

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 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	02/05/2018 17:01
Date Of Accident	02/05/2018 07:55
Exact Location Of Accident	ALONG YISHUN AVE 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV6571X
Insured/Policyholder	
Name Of Registered Owner	TAN WEE KOON
NRIC No	S8139774J
Email Address	WEEKOON@HIWIN.SG
Mobile Phone No	(LOCAL) +65-91074397
Alternative Phone No	OFFICE-91074397

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE 1.5G CVT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USED
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	8-V0017018-MVA
Cover Note Number	

Driver

Name of Driver	TAN WEE KOON
NRIC No	S8139774J
Date Of Birth	10/12/1981
Occupation	OUTDOOR
Date Of Driving Pass	17/06/2004
Driving Experience	13 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91074397
Fax Number	
Contact Number	OFFICE-91074397
EEmail Address	WEEKOON@HIWIN.SG

Address	NIL
Postcode	
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
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	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

PLEASE REFER TO STATEMENT

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	SKV9199E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

A PLAN



A) SKV 6571X
B) SKV 9199E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was entering filter lane and I stop as that was dotted line on the filter lane. The car behind me hit into my car as he did not stop in time. The location was Yishun Ave 8. Because there was a car that just did a u-turn in front of me at the filter lane. The car was SKV 9199E

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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

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6. 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.
7. 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:
 - (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.
- (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.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Common Statement

ACCIDENT STATEMENT

Date of Accident: 2/5/2018 Time: 0755

Location of Accident: Yishun Ave 8

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number:

Name of Policyholder:

NRIC/ Fin. Pass. No. (if Policyholder is company):

Address:

Contact Number:

Occupation:

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make/ Model:

Type of Vehicle:

Exact Purpose for which vehicle was being used at the time of accident:

Are you claiming under your own insurance policy?

Vehicle category:

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company:

Type of Policy:

Fleet Policy:

Policy Number:

DRIVER

Name of Driver:

NRIC/ Fin. Pass. No.:

Date of Birth:

Occupation:

Driving Pass. No.:

Gender:

Contact Number:

Address:

Email Address:

Was driver an employee of the insured's company?

If No, relationship of driver with the insured:

Vehicle Number of Insured's own vehicle (if applicable):

Insurance of Insured's own vehicle (if applicable):

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (e.g. Frontal, Rear, Side, Head On, etc.):

Weather Conditions:

Road Surface:

Damage Area:

OTHER INFORMATION

Was there any fire or smoke at the scene?

Was anybody injured in the accident?

Was any other vehicle or property damaged?

Was there any camera video footage taken?

DETAILS OF THE ACCIDENT

Was the accident reported to the police?

If Yes, please state which police station it was reported to:

Was notice of the accident provided to the other party?

If Yes, against whom?

SLV 6571X

Tan Wee Koon

S8139774J

Tel:

91074397

☒ Single MPV/Car/Truck/Bus/Minivan/Other

Private Used

☐ Yes

☒ Private

☐ No

☐ Commercial

Remarks: Repairing

☐ Motorcyclist

☒ Comprehensive

☐ Yes

QBE

☐ Third Party

8-VO017018 - MVA

11

11

10/12/1991

Outdoor

17/06/2004

11

11

Tel:

☐ Yes

☒ Clear

☐ Wet

from 10 Dec.

☐ Fog

☐ Rain

☐ Snow

☐ Other

☐ Other

☐ Other

☐ Other

☐ Other

☐ Other

☐ Other

☐ Other

☐ Other

☐ Other

☐ Other

☐ Other

☐ Other

☐ Other

☐ Other

☐ Other

☐ Other

☐ Other

☐ Other

☐ Other

☐ Other

☐ Other

☐ Other

☐ Other

☐ Other

Common Statement

OWA VEHICLE REGISTRATION NUMBER

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

Vehicle Make/Model/Color

Details of Damage (If Other Party is not a Vehicle)

Damage Area

Name of Owner

NR ID No. / Passport

Contact Number / Email Address

Address

Name of Insurance Company

Other Vehicle or Property 2

Vehicle Registration Number

Vehicle Make/Model/Color

Details of Damage (If Other Party is not a Vehicle)

Damage Area

Name of Owner

NR ID No. / Passport

Contact Number / Email Address

Address

Name of Insurance Company

DETAILS OF WITNESS

Name

Phone / Email Address

Address

NR ID No. / Passport

DETAILS OF INJURED PERSON 1

Name

NR ID No. / Passport

Address

Age

Injury Sustained

Vehicle(s) and parts, state in which vehicle(s)

Wear Seat Belts Worn?

Was Injured conveyed to hospital by ambulance?

DETAILS OF INJURED PERSON 2

Name

NR ID No. / Passport

Address

Age

Injury Sustained

Vehicle(s) and parts, state in which vehicle(s)

Wear Seat Belts Worn?

Was Injured conveyed to hospital by ambulance?

Declaration

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

Signature of Driver
(If Company/Not Registered)

Signature of Driver (Date & Time)
(If Not a Registered Driver)

INAURNACE

QBE Insurance (Singapore) Pte Ltd

Member of the worldwide QBE Insurance Group - Unified Entity No. 198401000

1 Raffles Quay, #29-10 South Tower, Singapore 048583
Tel: 65-6224 8833 Fax: 65-6593 3270
GST Registration No.: M200544018
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-V0017011-MVA Account Name: INSURANCE SO AGENCY MCI Type: MX1

- 1 Index Mark and Registration Number of Vehicle or Chassis No. SLV6571X
- 2 Name of Policyholder TAN WEE KOON
- 3 Effective date of Commencement of Insurance for the purpose of the Regulations 09/01/2018
- 4 Date of Expiry 08/01/2019
- 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 50 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)

Has Purchased: STANDARD CHARTERED BANK (SINGAPORE) LIMITED

QBE Insurance (Singapore) Pte Ltd

Authorized Signature

Date of Issue: 11/01/2018

Driving License

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8139774J



Name
TAN WEI KOON
(CHEN WEIKUN)

Chinese Name
陈伟坤

Race

CHINESE

Date of Birth
10 12 1981

Sex

M

97128774J

Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Identity Card No. S8139774J

Name
TAN WEI KOON
(CHEN WEIKUN)

Valid Date 10 Dec 1991

Valid Date 10 Jan 2002



S8139774J



Identity Card No. S8139774J

Valid Date

21 05 2012

APT. BLK 31ES FLUREOR WLY NO. 178
SINGAPORE 527315

Identity Card No. S8139774J

Valid Date 21/05/2012

ALL ARE ENTITLED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

Valid Date

Class 2B Motorcycles not exceeding 200 cc
Class 2B Motorcycles not exceeding 200 cc
Class 3 Motor Cars of maximum weight not more than 3000 kg with not more than 7 passengers, 400 kg axle weight, maximum wheelbase 1.800m and other Motor Vehicles of similar weight and maximum 2000 kg

07 Jun 2001
06 Nov 2001
17 Jun 2001

S8139774J

Dr. No. 0000012205

AP 1024

