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 <u>truthful and accurate</u> 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.
- 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

aforesaid.		
	ACCIDENT STATEMENT	
Date Of Report	07/02/2019 12:11	
Date Of Accident	05/02/2019 14:50	
Exact Location Of Accident	KIM TIAN ROAD TOWARDS JALAN BUKIT MERAH	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLS4818P	
Insured/Policyholder		
Name Of Registered Owner	MINAMI SHUNSUKE	
NRIC No	S7888189E	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-97620407	
Alternative Phone No	OFFICE-97620407	
Vehicle Particulars		
Manufacturer	NISSAN	
Model	TEANA-3.5 (A)	
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	PRIVATE CAR	
Insurance Company		
Name of Insurance Company	QBE INSURANCE (SINGAPORE) PTE LTD	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	8-V0016665-MVA-R001	
Cover Note Number		

Driver

Name of Driver MINAMI SHUNSUKE

 NRIC No
 \$7888189E

 Date Of Birth
 11/03/1978

 Occupation
 INDOOR

 Date Of Driving Pass
 30/11/2009

Driving Experience 9 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97620407

Fax Number

Contact Number OFFICE-97620407

EMail Address NOEMAIL

26 KIM TIAN ROAD Address

#26-02

Postcode 169277

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **OWNER**

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

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?

NO

Was any injured conveyed to hospital by ambulance?

NO YES

Was any other material or property damaged?

I have been approached by unknown person(s)

NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

1

NO

Details of Police Action

Was the accident reported to the police?

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? Was there any video captured by Car Camera?

YES

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLH1178E

Vehicle Make/Model/Colour

CITROEN

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver STEFFANIE LUI TAI SIONG

S7128458A NRIC/Passport Number 97566141 **Contact Number**

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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 Interested parties.
- 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)

l 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 (all insurer(s) who have insured who may be a supported 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 :
 - 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)

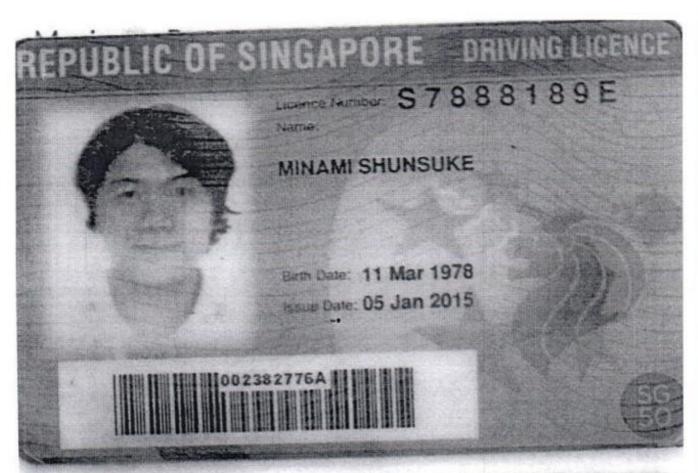
Date & Time:

Name:

NRIC/EIN No

Accident Sketch Plan

TCH PLAN		
~	BA	
KIM	THU ROAD	4
A) SLS 4818 P		4
B) SUH 1178E		
SCRIBE CIRCUMSTANCES OF	a no final company of the company of	
	ut my cordo and	driving on
	Road towards Jan	lan Butit
Meral. Be-	fore I come to j	unction on
cor Citroe	a SLH 1178E bang	to the bet
of my ca		
		200 400 400
Danage	is very bad. I	oce moving
xbout 40-	-50 km/h when k	edy driver
/ //	2-2	
boing my	Car.	
DECLARATION /We declare the foregoing particu	lars are true in every respect.	/,1
古,公庄	西海南	n/ 01/01/2018
기위 기계기	Dittel Loginesia	orting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder) Nam Nam NRIG	C/FIN No.: KOSOLI WAR TIPE



REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7888189E





Name

MINAMI SHUNSUKE

Race
JAPANESE
Date of birth
11-03-1978
Country/Place of

Sex



Country/Place of birth
JAPAN

1000 Million

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

EFFECTIVE DATE

lass 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 30 Nov 2009 of the driver; and other motor vehicles =< 2500kg

IP 428A



9328003



NRIC No. S7888189E



Nationality

JAPANESE

Date of issue

14-04-2014

26 KIM TIAN ROAD #26-02 SINGAPORE 169277

RIC No.

S7888189E

Date:

13/12/2017















