

## 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 ability
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 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	20/06/2016 09:46
Date Of Accident	18/06/2016 15:10
Exact Location Of Accident	BUKIT TIMAH RD SLIP RD EXIT FARRER RD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	EY928H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM KAI KUANG
NRIC No	S0843349F
Email Address	blpersonalmail@gmail.com
Mobile Phone No	(LOCAL) +65-98304661
Alternative Phone No	Office-67329886

### Vehicle Particulars

Manufacturer	PORSCHE
Model	BOXSTER TIP
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	Third Party Fire and/or Theft
Fleet Policy	No
Policy Number	8-V0003486-MVA-R005
Cover Note Number	

### Driver

Name of Driver	LIM KAI KUANG
NRIC No	S0843349F
Date Of Birth	16/11/1946
Occupation	Indoor
Date Of Driving Pass	20/09/1966
Driving Experience	49 Years And 8 Months
Gender	Male
Mobile Number	(Local) +65-98304661
Fax Number	
Contact Number	Office-67329886
Email Address	blpersonalmail@gmail.com

Address	3 ROBIN WALK
Postcode	258148
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 (TP Hit Insured)
Weather Conditions	Clear
Road Surface	Dry

#### Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	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

REFER TO SKETCH PLAN ATTACHED

Are accident photos available for attachment?	Yes
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#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKH2017S
Vehicle Make/Model/Colour	BMW 118I
Details Of Properties	
Name of Driver	SIM PUAY SUANG
NRIC/Passport Number	S0006304E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

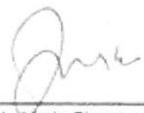
Name	
Phone Number	
Email Address	

## Sketch Plan


### SKETCH PLAN

#### IMPORTANT NOTICE

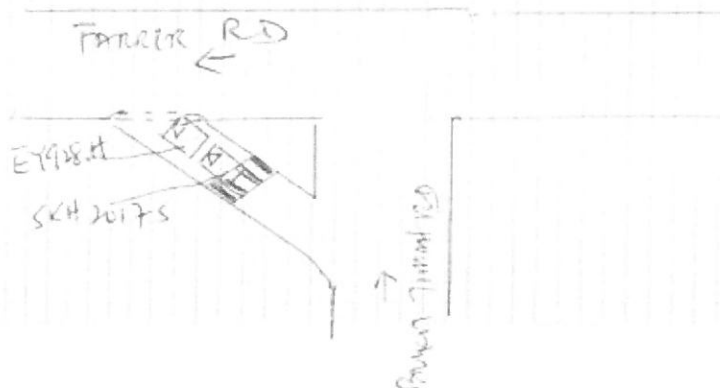
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**  
I understand, 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/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.

 20/6/2016  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel

#### Sketch Plan



## Sketch Plan #2

### Describe Circumstances of the Accident

ON 18-6-2016 @ 3:00 PM I WAS DRIVING ALONG BURN TOWERS RD ENROUTE TO FARRER RD, WHEN I CAME TO THE GATEWAY LINK, I STOP MY VEHICLE FOR CHECKING ON COMING TRAFFIC, THE SECOND I STOPPED MY VEHICLE, I FELT AN IMPACT FROM THE REAR OF MY VEHICLE, AND SUDDENLY FOLLOWED BY ANOTHER IMPACT FROM THE REAR, I AUGUSTED FROM MY VEHICLE TO CHECK AND REALISED THAT VEHICLE SKIT 2017'S CANNOT STOP IN TIME AND HIT INTO THE REAR OF MY VEHICLE, AFTER WE EXCHANGE PARTICULAR FOR INSURANCE CLAIM AND ONE WAS INJURED.

### Declaration

We declare the foregoing particulars are true in every respect



Policyholder's Signature / Date & Time

20/6/2016

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



Witnessed by Reporting Centre Personnel

# QBE Insurance (International) Limited

A member of the worldwide QBE Insurance Group - Unique Entity No. S16FC0047K

60 Anson Road #11-01, Mapletree Anson, Singapore 079914  
Tel: 65-6224 6633 Fax: 65-6533 3270  
GST Registration No.: M2-0005274-9  
www.qbe.com.sg



## Certificate of Insurance

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULE, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate No.  
**8-V0003486-MVA-R005**

Account Name **LIM SOO LIANG FRANCIS**

MCI Type **MX1**

- 1 Index Mark and Registration Number of Vehicle or Chassis No: **EY928H**
- 2 Name of Policyholder **LIM KAI KUANG**
- 3 Effective date of Commencement of Insurance for the purpose of the Regulations **14/10/2015**
- 4 Date of Expiry **13/10/2016**
- 5 Person or Classes of Person entitled to drive\*

**(a) The Policyholder**

**The Policyholder may also drive a motor car not belonging to him/her and not hired to him/her under a hire purchase agreement.**

**(b) Any person who is driving on the Policyholder's order or with his/her permission.**

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from the driving the Motor Vehicle

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage

6 Limitations as to use\*

**Use only for social domestic and pleasure purposes and for the Policyholder's business.**

**The policy does not cover use for hire or reward, racing, pace-making, reliability trial, speed-testing or the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.**

7 Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risk and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia) are not to be included under these headings

**I/WE HEREBY CERTIFY that the Policy to which this certificate relates is issued in accordance with the provisions of the Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act. 1987 (Malaysia)**

QBE Insurance (International) Limited

A handwritten signature in black ink, appearing to be 'D. P. Lim', written over a horizontal line.

Authorized Signature

Date of Issue: 08/09/2015

Text size + -

**Enquire Vehicle Registration Details****Owner Particulars**

NRIC/Passport/Company Cert No.: S0843349F

Owner ID Type: Singapore NRIC

Owner Name: LIM KAI KUANG

Registered Address: 3 ROBIN WALK SINGAPORE 258148

Mailing Address: -

Birth Date: 16 Nov 1946

**Vehicle Particulars**

Vehicle No.: EY928H

Previous Vehicle No.: -

Effective Date of Ownership: 14 Oct 1997

Original Regn Date: 14 Oct 1997

Registration Date: 14 Oct 1997

Year of Manufacture: 1997

Vehicle Type: Passenger Motor Car

Vehicle Scheme: -

Vehicle Attachment 1: No Attachment

Vehicle Attachment 2: -

Vehicle Attachment 3: -

Vehicle Make: PORSCHE

Vehicle Model: BOXSTER TIP

Primary Colour: Silver

Secondary Colour: Black

Passenger Capacity: 1

Chassis No.: WPOZZZ98ZVS609775

Engine No.: 65V16067

Engine Capacity/Power Rating: 2480 cc / -

Maximum Power Output: -

Propellant: Petrol

Max Unladen Weight: 0 kg

Maximum Laden Weight: 0 kg

Open Market Value: \$65,008.00

PARF Eligibility: Forfeited

PARF Eligibility Expiry Date: -

Minimum PARF Benefit: -

No. of Transfers: 0

IU Label No.: 1020340781

COE No.: 1997090104000031H

COE Expiry Date: 30 Sep 2017

COE Category: B - Car (1601cc & above)

COE Registration Category: B - Car (1601cc & above)