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 witholding 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.
- 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

A CONTRACTOR OF THE PARTY	100 100 100	E-2-17	100
ACCIDEN'		OH EN	计二次电路
	CONTRACTOR	MAN TO SERVICE	

Date Of Report

12/12/2018 18:10

Date Of Accident

11/12/2018 13:50

Exact Location Of Accident

JUNCTION OF CLUNY ROAD AND NAPIER ROAD

Country/State of Loss

	The Control of the Co	A CONTRACTOR OF THE PARTY OF TH	CHARLES CHARLE	MELLICIE
				711 1 111 21 1
THE RESERVE AND DESCRIPTION OF THE PERSON NAMED IN				

Vehicle Registration Number

S2201CD

Insured/Policyholder

Name Of Registered Owner

AUSTRALIAN HIGH COMMISSION

Co Reg No

S65DP022B

Email Address

NOEMAIL

Mobile Phone No.

Alternative Phone No.

OFFICE-68364233

Vehicle Particulars

Manufacturer

AUDI

Model

A8L-3.1 FSI (D3) (A)

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

THIRD PARTY

Vehicle Category

GOVERNMENT

Insurance Company

Name of Insurance Company

QBE INSURANCE (SINGAPORE) PTE LTD

Type Of Coverage

THIRD PARTY

Fleet Policy

NO

Policy Number

8-V0010140-MVA-R003

Cover Note Number

Driver

Name of Driver

HE BRUCE CHARLES GOSPER

Passport No/FIN

G1687267P

Date Of Birth

21/08/1957

Occupation

INDOOR

Date Of Driving Pass

27/02/2017

Driving Experience

1 YEAR AND 9 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-90000000

Fax Number

Contact Number

OFFICE-68364223

EMail Address

NOEMAIL

Address

C/O 25 NAPIER ROAD

Postcode

258507

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

SIDE SWIPE

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

NO

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

NO

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

ORCHARD NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 51 KILLINEY ROAD, POSTCODE: 239572, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-7359999 - FAX NO: 67331934

Was notice of intended Prosecution given?

If Yes,against whom?

NO

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

SHC8826X

Vehicle Make/Model/Colour

Details Of Properties

TAXI

Vehicle Category Name of Driver

MR TAN

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 14

No. Of Passenger (Including Driver)

SKETCH PLAN

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- H Consent under the Personal Data Protection Act (PDPA)

attack times, accomplishing agree and consists that:

- 1.3 "Versions, my vocasion and the General insurance Association of Segunder ("GIA") may/are derivative to collect, use, disclose met/or process my personal data/tiersense inference as a millionistic form and any other design as the most of discount of the discount of t
 - (ii) account of channing and/or depoing with my claims including the actionment of the claim's and any necessary areast got one resulting to the above.
 - (iii) severt got on the account ane/or my colons.
 - (bi) converg out and/or occasing softs any matrice and in resonant-matrices any conservative by the
 - (by) administering my claims preciding the intelling of correspondence, seasonments, invoices, reports or notices to me correspondence on the design of certain despital data about me to or ng about onliving of the same as well as on the extremal cover or involved ones/mail and sages), analytic
 - (v) complying with application for the approximation is, in uncessing, weathing another messing with any counts (collectively two "Purposes").
- (b) all moder(s) who have insuled word e(s) involved in one accident and the insulers' lawyers/law times, may/are perantical to robect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be usedesed by any of the leavines and/or G-A to their trind party service providers or egents facilities, their lavyers/haw family, which in try he sited netsede of singedone, for one or more of the above Purposes.
- (d) my Personal information will also be conected and used to compre trains history for the narcose of hand detection, investigation and management in present and achieves claims.

(ii) the authorism so collected under (d) above may be shared / disclosed:

A all courses and/or any other than parties that assist a evaluating, envestigating, controlling or managing featility of the proposes states, or

to analying with requirements under any requiations, laws or court orders.

12/12/18

Driver's Signature

(If driver is not the policynology)

Date 8. Timor

12/12/18

V

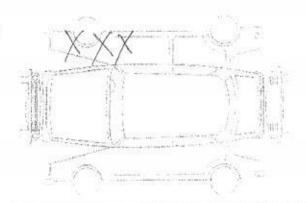
Being ting Centre Personnel's Signature Name: NBIC/Fin No.

Statement



Comcover Member Services Motor Vehicle Claim Report

Show damage to other vehicle



Accident Description Please provide a brief description of how the accident occurred

Turning left, from antide lane, other vehicle reared right into antide lane. (He assumed - wrongly - that why the left lane could turn left.)

Please draw a diagram of accident at point of collision

Napur - The Congression of Collision Congression of Collision of

Section F Witness

Witness to accident (attach list if necessary)

Sketch Plan #2 Pg. 1

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Annex E

NOTICE OF COMPLIANCE

This is to confirm that <u>Gosper Bruce Charles</u>, NRIC/FIN: <u>G1687267P</u>, has reported to the Police a non-injury traffic accident which occurred at <u>Napier Road</u>, turning left from Cluny Road on <u>11.12.2018</u> at <u>1350hrs</u> involving the following vehicle:

1) S2201CD; Gosper Bruce Charles, HP; 98275770

2) SHB8826X; Mr Tan

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.

Rank/Name of Issuing Officer: Sgt(2) T170096 Kiang Kok Suan

Date: 11.12.2018

Time: 1716hrs

S/D Ref: eSD108

Police Post/Unit: Orchard NPC

V

Original – to be issued to informant Duplicate – to be submitted to Traffic Police

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Version as of 15 Jan 2002