SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> 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 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

	ACCIDENT STATEMENT
Date Of Report	13/12/2019 11:05
Date Of Accident	12/12/2019 20:25
Exact Location Of Accident	ALONG UPPER BT. TIMAH RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMQ3568R
Insured/Policyholder	
Name Of Registered Owner	SUN MASTER TRADING COMPANY
Co Reg No	31340600J
Email Address	SUNMASTER@SINGNET.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-64672004
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT-1.3 (A)
Exact Purpose for which vehicle was being used at time of accident	WORK 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-V0013077-MVA-R003
Cover Note Number	22/05/19 - 21/05/20
Driver	
Name of Driver	LIM YAOLONG SEBASTIAN
NRIC No	S8701688I
Date Of Birth	09/01/1987
Occupation	INDOOR
Date Of Driving Pass	14/02/2006
Driving Experience	13 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98286651

Fax Number

Contact Number

Address 7 CHESTNUT AVENUE

Postcode 679493

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 - CHANGE/CROSS LANE

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?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NO 1

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

REFER TO STATEMENT ATTACHED.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKR5356R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver ONG ENG ANN

NRIC/Passport Number

Contact Number 96215255

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

VEHICLE NO .: SMR 3568 R

INSURER DATE & TIME: 13/13/19

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- 7. 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:

- 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)
 - (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
- (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.
- 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:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agoncles 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:

re Personnel's Signature

NRIC/FIN No.:

(YS)

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SCRIBE CIRCUMSTA	ANCES OF THE ACCIDENT	
leder to	statement attached.	

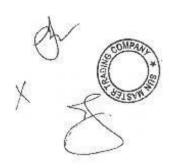
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I, Lim Yaolong Sebastian (NRIC \$8701688I) was the driver of \$MQ3568R, one Honda Fit. I was driving along Upper Bukit Timah Road, after Old Jurong Road, towards the direction of PIE/Clementi. The time was at or about 8:26pm, on 12 Dec 19, Thursday. The weather condition was clear and the roads were dry.

I was driving on the most left lane (lane 4/bus lane) at or about 50km/h as I was in the most left lane. I intended to continue straight to head to PIE. Just before Hindhede Road, one Toyota Corolla Altis, SKR5356R, which was on my right, suddenly swerved out of lane 3 to lane 4, which is the lane I was driving in, without checking his blind spot nor signalling. I had no time to react and the driver of the Toyota Corolla Altis drove into my car on the right side. The impact was at the door next to the driver seat.

I immediately honked at the driver upon impact as I had no time to react as he suddenly swerved into my lane. I also checked my rear mirror as I wanted to stop to check the damages to my car. I noticed that the driver of the Toyota Corolla Altis was driving away and had no intentions of stopping as he did not seem to slow down. He also did not keep left nor switched on any hazard lights hence I honked on him several times, switched on my hazard lights to signal for him to also park on the left on the road to discuss about the accident. I noticed he started to keep left towards Hindhede Road so I shifted from the site of the accident to the left to a safer road to stop where we can alight to discuss. I then carefully kept left to park on the leftmost lane, which was filtering into Hindhede Road.

Both the driver and I stopped at the filter lane into Hindhede Road. I tried to open my driver door but it could not be opened. So I opened the door on my right to alight and address the driver. After discussion, we could not reach an agreement, and decided to report the matter to the authorities and insurance companies respectively for a fair diagnosis of the issue. I asked for the name of the driver. Ong Eng Ann, and obtained his handphone number, 9621 5255. I also asked for his NRIC but he refused to provide it to me.



Driving License

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$87016881





LIM YAOLONG, SEBASTIAN

Race

林耀隆

CHINESE Date of birth 09-01-1967

Country/Place of birth SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE S87016881 LIM YAOLONG, SEBASTIAN tim Date: 09 Jan 1987 ESPUR Date: 12 May 2016 1002566506K

5690620





17-01-2017

7 CHESTNUT AVENUE SINGAPORE 679493

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

EFFECTIVE DATE

Class 3

Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

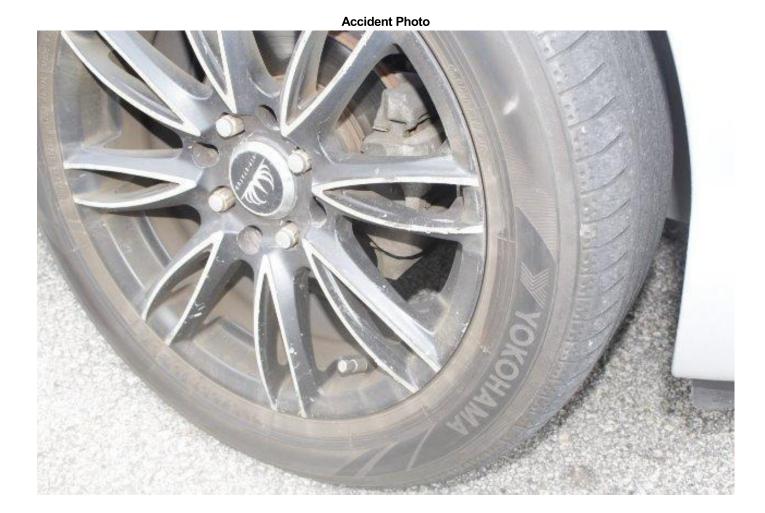
Accident Photo











Accident Photo



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