

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 Submission 20/04/2021 16:35 (SGT)
Date of Accident 19/04/2021 20:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information ANG MO KIO AVE 5 BEFORE CTE FLYOVER (TO TOWN) ANG MO KIO NORTH FLYOVER
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFN7828M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner BOEY YIP PANG
NRIC No S2107551E
Email Address umaetalk@gmail.com
Mobile Phone No (Phone) +65-88917816
Alternative Phone No +65-88917816

VEHICLE PARTICULARS

Manufacturer Mercedes
Model E200k
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
Transmission Auto
CC 1796

INSURANCE COMPANY

Name of Insurance Company QBE Insurance (Singapore) Pte Ltd
Type of Coverage ThirdParty
Fleet Policy No
Policy Number 8-V0017249-MVA-R003
Cover Note Number -

DRIVER

Name of Driver BOEY YIP PANG

| | |
|--|-----------------------------------|
| NRIC No | S2107551E |
| Date Of Birth | 27/06/1947 |
| Occupation | Indoor |
| Date Of Driving Pass | 04/08/1996 |
| Driving experience | 24 YEARS AND 8 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-88917816 |
| Alt. Phone Number | +65-88917816 |
| Email Address | umaetalk@gmail.com |
| Address | BLK 131 ANG MO KIO AVE 3 #09-1591 |
| Address complement | - |
| Postcode | 560131 |
| Is the driver the policyholder? | Yes |
| If No, Relationship of the Driver with the Insured | - |
| 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 | Side Swipe |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 3 |
| Was anybody injured in the Accident? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| Was any other material or property damaged? | Yes |
| Number of Passengers (Including Driver) | 1 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

DETAILS OF POLICE ACTION

| | |
|---|----|
| Was the accident reported to the police? | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT

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 | SFC2866T |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| 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) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLC3078Z
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
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) -

SKETCH PLAN

1. VEHICLE NO.: SFN7828M
2. INSURER CO: OBE
3. ACCIDENT DATE & TIME: 19/04/21 @ 2045

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

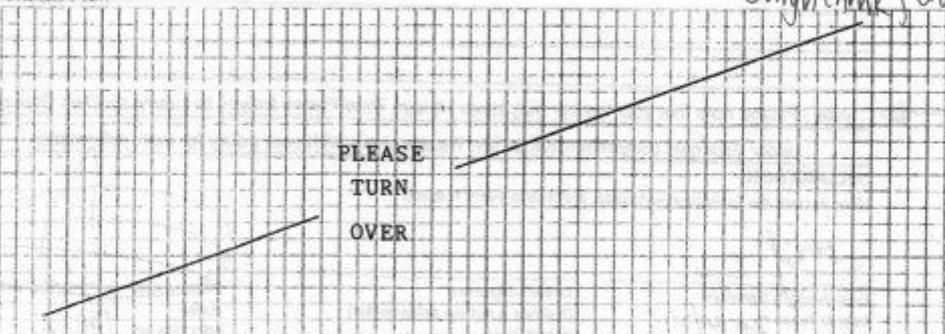

Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Donny Chan 20/04/21

Sketch Plan



PLEASE
TURN
OVER

124

Booy Yip Pang Yc S2107551 E
SFN 7828M

19/4/21

Around 8.45pm - I was driving along Amk Ave S heading East, intending to turn Right into CTE heading South. On arriving at Ang Mo Kio North Flyover's traffic lights junction, Car SFC 2866T ~~swerved~~ swerved into my lane and collided into my car SFN 7828M. And my car's Right wing mirror grazed car SLc 3078Z to my right side lane.

I stopped and inspected damages to my car and took necessary photos of it with my handphone, and ~~decide~~ decided to lodge claim on this ~~car~~ ^{car} SFC 2866T.

That all.

Booy Yip Pang

20/4/21











