

## 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 Actual 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	07/02/2023 16:50 (SGT)
Reported by	Driver
Date of Accident	06/02/2023 18:20 (SGT)
Exact Location of Accident	North Buona Vista Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS4353M
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	QST DENTAL PTE LTD
Company Reg No	201000018D
Email Address	SHAWN.YEO@QSTTECH.COM
Mobile Phone No	(Phone) +65-97733859
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Elantra
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	1600

### INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D18MPC0001946

### DRIVER

Name of Driver	YEO WEI PENG
NRIC No	S8240878I
Date Of Birth	18/12/1982
Occupation	Indoor

Date Of Driving Pass .....	14/12/2007
Driving experience .....	15 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97733859
Alt. Phone Number .....	-
Email Address .....	SHAWN.YEO@QSTTECH.COM
Address .....	BLK 441B CLEMENTI AVE 3 #29-11
Address complement .....	-
Postcode .....	122441
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle 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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### 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

ON THE STATED DATE AND TIME, I WAS DRIVING MY VEHICLE SLS4353M ALONG NORTH BUONA VISTA ROAD. IN FRONT OF THE VEHICLE SLN8360S WAS STATIONARY, I FOLLOWED SUIT. SUDDENLY VEHICLE SLZ9493Y HIT ONTO MY REAR PORTION AND CAUSED MY CAR TO PUSH FORWARD AND HIT ONTO VEHICLE C. THERE WERE 3 CARS INVOLVED IN AN ACCIDENT.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLZ9493Y
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	VEHICLE B
No. Of Passenger (Including Driver)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLN8360S
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	VEHICLE C
No. Of Passenger (Including Driver)	2

**SKETCH PLAN**

**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 Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.

**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/stuff 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 each third-party service providers or agents (including their lawyers/law firms), which may be cited outside of Singapore, for one or more of the above Purposes.



196 Pandan Loop #04-29  
Pentech Business Hub Singapore 128384  
Tel: +65 6270 6260 Fax: +65 6273 6260

**QST Dental Pte Ltd**

*[Signature]*

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Claims Personnel (Name as in HICOGS card)

**Sketch Plan**

		<p>A - SL54353M</p> <p>B - SLZ9493Y</p> <p>C - SLN8360S</p>
--	--	---

Describe Circumstances of the Accident

on the stated date and time, I was driving my vehicle SL54353M along North Buona Vista Road. In front of the vehicle SLN8360S was stationary. A fellow suit suddenly vehicle SLZ9493Y hit on my rear portion and cause my car to push forward and hit on vehicle C. There were 3 cars involved in an accident.

Declaration

I hereby declare that the information provided is true and correct to the best of my knowledge.



196 Pandan Loop #04-29

Pantech Business Hub Singapore 128384

Tel: +65 6270 6260 Fax: +65 6273 6260

**QST Dental Pte Ltd**

Polysyllabic - Not a Singaporean Name

*Signature*

Signature of the person who has been identified as the driver of the vehicle involved in the accident.

Signature of the person who has been identified as the driver of the vehicle involved in the accident.