

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	19/11/2020 14:12
Date Of Accident	14/11/2020 08:25
Exact Location Of Accident	ALONG YISHUN CENTRAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFL974E
Insured/Policyholder	
Name Of Registered Owner	SEAH POH FATT
NRIC No	SXXXX927G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96824574
Alternative Phone No	OTHERS-96824574

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ACCENT (RB) 1.4 CVT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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-V0019838-MVA-R001
Cover Note Number	

Driver

Name of Driver	SEAH POH FATT
NRIC No	SXXXX927G
Date Of Birth	17/05/1959
Occupation	INDOOR
Date Of Driving Pass	11/07/1980
Driving Experience	40 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96824574
Fax Number	
Contact Number	OTHERS-96824574
Email Address	NOEMAIL

Address	BLK 788C WOODLANDS CRESCENT #08-172
Postcode	733788
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	COLLISION - HEAD TO REAR
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?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS EAST N.P.C
Police Station Address	ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20201115/2013

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH TRAFFIC POLICE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFS5697K
Vehicle Make/Model/Colour	HONDA STREAM
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JARED ANG JUN WEI
NRIC/Passport Number	SXXXX336E
Contact Number	96951685
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name SEAH POH FATT
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SFL974E
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan

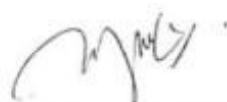
SKETCH PLAN

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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)**

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:



19/11/2020
Name: *Kesha Chetty*
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

HOSPITAL

(A) SF2974E

(B) SFS5697K

D
S
TRAFFIC
LIGHT

A
B

YISHUN CENTRAL

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


REF TO POLICE REPORT. T/20201115/2013

DECLARATION


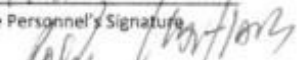
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:



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


19/11/2020
Name: 
NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20201115/2013

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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Report No. T/20201115/2013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/11/2020 08:12		Vide Report No.: L/20201114/0111		Station Diary No.: 20	
Informant's Particulars					
Name of Informant: SEAH POH FATT			Address: APT BLK 788C WOODLANDS CRESCENT #08-172 SINGAPORE 733788		
ID Type / ID No.: NRIC NO / S1384927G			Contact No.: Home/Office: Mobile: 96824574		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 61	Date of Birth: 17/05/1959	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SPECIALIST ASSOCIATE			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/11/2020 08:25	Type of Location: X-Junction
Location: YISHUN CENTRAL				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow:	Traffic Control: Traffic Light - Working		Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SFL974E	Car	HYUNDAI	ACCENT (RB) 1.4 CVT	Grey	Totally Damaged	0
SFS5697K	Car	HONDA	STREAM	White	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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POLICE REPORT



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T/20201115/2013

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3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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Report No. T/20201115/2013

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SFL974E	QBE Insurance (Singapore) Pte Ltd	V0019838	18/12/2019	17/12/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	SEAH POH FATT		ID No.	S1384927G
Related Vehicle	SFL974E (Car)		Contact No.	96824574
Hospital/Clinic	CENTRAL 24-HR CLINIC (WOODLANDS)		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	14/11/2020		Date Discharge	14/11/2020
No. of Days granted Medical Leave	NIL		Degree of Injury	Slight
Driver				
Name	JARED ANG JUN WEI		ID No.	S9723336E
Related Vehicle	SFS5697K (Car)		Contact No.	96951685
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On 14/11/2020 at around 0824hrs, I was driving along Yishun Central towards Yishun Street 61. As I was at the junction waiting for the green arrow to be flash, all of the sudden a car bang my car hard and my car was moved about a few distance from the junction. Due to the impact, my body moved forward and hit the steering wheel.

I then came out from the car to make a check and noticed that my car was badly damaged. I felt giddy - due to the huge impact. I sustained cuts at my left eyebrow and it was bleeding. My rear bumper was dented badly and it dropped. My car boot was opened and dented badly.

The driver of the other car came towards me and checked on me. He also apologized to me. The driver do not have any injuries. His car was slightly damaged. The damaged was the front bonnet was dented and some dented at the bumper. His front car plate was broken. Due to the impact, the car front airbag came out.

Ambulance was along the way and stopped by to ask whether I need any medical assistance. During that

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Report No. T/20201115/2013

CONTINUATION OF REPORT

time, I was unsure of it and I mentioned to them that I do not required. After a few minutes, Traffic Police came to the incident and enquired me regarding the incident.

My car was installed with in-car camera and the SD memory card was taken by Traffic Police. I am not sure whether the other vehicle had in-car camera installed.

After the whole incident, I waited for the tow truck to come and towed my vehicle. I then followed them once they towed to workshop as I need to settle the paperwork. After settling all the admin matter, I went to the clinic near my house as I feel pain at my head. The doctor advised me to monitor my health and if I have any fever or vomiting, I will need to go hospital for further checks.

This is not the first time such incident had happened to me.

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Report No. T/20201115/2013

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

L /

Sgt 3 KHADIJAH BINTE AB SAMAD

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
15/11/2020 08:12

Officer In Charge Of Case:
TP / GIT /

SN 130

Contact No.:

Classification Of Case:

Authentication Stamp
NP168

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo

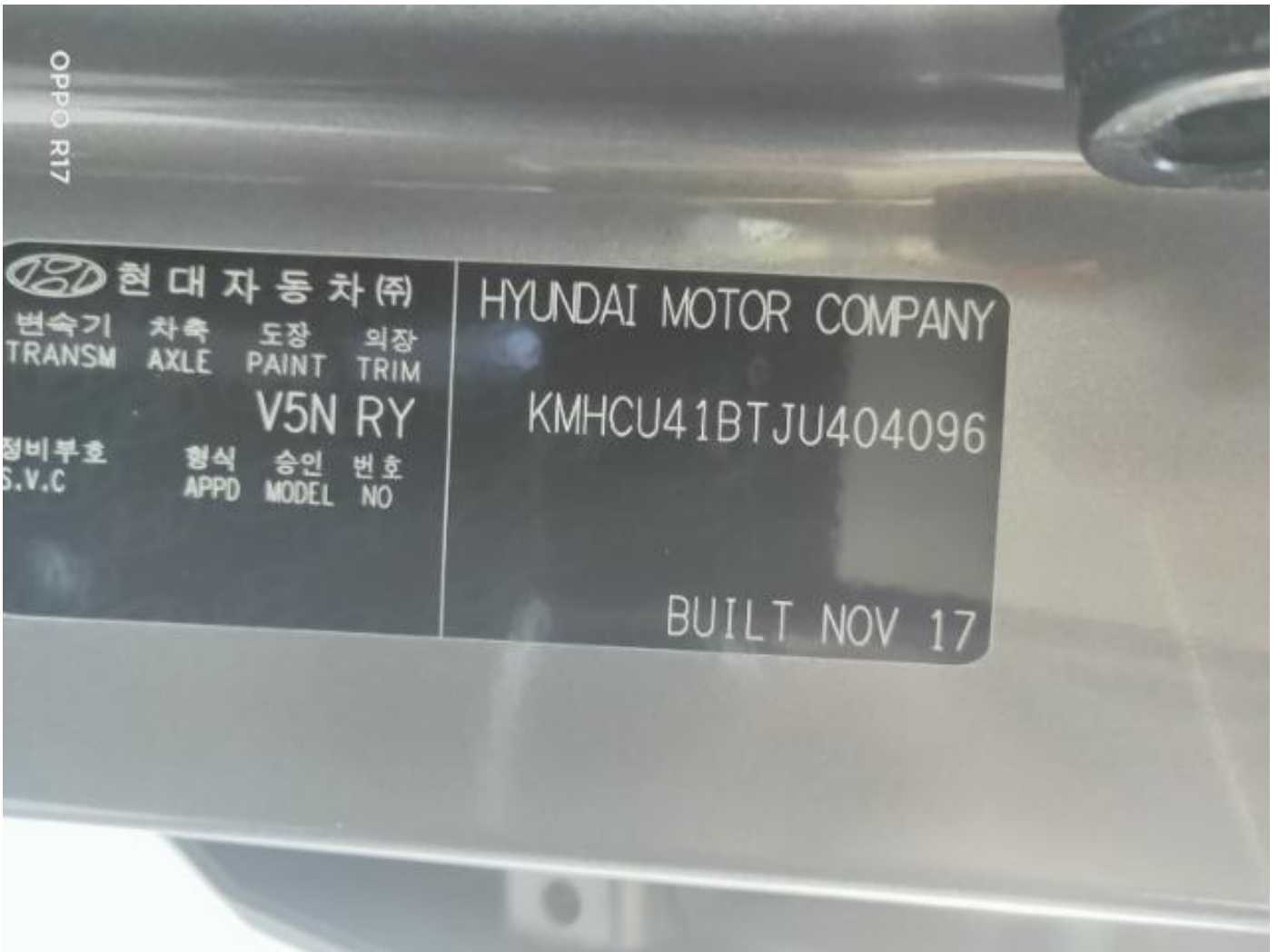


Accident Photo



Accident Photo





Accident Photo



Accident Photo

