

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	26/11/2018 21:09
Date Of Accident	23/11/2018 14:15
Exact Location Of Accident	CROSS ST TURNING RIGHT ONTO ROBINSON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE7742X
Insured/Policyholder	
Name Of Registered Owner	JOO YONG CO. (PTE) LIMITED
Co Reg No	197400752N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93220383

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150-3.0 D (M)
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?	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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	8-V0014482-MVA-R001
Cover Note Number	

Driver

Name of Driver	TAN CHEOW
NRIC No	S0183822I
Date Of Birth	15/02/1952
Occupation	OUTDOOR
Date Of Driving Pass	22/03/1972
Driving Experience	46 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93220383
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 9E YUAN CHING RD #14-54
Postcode	618647
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 - CROSS JUNCTION
Weather Conditions	DRIZZLING
Road Surface	WET

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?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NPC
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
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	SHD4433S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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:

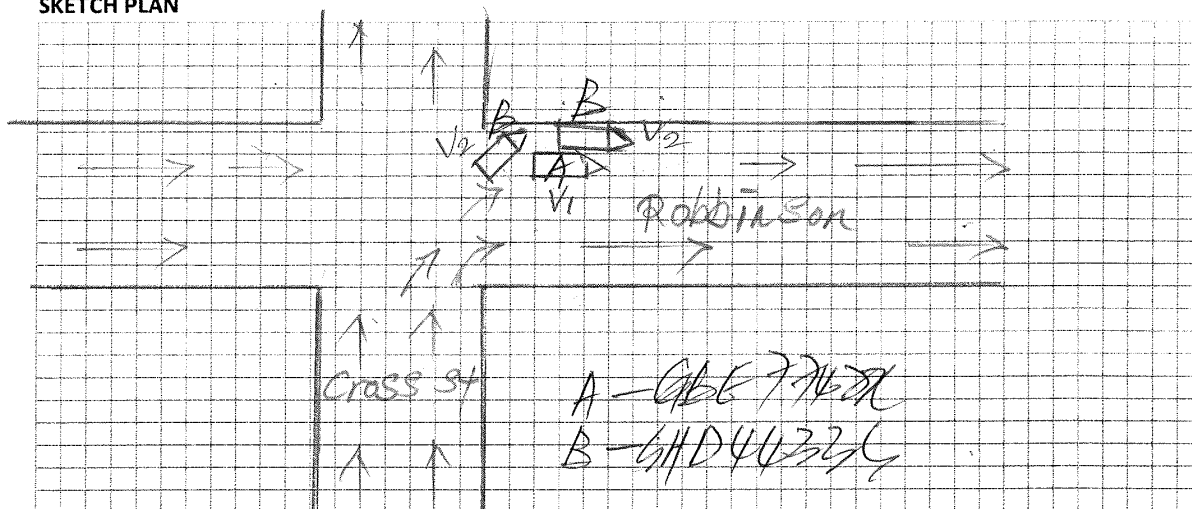
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

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 : _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving my vehicle GBE 77463X. The traffic light turned green at the junction and I turned right towards Robinson Rd. Suddenly I heard a sound and realised that the taxi on the left GHD 44335 overtook my vehicle and hence both vehicles collided into each other.

DECLARATION

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



Policyholder's Signature
Date & Time:



[Signature]
Driver's Signature

(If driver is not the policyholder)
Date & Time:

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

NOTICE OF REPORTING Pg. 1

Jurong West NPC
700 Corporation Road
Singapore 649818
Tel: 62689999 Fax: 62672438



Traffic Police Department
Charge Office
10 Ubi Avenue 3
Singapore 408865

Traffic Police
Annex D

NOTICE OF REPORTING

Informant Name : TAN CHEOW
Identity Card No : S0183822I
Age / Sex / Race : 66 years old / Male
Address : 9E YUAN CHING ROAD #14-54
Nationality and Race : SINGAPOREAN, CHINESE
Occupation : LORRY DRIVER
Telephone No : 93220383

This is to confirm that the above informant, driver of vehicle registration number GBE7742X, has reported to the Police traffic accident which occurred on the 23/11/2018 at 1415hrs along Cross St turning right onto Robinson Rd involving the following vehicle/s:

V1 : GBE7742X

V2 : SHD4433S

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Issuing Officer : SGT Wei Xiang
Date / Time : 26/11/18 @ 1402hrs
Station Diary No : -
Police Post : JURONG NPP


Signature of Informant :

Signature of Issuing Officer :



JURONG NPP
10 Ubi Avenue 3
Singapore 408865
Tel: 62689999 Fax: 62672438

Driver's Driving License/ NRIC Pg. 1


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S01838221




Name
TAN CHEOW
陳 超
Race
CHINESE
Date of Birth
15-02-1952 Sex
M
Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Identity Number: **S01838221**
Name
TAN CHEOW
Birth Date: **15 Feb 1952**
Issue Date: **15 Mar 2003**



0946303


NRIC No: **S01838221**
Blood Group: **O+** Date of Issue: **10-05-1993**
BLK 9E YUAN CHING ROAD #14-54
SINGAPORE 618647
NRIC No: **S01838221** Date: **26-12-2000** No: **3928859**

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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	22 Mar 1972
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	20 Dec 1974
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	10 Dec 1975

NP 428A

Licence No: **S01838221**



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

