

## 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	17/07/2020 17:32
Date Of Accident	17/07/2020 13:30
Exact Location Of Accident	CTE TOWARDS CITY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB150Y
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#### Insured/Policyholder

Name Of Registered Owner	ONG SEE BAH @ ONG SEE PAR
NRIC No	SXXXX358J
Email Address	SP_ONG1@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97592087
Alternative Phone No	OTHERS-97592087

#### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E250 SEDAN EDITION E (R18 LED SR
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?	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-V0021534-MVA-R001
Cover Note Number	28/3/20-27/3/21

#### Driver

Name of Driver	ONG SEE BAH @ ONG SEE PAR
NRIC No	SXXXX358J
Date Of Birth	10/07/1950
Occupation	INDOOR
Date Of Driving Pass	20/10/1977
Driving Experience	42 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97592087
Fax Number	
Contact Number	OTHERS-97592087
Email Address	SP_ONG1@YAHOO.COM

Address	25 YISHUN CENTRAL 1 #05-56
Postcode	768802
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	3
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)	2
Passenger 1	NAME: : ONG DUN HUI
	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

M/CAR(C) AHEAD OF ME CAME TO A STOP. I FOLLOW TO STOP BEHIND. OUT OF SUDDEN, I FELT A GREAT IMPACT ON THE REAR AND MY CAR SURGE FORWARD AND HIT ONTO THE REAR OF M/CAR(C). I CAME DOWN AND REALIZED I AM INVOLVED IN A CHAIN ACCIDENT INVOLVING 3 VEHICLES INCLUDING MINE. ALL DRIVERS EXCHANGED PARTICULARS. I HAVE 1 PASSENGER ONBOARD(MY SON). NO INJURIES ON ANYONE. \*\*DUE TO THE IMPACT, THE HEADRESTS OF MY VEHICLE WAS ACTIVATED.

#### 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	SLL67C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KUAN JUN AN JORDON
NRIC/Passport Number	TXXXX205Z
Contact Number	91864229
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SMT825C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NORHISAM BIN MOHAMED ISMAIL

NRIC/Passport Number

SXXXX830D

Contact Number

90283565

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## Sketch Plan

### SKETCH PLAN

VEHICLE NO.:

SLB150Y

INSURER :

OBE

DATE & TIME:

17-7-20

1:30pm

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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.

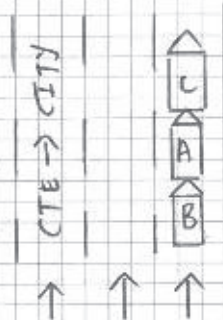
Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: Efeela  
NRIC/FIN No.: 17/7/20  
(YS)

## Sketch Plan #2

### SKETCH PLAN



A = SLB150Y

B = 5LL 67C

Kuan Jun An Jordan

† 01122052

WP: 91864229

C = SMT 825C

56008300

HP: 90283565

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

m/(car cc) ahead of me came to a stop. I follow to stop behind. Out of sudden, I felt a great impact on the rear and my car surge forward and hit on the rear of m/(car cc). I came down and realized I am involved in a chain accident involving 3 vehicles including mine.

All drivers exchanged particulars. I have 1 passenger onboard (my son). No injuries on anyone.

\* Due to the impact, the headrests of my vehicle was activated.

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: \_\_\_\_\_

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

CSA 001M SketchUp 2018 Form V3

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