OUTDOOR
Date Of Driving Pass	11/03/1997
Driving Experience	21 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90685031
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	12 LORONG 14 GEYLANG #01-09
Postcode	398924
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	
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

On 07.11.2018 at about 0740 hours, I was driving my vehicle (A: GY3307G) along Slip Road of Ang Mo Kio Industria Park 2 turning into Ang Mo Kio Avenue 5. While I was about to move, I never notice that there was a vehicle (B: SLT1206U) ahead was stopped. I immediately applied brake but not avail. Thus, front left portion of my vehicle had hit onto rear right portion of vehicle B. Vehicle A (GY3307G): No passenger on board. Vehicle B (SLT1206U): 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	SLT1206U
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

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to your insurance company.
  - 2. This form must be completed by the Policyholder and/or the Authorized Driver.
  - 3. This form must be filled in a truthful and accurate as possible. Any false reporting may result in the insurer's right to repudiate policy liability.
  - 4. The insurer will accept no responsibility for any loss or damage caused by a driver who provides false information on this form.
  - 5. Any false reporting may be referred to the Police for investigation.
  - 6. The report will be forwarded to the relevant Road Traffic Management Corporation (RTMC) and the relevant Police Division. Any of the RTMC Singapore Road Traffic Management Corporation will be made available to the relevant authorities.
- The report will be sent to the relevant authorities for their use in the investigation of the accident. The report will be made available to the relevant authorities.

5. 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 collect, use, disclose and/or process my personal data/personal information set out in the form, and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and to make available Personal Information to an insurer(s) who have insured vehicle(s) involved or the accident party(ies) who are insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers". The insurer, Insurer, Insurers, Monetary Authority of Singapore and any relevant government agency/authority shall be the parties for the purposes of:
  - (i) processing, handling and/or dealing with my claims including for a third party's use in the course of the investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) arrive out and/or dealing with my instructions or responding to any enquiries from;
  - (iv) administering my claims (including the making of correspondence, statements, notices, receipts, notices to file which could involve disclosure of certain personal data about me to bring about delivery of the claims, with or without external cover of envelopes/mail packages), and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims for the "Purposes"
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers may be authorized to collect, use, disclose and/or process my Personal Information for one or more of the above purposes;
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or able to their third party agents/representatives agents(including their lawyers/law firms), which may be sited outside of Singapore, for the purposes of the above purposes;
- (d) my Personal Information will also be collected and used to compile claims history for the purposes of the above 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 and managing claims; regulators, law enforcement and government agencies as reasonably required for their respective duties;
  - (ii) for complying with requirements under any regulations, laws or court orders.

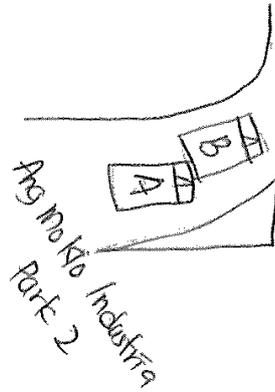
  
 Policyholder's Signature  
 Date & Time  
 08/11/2018  
 11:00am

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

  
 Reporting Centre Person's Signature  
 Name  
 NRIC/IN No  
 Cayun  
 628996600

8-11-2018  
 10-10 AM

SKETCH PLAN



Ang Mo Kio Avenue 5

A: 6Y3307G.

B: 9LT1206U.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to GIA Report.

DECLARATION

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

Reporting Officer's Signature

Witness's Signature

Reporting Centre Personnel's Signature

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

