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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,
- 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 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.

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.

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Date Of Report

03/04/2018 18:31

Date Of Accident

03/04/2018 14:00

Exact Location Of Accident

JUNC KPE & BARTLEY RD EAST

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SKX1153D

Insured/Policyholder

Name Of Registered Owner

PREMIUM AUTOMOBILES PTE LTD

Co Reg No

199902271W

Email Address

NOEMAIL

Mobile Phone No

Alternative Phone No

OFFICE-89999999

Vehicle Particulars

Manufacturer

AUDI

Model

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

REPORTING ONLY
COMMERCIAL VEHICLE

Vehicle Category

Insurance Company

Name of Insurance Company

QBE INSURANCE (SINGAPORE) PTE LTD

Type Of Coverage

COMPREHENSIVE NO

Fleet Policy Policy Number

8-V0001867-MVA-R009

Cover Note Number

Driver

Name of Driver

CHOO WEI CHEAN (ZHU WEIQUAN)

NRIC No
Date Of Birth
Occupation

S8177232J 26/05/1981

OUTDOOR

Date Of Driving Pass

30/07/2005

Driving Experience

12 YEARS AND 8 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-94373355

Fax Number

Contact Number

OFFICE-94373355

EMail Address

NOEMAIL

Address

BLK 602A PUNGGOL CENTRAL

#15-682

Postcode

821602

Was driver an employee of the Insured's Company YES

If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLIDED INTO MOTORCYCLIST

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

YES

Foreign Vehicle Registration Number

JPX557 (MOTORCYCLE)

Number of vehicles involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

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 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

JPX557

Vehicle Make/Model/Colour

Details Of Properties

MOTORCYCLE

Vehicle Category Name of Driver

CHOW WAI JYE

NRIC/Passport Number

960806-01-6641

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- Any false reporting may be referred to the Police for investigation.
- The 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.
- 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:
 - 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.

STEEL STEEL

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No .:

3/4/18

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	33				light suddenly
	and first				
*	the second				
e truffic	junction.	1 hit m	y brake	hand and	Het but
vehicle	skid and	hit o	the last	motorcycl	e.

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: /

8

Reporting Centre Personne s Signature Name:

NRIC/FIN No .:

Details of Accident		
DATE: 03 /04/2018 TIME: 14:00 Hrs		
Exact Location of Accident: Junetism at KPE and Bartley Rd East	-	
Details of own Vehicle	2000 2000 2000	
Vehicle Registration Number: 5KX 1153D		
Name of Registered Owner: Premium Automobiles Pte Ltd		
Nric: Pink / Blue Fin / Passport No.:	=	
Date of Birth (DD/MM/YYYY):		
Address:		
Contact :(Hm)(Off)(Hp)		
Email:		
Vehicle Particulars (Own Vehicle)		
Vehicle make & model : Hudi #4	l .	
Type of vehicle : Saloon		
Exact purpose for which vehicle was		100
Being used at time of accident : Private / commercial / Hire & Reward		
Are you claiming under your own : Yes / No		
Insurance policy for repair to your vehicle? :If no, please indicate intention:		
Vehicle Category : : Private / Commercial / Motorcycle		
Insurance (Oun Vehicle)		
Name of Insurance Company : QBE		
Type of Policy : ACT / Comprehensive / 3rd Party / 3rd party Fire & Theft Yes / No	6	
FIRST FOILS	, a	
Motor CI :	SHAP.	
Driver Particulars		
Name of Driver : Choo he' Chean	-	
Nric: Pink / Blue 581772325 Fin / Passport No.:		
Date of Birth (DD/MM/YYYY): 26/05/1981		
Occupation : Indoor / Outdoor Class 3 Pass date :		
Gender : Male / Female SUK 602A Pungool Central #15-682 5	871602	
Address	0210	
Contact:(Hm)(Off) 94373355 (Hp)		
Email:		
Was driver an employee of the insured s co		
If no, relationship of driver with the insured		
Vehicle registration no. of driver's own vehicle :		
(If Applicable) Insurance company of driver's own vehicle :	*	
(If Applicable)		E 1/2
No. of Pax inside your vehicle: Any Video Footage	Yes / No	
2)Name: Gender: Male / Female	33	
3)Name: Gender: Male / Female		
4)Name: Gender: Male / Female		

Accident Statement : Part 2							and an electric state of	
General Information of A	ecident							
Type of Collision (eg. Chain collision, side swipe	front to rear)			-	*			
Weather Conditions Road Surface	: Clear : Dry	/	Raining Wet	53	hers :			
Other Information								
a) Was anybody injured in the a b) Was any other vehicle or prop (including witness)		Yes		√iolfYes √io	: Anyon	e Convey	y by Ambul	ance Yes /No
Details of Police Action Was the accident reported to the Was notice of intended prosecuti		Yes Yes		No No				34
Details of Other Vehicle Vehicle Registration No. Vehicle Make / Model / Colour Details of Property	Property 5 PX 5	57						*
Details of Other Vehicle' Name of Driver NRIC Pink / Blue Contact Address	: Chow : Q 60 800	Wa: 3	LAE	in / Passpo	ert No :	_s(
Insurance Company Name of Insurance Company Nature of Damage								9
Details of Witness								
Name Contact Email Address							ž.	

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S8177232J



CHOO WEI CHEAN (ZHU WEIQUAN)

朱 炸 权

CHINESE

MALAYSIA

26-05-1981 M Country of birth

SH177232J

4102084



MRIC No. S8177232J

31-08-2007

APT BLK 602A PUNGGOL CENTRAL #15-682 SINGAPORE 821602

NRIC No: \$8177232J

Date: 28/06/2016

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

REPUBLIC OF SINGAPORE DRIVING LICENCE

CHOO WEI CHEAN (ZHU WEIQUAN)

Birth Date 26 May 1981 Issue Date 11 Sep 2006

Licence Number S8177232J

PASS DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 30 Jul 2005 of the driver; and other motor vehicles =< 2500kg

NP 428A



QBE Insurance (Singapore) Pte Ltd

A member of the worldwide QBE Insurance Group - Unique Entity No. 198401363C

1 Raffles Quay, #29-10 South Tower, Singapore 048583 Tel: 65-6224 6633 Fax: 65-6533 3270 GST Registration No.: M200644018

www.gbe.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.

Account Name ONG AH HOCK DAVID

MCI Type MZ9

8-V0001867-MVA-R009

1 Index Mark and Registration Number of Vehicle or Chassis No:

MOTORTRADE

2 Name of Policyholder PREMIUM AUTOMOBILES PTE LTD

3 Effective date of Commencement of Insurance for the purpose of the Regulations

01/02/2018

4 Date of Expiry

31/01/2019

5 Person or Classes of Person entitled to drive*

As specified in the Policy Scedule

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 motor trade purpose.

The policy does not cover use for hire or reward, racing, peace-making reliability trial or speed-testing.

N.B. Use solely for "BREAKDOWN" purposes is not deemed to be used for

hire or reward.

The Policy does not cover:-

(1)Use for hire or reward or racing pace-making reliability trial or

speed testing.

(2)Use whilst drawing a trailer except the towing of any one disabled

mechanically propelled vehicle.

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 (Singapore) Pte Ltd

Authorized Signature

Date of Issue: 25/01/2018