#### 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 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.
- 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 ladgement 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.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	16/07/2018 18:48
Date Of Accident	13/07/2018 23:40
Exact Location Of Accident	WORTHING ROAD / KENSINGTON PARK ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKR2680Z
Insured/Policyholder	
Name Of Registered Owner	THIA JIN TENG
NRIC No	S8619264J
Email Address	AUTUMNZ_7@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97699597
Alternative Phone No	OTHERS-97699597
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C180 AVANTGARDE (R17 LED)
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

for repair to your vehicle?

REPORTING ONLY If No. Please state action to be taken Vehicle Category PRIVATE CAR

**Insurance Company** 

QBE INSURANCE (SINGAPORE) PTE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

Fleet Policy

Policy Number 8-V0016391-MVA

Cover Note Number

Driver

Name of Driver THIA YI MING NRIC No S9420782G Date Of Birth 29/05/1994 Occupation **INDOOR Date Of Driving Pass** 07/04/2016

**Driving Experience** 2 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97699597

Fax Number

Contact Number

**EMail Address** YIMINGWHITE@GMAIL.COM Address 12 RIPLEY CRESCENT

Postcode 556190

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SIBLING

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?

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 1

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name SERANGOON GARDENS NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: 51 SERANGOON GARDEN WAY, POSTCODE: 555947,

COUNTRY: SINGAPORE

Police Station Contact **TEL NO**: 1800-2879999 - **FAX NO**: 62815969

Was notice of intended Prosecution given?

If Yes, against whom?

NO

#### **Circumstances of Accident**

PLEASE REFER TO ATTACHED.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SJJ2349K

Vehicle Make/Model/Colour HONDA / CIVIC

**Details Of Properties** 

PRIVATE CAR

Vehicle Category

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

#### 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 factsmay allow insurance companies to repudiate policy liability.
- 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. An Vielse reporting may be referred to the Police for investigation.
- 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.
- 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 un darstand, 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

16/7/18

(ii) for complying with requirements under any regulations, laws or court orders.

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

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DECLARATION

Date & Time:

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

Policyholder's Signature

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

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

### Sketch Plan Pg. 3





Police Station Of Origin: Serangoon Gardens NPP 51 Serangoon Garden Way SINGAPORE 555947 1 of 3 Report No. T/20180714/2090

Tel No: 1800-2879999

### REPORT OF A TRAFFIC ACCIDENT

Date/Time 14/07/2018	•	ade:	Vide Report No.:	Station Diary No.:	
Informant	's Particu	ars			
Name of Ir THIA YI M			Address: 12 RIPLEY CRESCENT SINGAPORE 556190		
ID Type / ID No.: NRIC NO / S9420782G			Contact No.: Home/Office: Mobile: 97699597		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age; 24	Date of Birth: 29/05/1994	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Student			Driving Licence Information: Class: 3	Date of Expiry:	

General Inform	ation of the Accide	ent			
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 13/07/2018 23:3	0.	Type of Location: Straight Road
Location: Along Road 1 KENSINGTON					
<u>leading to Ken</u> Weather:	sington Park Condo	Road Surface:		Roa	d Speed Limit:
Clear		Dry	,	50 K	
Traffic Flow:		Traffic Control:		Traf	fic Volume:
Two Way		Not Controlled	•	Ligh	t
Type of Collision Moving Vehicle	on: e Against - Parked V	ehicle	. 7. 1.04.00700		one conveyed by ulance:

Details of V	ehicle Involve	t				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJJ2349K	Car	HONDA	Civic	Grey	Slightly Damaged	0
SKR2680Z	Car	MERCEDES BENZ	C180	Grey	Slightly Damaged	0

	· · · · · · · · · · · · · · · · · · ·
Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

#### Sketch Plan Pg. 4



Police Station Of Origin: Serangoon Gardens NPP 51 Serangoon Garden Way SINGAPORE 555947

Tel No: 1800-2879999

Report No. T/20180714/2090

2 of 3

### CONTINUATION OF REPORT

Driver						
Name	THIA YI MING			ID No		S9420782G
Related Vehicle	SKR2680Z (Car)			Conta	ct No.	97699597
Hospital/Clinic	NIL	A state and the second of		Class Driving Licent Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discl	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

#### Brief Details.

On 13/07/2018 @2330hrs, I was driving my car (SKR2680Z) and was making a 3-point turn at the junction of Kensington Park Road and Worthing Road just outside the Kensington Park Condominium Guardhouse as I wanted to drive out towards Serangoon Garden Way. While I was making the 3-point turn, the right rear side of my vehicle accidentally hit onto the right rear side body near to the passenger's door of another car (SJJ2349K) which was parked along Worthing Road. I waited for about half an hour for the owner of the vehicle to turn-up but to no avail. I then consulted my insurance company regarding the matter and was advised to lodge a police accident report. As I did not have any details with me at that time. I decided not to wait any longer and left the place. My car right side rear bumper was damaged in the accident.





Police Station Of Origin: Serangoon Gardens NPP 51 Serangoon Garden Way SINGAPORE 555947 Tel No: 1800-2879999 3 of 3 Report No. T/20180714/2090

CONTINUATION OF REPORT

### Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Informant:
-4
Date/Time:
14/07/2018 14:29
Classification Of Case:
154

Fwd: Authorization letter

# Fwd: Authorization letter

\$ Reply all | Delete Junk | ...

Today, 9:23 AM

CDGE Braddell Private Cars Crash Repair Counter 💝

Inbox

SKR2680Z

发自我的 iPhone

以下是转发的邮件:

发件人: Jin Teng < autumnz 7@hotmail.com >

日期: 2018年7月17日 SGT 上午8:35:28

收件人: "QFC.WILLIAM@GMAIL.COM" < QFC.WILLIAM@GMAIL.COM>

主题: Authorization letter

To Whom it may concern:

I, Thia Jin Teng, hereby authorize, my brother, Thia Yi Ming (\$9420782G), as the authorized driver, please note, thank you.

TY INChiyan | .

QBE Insurance (Singapore) Pte Ltd

A member of the worldwide QBE Insurance Grove - Unique Enlity No. 198401363C

† Raffles Quay, #29-10 South Tower, Singapore 048583 Tel: 65-6224 6533 Fax: 65-6533 3270 GST Registration No.: M208544018 www.pbe.com.so



#### Certificate of Insurance

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULE, 1980
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate No. 8-V0016391-MVA

Account Name 1 INSURANCE SG AGENCY

MCI Type MX1

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

SKR2680Z

2 Name of Policyholder THIA JIN TENG

3 Effective date of Commencement of Insurance for the purpose of

19/11/2017 18/11/2018

the Regulations
4 Date of Expiry

- 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.

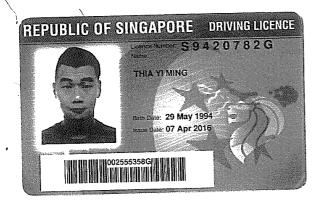
7 Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risk and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia) are not to be included under these headings

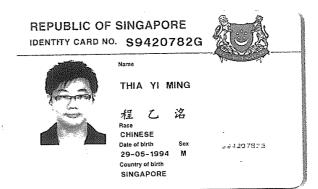
I/WE HEREBY CERTIFY that the Policy to which this certificate relates is issued in accordance with the provisions of the Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act. 1987 (Malaysia)

QBE Insurance (Singapore) Pte Ltd

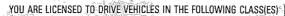
Authorized Signature

Date of Issue: 03/11/2017





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EFFECTIVE DATE

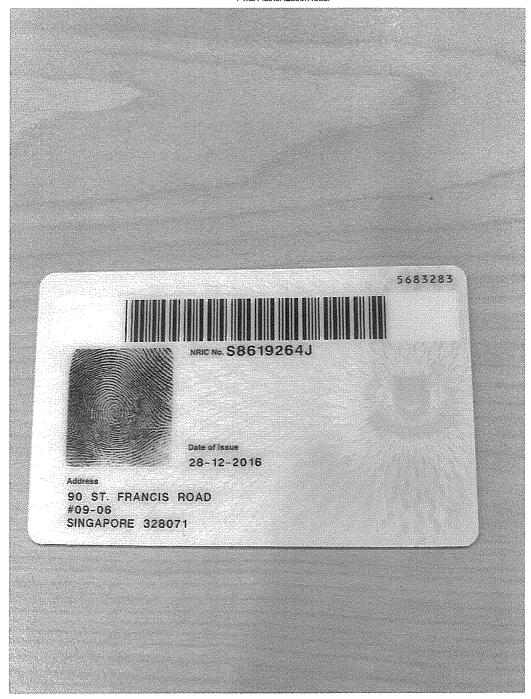
Class 3 Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A





Fwd: Authorization letter



Fwd: Authorization letter





