

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	08/06/2018 17:30
Date Of Accident	08/06/2018 10:35
Exact Location Of Accident	TOA PAYOH CENTRAL HDB HUB CARPARK BASEMENT 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ8694P
Insured/Policyholder	
Name Of Registered Owner	TAN CHEE WEE (CHEN ZHIWEI)
NRIC No	S7625430C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98764567
Alternative Phone No	OFFICE-98764567
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E250-1.8 CGI (A)
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	8-V0016870-MVA
Cover Note Number	
Driver	
Name of Driver	TAN CHEE WEE (CHEN ZHIWEI)
NRIC No	S7625430C
Date Of Birth	18/08/1976
Occupation	INDOOR
Date Of Driving Pass	26/03/2009
Driving Experience	9 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98764567
Fax Number	
Contact Number	OFFICE-98764567
EMail Address	NOEMAIL

Address	BLOCK 246 COMPASSVALE ROAD #08-648
Postcode	540246
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	COLLIDED INTO PARKED VEHICLE
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Refer to Police Report T/20180608/2108

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	RETRIEVING
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLV2538U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

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:

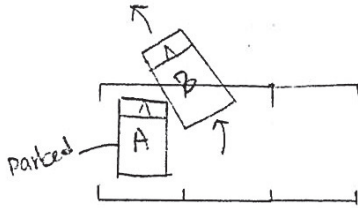
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Caymen
G288646X

SKETCH PLAN

Toa Payoh Central
HDB Hub carpark
Basement 3.



Refer to Police Report T/20180608/P108.

I/We declare the foregoing particulars are true in every respect.

Reporting Centre Personnel's Signature
Name: *Cayman*
NRIC/FIN No.: *198401010000000000*



PRIVATE CAR POLICY SCHEDULE

New Business

TAN CHEE WEE
 BLK 246 COMPASSVALE ROAD
 #08-648
 SINGAPORE 540246

Policy Number 8-V0016870-MVA	Period of Insurance 30/12/2017 to 29/12/2018 (Both Dates Inclusive)	Account Number 03L00071 PANA HARRISON (ASIA) PTE LTD
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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 : TAN CHEE WEE

Risk Details

Private Motor

Risk No 0001

Business/Occupation	DIRECTOR	Cover	Comprehensive
Sum Insured	Market Value	Registration No.	SJZ8694P
Make & Model	MERCEDES BENZ E 250CGI	Cubic Capacity	1796
Type of Body	Saloon	Chassis No.	WDD2120472A367607
Year of Manufacture	2010	Engine No.	27186030173317
		No Claims Discount	50.00
		Safe Driver Discount	5.00
Excess	SGD 600	Insured/Named Driver	
	600	Unnamed Driver	

Other Information

NAMED DRIVER

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ZHU HUA QING (S8171853I, 03/01/1981)

M2 EXCESS OWN DAMAGE CLAIMS
 NIL ON 1ST ACCIDENT ON INSURED/NAMED & UNNAMED DRIVER

M2 EXCESS OWN DAMAGE CLAIMS (NOT APPLICABLE TO YOUNG AND INEXPERIENCED DRIVER EXCESS)
 EA162 LOSS OF USE BENEFIT
 EZ93A YOUNG AND INEXPERIENCED DRIVER EXCESS - ALL CLAIMS (EXCESS : S\$3,500.00)

Clauses Applicable

EJ96 NON-CANCELLATION CLAUSE

THE INSURANCE COMPANY UNDERTAKES TO ADVISE THE INTERESTED PARTY MENTIONED IN THE SCHEDULE PRIOR TO THE CANCELLATION OF THE POLICY IF INSTRUCTIONS HAVE BEEN RECEIVED FOR THE CANCELLATION OF THE POLICY AND ALSO TO ADVISE THE INTERESTED PARTY MENTIONED IN THE SCHEDULE AS SOON AS