

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	26/09/2019 14:20
Date Of Accident	25/09/2019 14:30
Exact Location Of Accident	CTE TOWARDS SLE (BABY TUNNEL)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR9926G
Insured/Policyholder	
Name Of Registered Owner	RAMADHAN BIN ABDULLAH
NRIC No	S1440626C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94799605
Alternative Phone No	OTHERS-94799605

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE (HD) 1.6 DOHC AT ABS AIRBAG 2WD
Exact Purpose for which vehicle was being used at time of accident	PVT 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	PRIVATE CAR

Insurance Company

Name of Insurance Company	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	8-V0018173-MVA-R001
Cover Note Number	25/7/19-24/7/20

Driver

Name of Driver	SIRAAJ BIN RAMADHAN
NRIC No	S9213037A
Date Of Birth	08/04/1992
Occupation	INDOOR
Date Of Driving Pass	26/11/2015
Driving Experience	3 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90232371
Fax Number	
Contact Number	
EMail Address	SIRAAJBR@ICLOUD.COM

Address	BLK 175 YISHUN AVE 7 #09-857
Postcode	760175
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PROPERTY
Weather Conditions	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : JOSHUA 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

ROAD WAS WET AS IT WAS DRIZZLING AT THAT TIME. AS I WAS APPROACHING THE TUNNEL, I SUDDENLY LOST CONTROL OF MY VEHICLE AND MY VEHICLE TURN ABOUT 180DEG BEFORE COMING TO A STOP(FACING ONCOMING VEH DIRECTION). TRAFFIC POLICE AND AMBULANCE ATTENDED HOWEVER MY PASSENGER AND I DID NOT FOLLOW THE AMBULANCE AS WE WANTED TO SETTLE DOWN FIRST. WE WILL BE CONSULTING THE DOCTOR LATER AS WE FELT DISCOMFORT AFTER THE COLLISION. * MY VEHICLE WAS LATER TOWED TO THE WORKSHOP.

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 INJURED PERSON 1

Name	SIRAAJ BIN RAMADHAN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJR9926G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name JOSHUA

Approximate Age

Injuries Sustain

Injured person in which vehicle? SJR9926G

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN


VEHICLE NO.: SJR 99266
INSURER : QBE
DATE & TIME: 25-9-19
2:30pm

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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:

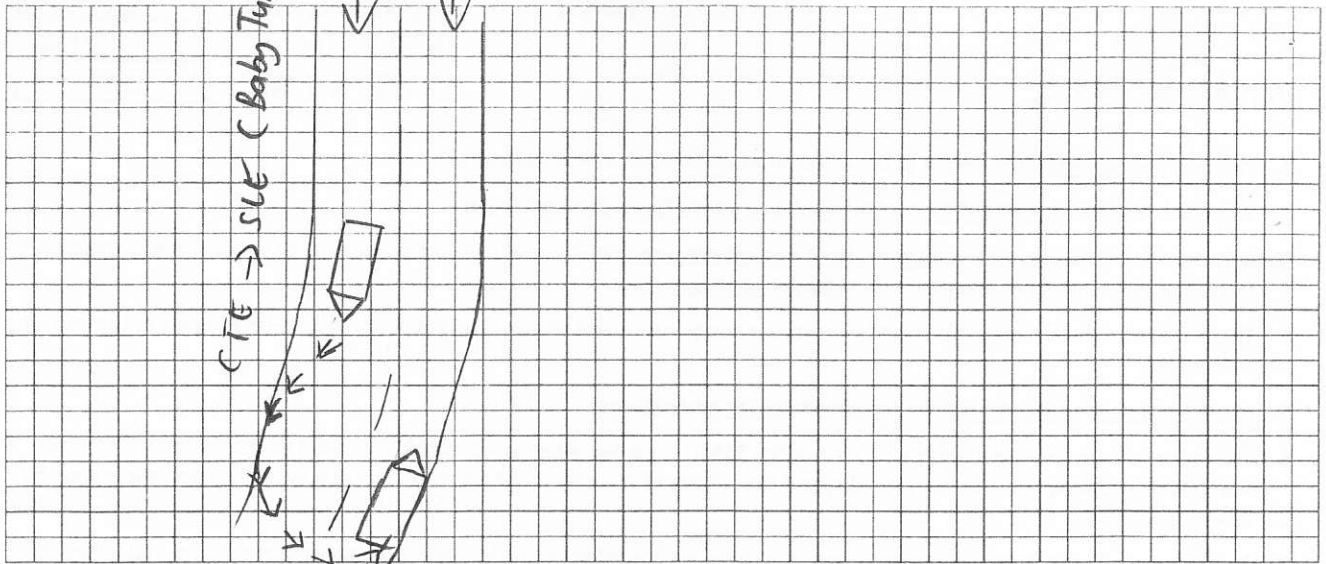


Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name: Stedon
NRIC/FIN No.: 26/9/19

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Road was wet as it was drizzling at that time.

As I was approaching the tunnel, I suddenly lost control of my vehicle and my vehicle turn about 180 deg before coming to a stop (facing oncoming veh direction).

Traffic police and ambulance attended however my passenger and I did not follow the ambulance as we wanted to settle down first.

We will be consulting the doctor later as we felt discomfort after the collision.

* my vehicle was later towed to the workshop.

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: [Signature] Date & Time: 26/9/19

Driver's Signature: [Signature] (If driver is not the policyholder) Date & Time: 26/9/19

Reporting Centre Personnel's Signature: [Signature] Name: [Name] NRIC/FIN No.: 45