

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	15/10/2020 10:16
Date Of Accident	14/10/2020 08:20
Exact Location Of Accident	AYE TOWARDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE4515U
Insured/Policyholder	
Name Of Registered Owner	WATT WAH PETROLEUM HAULAGE PTE LTD
Co Reg No	1XXXXX115D
Email Address	SEBASTIANCHUA@WATTWAHGROUP.COM
Mobile Phone No	(LOCAL) +65-96265673
Alternative Phone No	OFFICE-68632033

Vehicle Particulars

Manufacturer	MAN
Model	TGS 32.360-10.5 D 8X4 BB (M)
Exact Purpose for which vehicle was being used at time of accident	WORKS
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	TANKER

Insurance Company

Name of Insurance Company	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	8-V0025362-MVA
Cover Note Number	

Driver

Name of Driver	NAGARAJA SUBRAMANIAN
Passport No/FIN	GXXXXX082T
Date Of Birth	25/09/1977
Occupation	OUTDOOR
Date Of Driving Pass	03/10/2013
Driving Experience	7 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94459117
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	6 GUL AVENUE
Postcode	629650
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	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?	NO
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)	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

I WAS DRIVING ALONG AYE TOWARDS TUAS. WHEN THE CONTAINER TRUCK INFRONT OF ME CAME TO A STOP, I SLOW DOWN AND STOPPED. SUDDENLY I HEARD A SOUND AND NOTICED THAT VEHICLE REGN NO. SHA 312 A WHICH WAS DRIVING BEHIND ME HAVE COLLIDED ONTO THE BACK OF MY VEHICLE. UPON CHECKING, I REALIZED THAT THERE WAS ANOTHER VEHICLE REGN NO. PC 6983 T TOO INVOLVED IN THE ACCIDENT.

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	SHA312A
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	QUEK CHEOW MENG RICHARD
NRIC/Passport Number	SXXXX412Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	PC6983T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1



SKETCH PLAN


IMPORTANT NOTICE

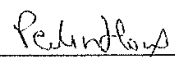
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8. **Consent under the Personal Data Protection Act (PDPA)**

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: 14/6/20

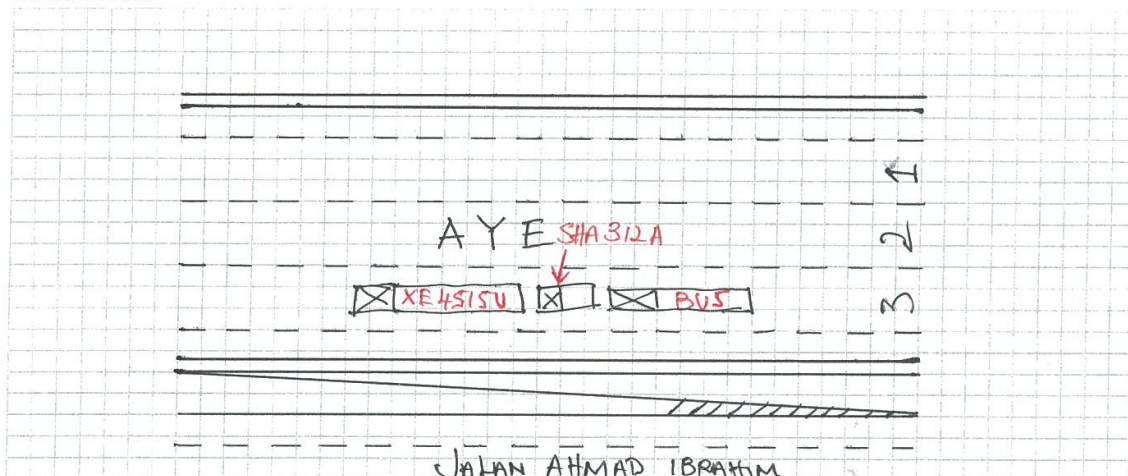

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

Please note that you might be able to submit an Own Damage Claim under own policy within 14 days.

() Claim Own Damage () Claim TP () Reporting Only () Claim OD/TP at other workshop

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

XE451SU

ON 14/10/2020 I WAS TRAVELING ALONG AYE TOWARDS TUAS AT THE 3RD LANE. WHEN THE CONTAINER TRUCK INFRONT OF ME CAME TO A STOP I STARTED TO SLOW DOWN AND STOP THE VEHICLE. SUDDENLY SHA 312A BANG ON TO THE REAR OF XE 451SU. CCTV FOOTAGE & PHOTOS WILL BE PROVIDED.

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:

14/10/20

SEN CHIN KIE
G261744SP

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

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

Perindas

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Scene Photo



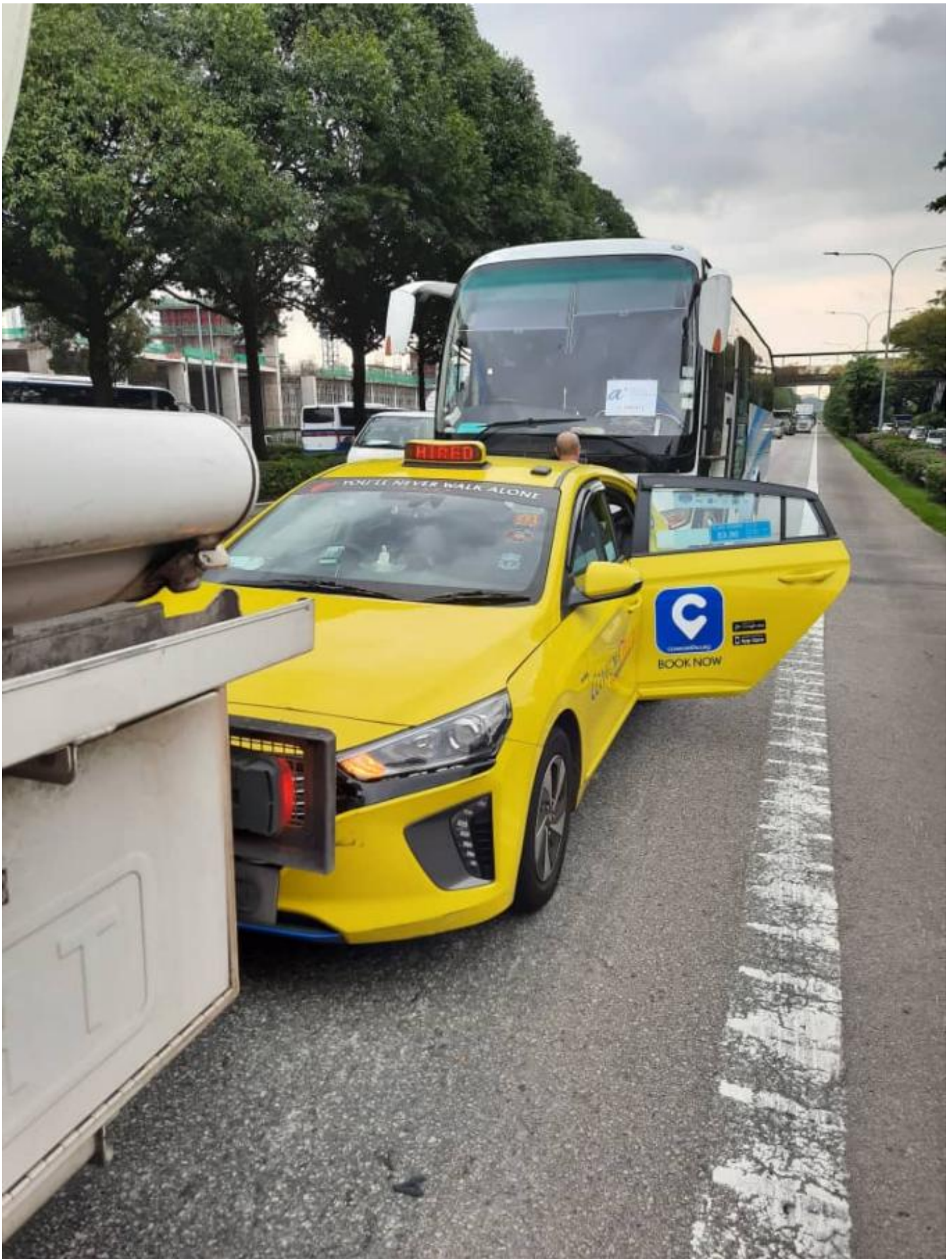
Scene Photo



Scene Photo



Scene Photo



TP Damaged Photo



TP Damaged Photo

