

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	09/05/2019 09:33
Date Of Accident	08/05/2019 15:35
Exact Location Of Accident	JUNCTION OF CLEMENTI ROAD AND DUNEARN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP6963B
Insured/Policyholder	
Name Of Registered Owner	HAPPINESS (PTE) LTD
Co Reg No	197400546R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65422822

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER-3.0 D (M)
Exact Purpose for which vehicle was being used at time of accident	DELIVERY USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
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-V0015673-MVA-R001
Cover Note Number	03/08/2019 TO 02/082019

Driver

Name of Driver	NG YEW ENG
NRIC No	S2611498E
Date Of Birth	07/08/1958
Occupation	OUTDOOR
Date Of Driving Pass	31/12/1982
Driving Experience	36 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98331849
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLOCK 126A EDGEDALE PLAINS #11-322
Postcode	821126
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	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
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)	2
Passenger 1	NAME: : ONG GENDER: : MALE

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 08/05/2019 at about 1535hrs, I was driving my vehicle (A: YP6963B) on the right lane along Clementi Road heading towards Jalan Anak Bukit. Upon reaching the junction of Upper Bukit Timah Road, suddenly a vehicle (B: PA32M) which travelling on the left lane make a right turning and hit onto my vehicle's front left portion. After the accident, I stopped to the road side, alighted and realised that my lane only can turn right instead of going straight. Nobody was injured in this accident. Vehicle A (YP6963B) - 1 male adult passenger on board. Vehicle B (PA32M) - 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	PA32M
Vehicle Make/Model/Colour	
Details Of Properties	BUS
Vehicle Category	BUS
Name of Driver	LIM TIAN SZE
NRIC/Passport Number	S1696157D
Contact Number	9699 5845
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.

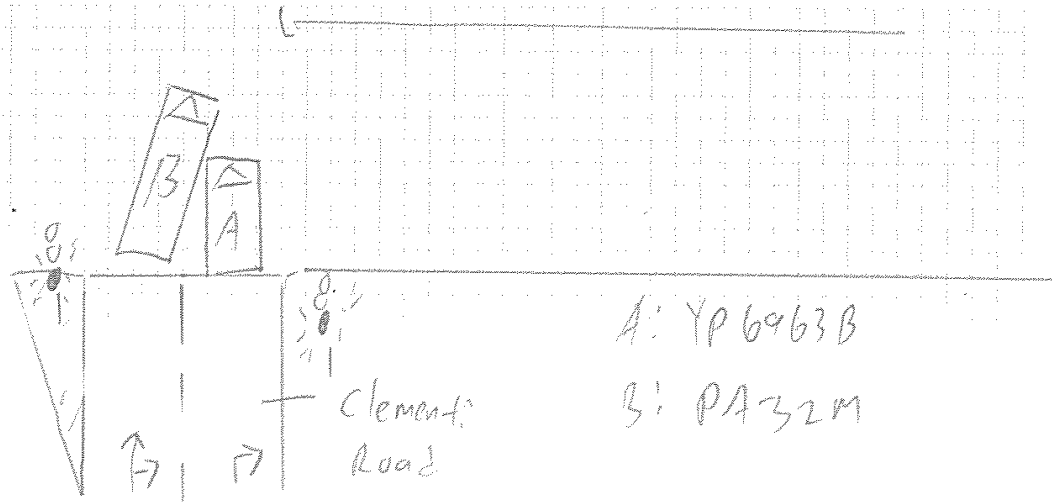
民樂(私人)有限公司
HAPPINESS (PTE) LTD
52, Loyang way
Singapore 508745
Tel: 6542 2822 Fax: 6542 2922

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Ken Wai Shon
NRIC/FIN No.: 616864652A

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to CIA report

DECLARATION

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

民樂(私人)有限公司
HAPPINESS (PTE) LTD
52, Loyang way

Singapore 508745
Tel: 6542 2822 Fax: 6542 2922
Date & Time:

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

09/06/19 0100hrs

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

Lim Wei Shun
G16864052R

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

