## **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 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 aforesaid.

#### **ACCIDENT STATEMENT**

Date of Submission 16/12/2020 16:33 (SGT) Date of Accident 15/12/2020 19:25 (SGT) Exact Location of Accident Buangkok Green, Singapore Additional Location Information TOWARDS SENGKANG EAST ROAD Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Toyota

Vehicle Registration Number SMV5255D

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner CLARENCE QUEK BOON TECK NRIC No. SXXXX416I Email Address leo\_quek@yahoo.com.sg Mobile Phone No (Phone) +65-96182522 Alternative Phone No +65-92296573

#### VEHICLE PARTICULARS

Manufacturer

Model **RAIZA** Variant 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 - Claiming third party Vehicle Category Private car

#### INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance Type of Coverage Comprehensive Fleet Policy Policy Number DMPCSNW00174312000 Cover Note Number

#### DRIVER

Name of Driver LEONARD QUEK HSIEN LOONG NRIC No SXXXX284E Date Of Birth 19/08/1979 Occupation Indoor

Date Of Driving Pass 20/05/2002 Driving experience 18 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-92296573 Alt. Phone Number Email Address leo\_quek@yahoo.com.sg Address **BLK 728 CLEMENTI WEST STREET 2** Address complement #03-398 Postcode 120728 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Child Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver 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 the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name TAN CHING HWA, WENDY Gender Female **DETAILS OF POLICE ACTION** Was the accident reported to the police? Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH AND ATTACHMENT 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 **GBK7858P** Vehicle Manufacturer Vehicle Model Vehicle Variant

Commercial vehicle

# Accident report SN0820CG0006

Vehicle Colour
Vehicle Category

Name of Driver
Contact Number

Address	-
Address complement	_
Postcode	_
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	_

### INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	LEONARD QUEK HSIEN LOONG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK AND BACK PAIN
Injured person in which vehicle?	SMV5255D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process
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- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
   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.
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   The report will be forwarded by the insurer 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.
   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 discreasid.
   Consent under the Personal Data Protection Act (PDPA)

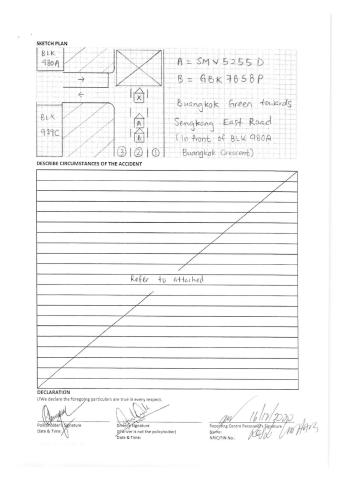
- Lunderstand, acknowledge, agree and consent that:

  (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 information act 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 all Insurers (by who have insured vehicle) involved in this accident right and insured vehicle(s) involved in this accident right in the collectively referred to as the "insurers"), the insurers is weyer (sw firms, the Montairy 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 errevlopes/mile plackages); and/or (or convenience) or external cover of errevlopes/mile plackages); and/or (or convenience) or convenience or convenience
- "Purposes")

  (b) all insurers) 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/are of the insurers and/or Clab to their that and arty service provides or agents/including their lawyers/law firms), which may be steed 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 thruce claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - 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.

Pagoring Centre Penginger diagnature
s policyholder)
RRIC/FIN No.:



On 15.12.2020 at about 19:25 hours along Buangkok Green towards Sengkang East Road (In front of BLK 980A Buangkok Crescent). I was stationary on lane 2 and when the front vehicle started to move forward, hence I followed suit. Suddenly I heard a loud bang and felt an impact from behind. When I alighted, I realised it was vehicle (B) that collided onto the rear portion of my vehicle (A).

I wish to state that I have 1 passenger in my vehicle (A).

July 10/12/2020

Vehicle (A): SMV 5255D Vehicle (B): GBK 7858P

