#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Mobile Number

Fax Number Contact Number EMail Address

- 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	30/05/2019 08:45
Date Of Accident	29/05/2019 11:20
Exact Location Of Accident	AT KAKI BUKIT AVE 6 AUTOBAY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBE9769G
Insured/Policyholder	
Name Of Registered Owner	ACE LAUNDRY
Co Reg No	_
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97697528
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV350
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	8-V0017638-MVA-R001
Cover Note Number	-
Driver	
Name of Driver	CHAN GEORGE
NRIC No	S1178631F
Date Of Birth	06/04/1958
Occupation	OUTDOOR
Date Of Driving Pass	30/05/1978
Driving Experience	40 YEARS AND 11 MONTHS
Gender	MALE
	(, 0,041), 05,07007500

(LOCAL) +65-97697528

**NOEMAIL** 

BLK 47 MARINE CRES #07-84 Address

Postcode

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 - U-TURN** 

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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

2

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : RAJAN KALIMUTHU

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?

If Yes, against whom?

NO

#### **Circumstances of Accident**

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

YES

NO

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SHD3185P

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)

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**DETAILS OF INJURED PERSON 1** 

Name CHAN GEORGE

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? GBE9769G

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

#### **DETAILS OF INJURED PERSON 2**

Name RAJAN KALIMUTHU

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? GBE9769G

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

#### SKETCH PLAN

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- 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 :
  - 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.
- the information so collected under (d) above may be shared / disclosed:

urers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, Is law enforcement and government agencies as reasonably required for the purposes stated, or

g with requirements under any regulations, laws or court orders.

Ace Laundry

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.:

#### **Accident Sketch Plan**

	A-6BE97 B-SHD31	696 85P
	B A	
The state of the s	ed date and time, I was diving	very
vehicle on	my lane . Suddenly as taxi make	- a
	hit on my front portion.	

#### **DRIVING DOC**

















