

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	14/09/2019 11:46
Date Of Accident	12/09/2019 18:20
Exact Location Of Accident	ALONG SLE TWDS TPE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGB4741A
Insured/Policyholder	
Name Of Registered Owner	EFIZAH BINTI SAMAT
NRIC No	S7936452E
Email Address	EFIZAH_SAMAT@MOE.EDU.SG
Mobile Phone No	(LOCAL) +65-96881710
Alternative Phone No	OTHERS-96881710

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA 1.4 TSI AT 1623G5
Exact Purpose for which vehicle was being used at time of accident	PTE 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-V0021215-MVA
Cover Note Number	05/02/19 - 04/02/20

Driver

Name of Driver	KAMARUZZAMAN BIN MAHMOOD
NRIC No	S7604705G
Date Of Birth	23/02/1976
Occupation	INDOOR
Date Of Driving Pass	20/08/1999
Driving Experience	20 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94794006
Fax Number	
Contact Number	
EEmail Address	KAMARUZZAMAN.MAHMOOD@GMAIL.COM

Address	21 SEMBAWANG CRESCENT #01-03
Postcode	757053
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	4
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	3
Passenger 1	NAME: : SON GENDER: : MALE
Passenger 2	NAME: : SON GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO STATEMENT ATTACHED.

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	SMJ4662G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEO BEE LIANG

NRIC/Passport Number	S6811278H
Contact Number	91998733
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJX6437P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LI MUZI
NRIC/Passport Number	S8860218H
Contact Number	83469191
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SLZ7646L
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)	

Sketch Plan

SKETCH PLAN

VEHICLE NO.: 5GB 4741 A

INSURER : QBE

DATE & TIME: 12/9/19 @ 18:20


IMPORTANT NOTICE

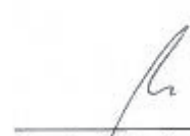
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8. **Consent under the Personal Data Protection Act (PDPA)**

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.

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 14/9/2019


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

Sketch Plan #2

SKETCH PLAN

Refer to attached

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Refer to statement attached.


Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

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: 14/9/2019

 14/9/19
Reporting Centre Personnel's Signature
Name: (YS)
NRIC/FIN No.:

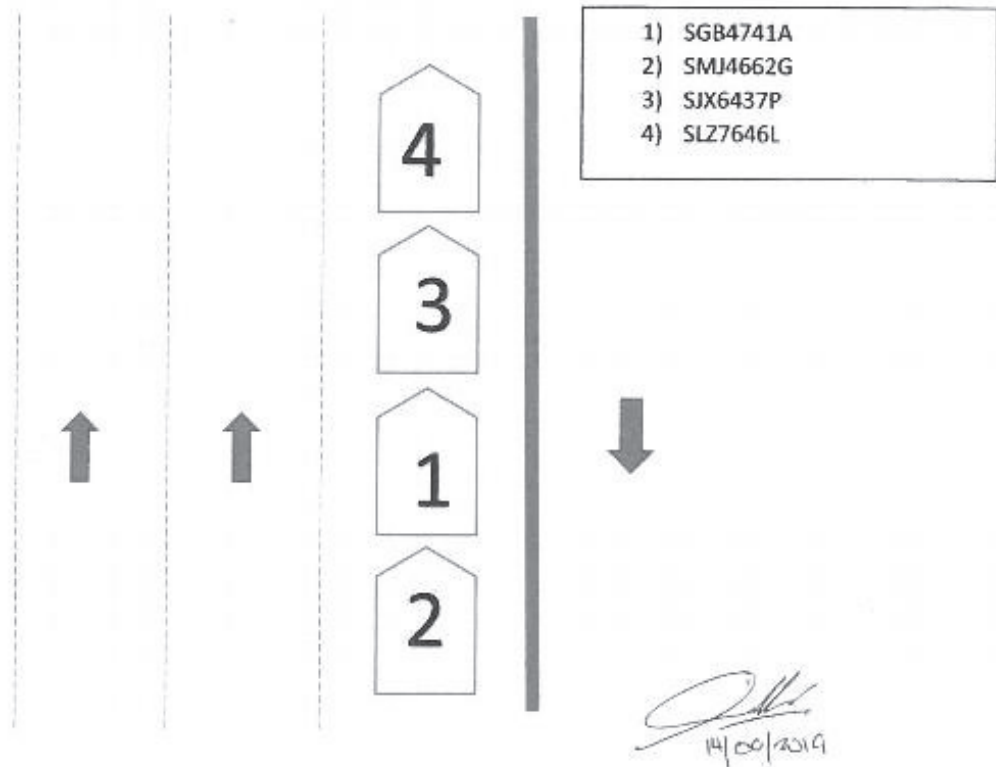
GIARMC SketchPlanForm_V3

() Claim Own Policy (✓) Claim Third Party () Reporting Only
() Claim OD/TP at other workshop ()

Sketch Plan #3

12-9.
On 11/09/2019 at about 1820hrs, I was driving on Lane 1 along SLE towards TPE before the exit of Woodlands Ave 2, when a car in front of mine suddenly stopped. I applied my brakes and managed to stop in time. Suddenly I felt a sudden surge from the rear of my vehicle, causing my car to move forward, hitting onto the car in front of me. Upon checking, I discovered my car was hit by another car from the rear.

Nobody was injured. As a result of the accident, the front and rear my vehicle are damaged.



NOTICE OF COMPLIANCE

CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

This is to confirm that Kamaruzzaman bin Mahmood, NRIC: S7604705G, has reported to the Police a non-injury traffic accident which occurred at SLE towards TPE before the exit of Woodlands Ave 2, on 12/09/2019 at 1820hrs involving the following vehicles:

- 1) SGB4741A (Complainant's Vehicle)
- 2) SMJ4662G
- 3) SJX6437P

On 13/09/2019 at about 1820hrs, complainant was driving on the first lane along SLE after the exit of BKE before Woodlands Ave 2 exit. Suddenly a motorcar in front, SJX6437P stopped. Complainant managed to brake in time but another car, SMJ4662G hit complainant from the rear. Nobody was injured.

- 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: Insp Zulkarnain

Date: 13/09/2019

Time: 1145hrs

S/D Ref: 019

Police Post/Unit: Pasir Ris NPC

Pasir Ris NPC
No. 1 Pasir Ris Drive 4
#01-01 Singapore 519457
Tel: 1800-5852999

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

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