

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	05/06/2018 16:21
Date Of Accident	04/06/2018 19:35
Exact Location Of Accident	CHANGI RD TWDS GEYLANG SERAI BEFORE JLN UBI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCW788D
Insured/Policyholder	
Name Of Registered Owner	CHIA YOON VIEE
NRIC No	S1588526B
Email Address	MARCUS788@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98800988
Alternative Phone No	OFFICE-98800988

Vehicle Particulars

Manufacturer	BMW
Model	328I
Exact Purpose for which vehicle was being used at time of accident	
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-V0009200-MVA-R003
Cover Note Number	

Driver

Name of Driver	CHIA YOON VIEE
NRIC No	S1588526B
Date Of Birth	11/04/1963
Occupation	INDOOR
Date Of Driving Pass	30/07/1981
Driving Experience	36 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98800988
Fax Number	
Contact Number	OFFICE-98800988
EEmail Address	MARCUS788@GMAIL.COM

Address	63 TAMPINES AVE 1 #15-06
Postcode	529777
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 - CHANGE/CROSS LANE
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?	NO
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

UNKNOWN VEHICLE STOP IN FRONT OF ME WAITING FOR PARKING LOT. I ON MY LEFT SIGNAL AND CHECK TRAFFIC IS CLEAR. I FILTER MY VEHICLE TO LEFT LANE AND PASS STATIONARY PARKING VEHICLE. SUDDENLY, VEHICLE B FROM MY LEFT CUT INTO MY LANE AND HIT MY VEHICLE FRONT LEFT CORNER.

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	SHC731M
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN

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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' 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.:

Driving License

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: **S1588526B**
Name: **CHIA YOON VEE**
Iss. Date: 11 Apr 1983
Exp. Date: 08 Apr 2003

001369344D

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1588526B**



Name
CHIA YOON VEE

謝永蔚

Race
CHINESE

Date of Birth
11-04-1983

Country/Place of Birth
SINGAPORE

Sex
M

S1588526B

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Description	Valid Date
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	30 Jul 1981

42860988

SCW 788D

License No: S1588526B

NP 426A

5927222



NRIC No: **S1588526B**



Date of issue
02 05-2016

Address
**63 TAMPINES AVENUE 4
A15-08
SINGAPORE 529777**

INSURANCE



PRIVATE CAR
POLICY SCHEDULE

Renewal

CHIA YOON VIEE
BLK 63 TAMPINES AVE 1
#15-06
THE TROPICA
SINGAPORE 529777

Policy Number
8-V0009200-MVA-R003

Period of Insurance
04/11/2017 to 03/11/2018
(Both Dates Inclusive)

Account Number
01000803
ASTRA ASSURANCE AGENCIES LLP

This policy is issued/renewed from information you have disclosed. If there are any material changes during the period of this cover, please inform us.

The Insured : CHIA YOON VIEE

Risk Details

Private Motor

Risk No 0001

Business/Occupation	DIRECTOR	Cover	Comprehensive
Sum Insured	Market Value	Registration No.	SCW788D
Make & Model	B.M.W. 328 I	Cubic Capacity	1987
Type of Body	Saloon	Chassis No.	WBA3A52070F254562
Year of Manufacture	2012	Engine No.	A7090143N20B20A
		No Claims Discount	50.00
		Safe Driver Discount	5.00
Excess	SGD 750	Insured/Named Driver	
	1,125	Unnamed Driver	

Other Information

NAMED DRIVER

SEAH MARGARET (S1687584F, 31/07/1964)

M2 EXCESS OWN DAMAGE (NOT APPLICABLE TO YOUNG AND INEXPERIENCED DRIVER EXCESS)
EA162 LOSS OF USE BENEFIT

YOUNG AND INEXPERIENCED DRIVER EXCESS - OWN DAMAGE CLAIMS

EXCESS: \$3,000.00 APPLICABLE TO AUTHORISED DRIVER BELOW 23 YEARS OLD AND/OR WITH LESS THAN 2 YEARS DRIVING EXPERIENCE IN SINGAPORE.

IT IS HEREBY DECLARED AND AGREED THAT NOTWITHSTANDING ANYTHING TO THE CONTRARY CONTAINED IN SECTION I OF THIS POLICY THE INSURED IN RESPECT OF EACH AND EVERY EVENT SHALL BE RESPONSIBLE FOR THE EXCESS SPECIFIED IN THE SCHEDULE.

IF THE EXPENDITURE (INCLUDING PAYMENTS IN RESPECT OF COSTS AND EXPENSES) INCURRED BY THE COMPANY SHALL INCLUDE THE AMOUNT FOR WHICH THE INSURED IS RESPONSIBLE HEREUNDER SUCH AMOUNT SHALL BE REPAYED BY THE INSURED TO THE COMPANY FORTHWITH.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

