

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	08/01/2019 17:19
Date Of Accident	06/01/2019 19:00
Exact Location Of Accident	CHOA CHU KANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFN1108Y
Insured/Policyholder	
Name Of Registered Owner	SG CAR CHOICES 2 PTE LTD
Co Reg No	201701987N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63974080

Vehicle Particulars

Manufacturer	RENAULT
Model	KOLEOS-2.5 CVT (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 MOTOR TRADE

Insurance Company

Name of Insurance Company QBE INSURANCE (SINGAPORE) PTE LTD

Type Of Coverage THIRD PARTY

Fleet Policy NO

Policy Number 8-V0014956-MVA-E004

Cover Note Number

Driver

Name of Driver LIEW JUN FU

NRIC No S8839252C

Date Of Birth 15/10/1988

Occupation INDOOR

Date Of Driving Pass 31/08/2017

Driving Experience 1 YEAR AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93686880

Fax Number

Contact Number

Email Address NOEMAIL

Address BLK 25 TECK WHYE LANE #02-156
 Postcode 680025
 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 (including own vehicle) involved in the accident 2
 Was any body injured in the Accident? YES
 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) 1

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name COMMONWEALTH NEIGHBOURHOOD POLICE POST
 Police Station Address ROAD: BLK 111 COMMONWEALTH CRESCENT (ANNEX) , POSTCODE: 140111 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-4749999 - FAX NO: 64715297
 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 SLX7155Y LTP 012019/003 (SFN 1108 Y)
 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)

DETAILS OF INJURED PERSON 1

Name	LIEW JUN FU
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SFN1108Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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7. By the lodgment 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.
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 complete 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.



[Handwritten Signature]

[Handwritten Signature]



Policyholder's Signature
Date & Time:

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

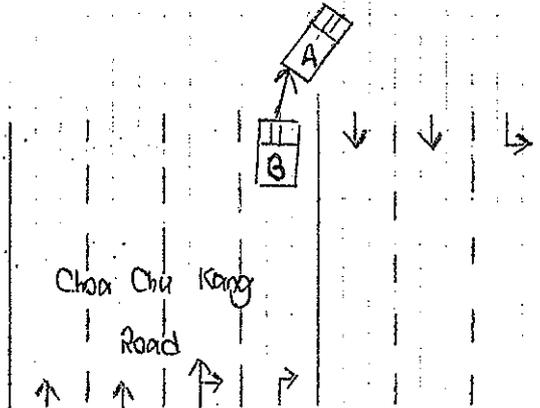
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

8/1 @ 1459

Sketch Plan Pg. 2

SKETCH PLAN O. O. A 06. 01. 2019 , 19:00 Hrs

Choa Chu Kang
Way



A - SFN 1108 Y

B - SLX 7155 Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached police report

(Report No. T/20190107/2122)

& Repair at other workshop.

DECLARATION

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


 Policyholder's Signature
 Date & Time:


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


 Reporting Centre Personnel's Signature
 Name: 8/1 @ 1-437
 NRIC/FIN No.:





Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

Report No. T/20190107/2122

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/01/2019 15:44	Vide Report No.:	Station Diary No.: 26
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Informant's Particulars

Name of Informant: LIEW JUN FU		Address: APT BLK 25 TECK WHYE LANE #02-156 SINGAPORE 680025	
ID Type / ID No.: NRIC NO / S8839252C		Contact No.: Home/Office: Mobile: 93686880	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 30	Date of Birth: 15/10/1988	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: SALEMEN		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 06/01/2019 19:00	Type of Location: T-Junction
Location: Along Road 1 CHOA CHU KANG ROAD T-Junction between ITE College West and Teck Whye LRT.			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SFN1108Y	Car				Slightly Damaged	0
SLX7155Y	Car				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20190107/2122

2 of 3

Report No. T/20190107/2122

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

CONTINUATION OF REPORT

Brief Details.

On 06/01/2019 at about 1900hrs, I was in my company vehicle SFN1108Y at the T-junction outside ITE college west travelling along choa chu kang road. I signal right and stop my vehicle at the junction as the traffic light was red and there were this vehicle SLX7155Y which stopped closely behind my company vehicle. Subsequently, when the traffic light turn to green light green arrow and when I was about to make my right turn. I heard a loud bang and felt an impact from the back. I came out from my vehicle and saw the Vehicle SLX7155Y right bumper hit onto my vehicle left car boot and bumper.

I wished to state that my vehicle car boot were damaged and I cannot opened my car boot, dent marks and scratches were also can be found on my left back bumper. I wished to state that I do not know how is the condition of the other vehicle. I wished to state that there were in car camera in my vehicle. I want to lodge a police report for record purpose and insurance claims. I also wished to see a doctor after the report as I am feeling unwell.



**SINGAPORE
POLICE FORCE**



T/20190107/2122

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: D/ Sgt 2 LIU FENGZHAN, GERRY 
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI Contact No.: 65476902 

Signature Of Informant: 
Date/Time: 07/01/2019 15:44
Classification Of Case:

Authentication Stamp
NP168

