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 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.	id.	
	New York of the Part of the Pa	ACCIDENT STATEMENT	
	Date Of Report	29/08/2018 09:34	
	Date Of Accident	29/08/2018 07:15	
	Exact Location Of Accident	AFT TPE SLIP RD TO LOYANG AVE	
	Country/State of Loss	SINGAPORE	
		DETAILS OF OWN VEHICLE	
	Vehicle Registration Number	SKC5874R	
)	Insured/Policyholder		
	Name Of Registered Owner	PETER ONG	
	NRIC No	S0034943G	
	Email Address	NOEMAIL	
	Mobile Phone No	(LOCAL) +65-93863274	
	Alternative Phone No	OFFICE-93863274	
	Vehicle Particulars		
	Manufacturer	HYUNDAI	
	Model	ELANTRA-1.6 (A)	
	Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO WORK	
	Are you claiming under your own insurance policy	NO	

for repair to your vehicle?

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 COMPREHENSIVE

Type Of Coverage

Policy Number

Fleet Policy

NO

8-V0017266-MVA

Cover Note Number

Driver

Name of Driver CINDY ONG NRIC No S9302038C Date Of Birth 18/01/1993 Occupation **INDOOR** Date Of Driving Pass 04/10/2013

Driving Experience 4 YEARS AND 10 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-81865472

Fax Number

Contact Number

EMail Address CINDYONG93@GMAIL.COM Address

BLK 167B PUNGGOL EAST #06-401

Postcode

822167

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

CHILDREN

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

ON 29-08-2018 AT ABOUT 0715AM ,I WAS DRIVING MY VEHICLE AND WATING AT THE SLIPD ROAD FOR TRAFFIC CLEARENCE , VEHILCE SKW6322E FROMT BEHIND COLLILED ONTO THE REAR OF MY VEHICLE ,AFTER THE ACCIDENT WE EXCHANGE PARTICULAR FOR INSURANCE CLAIM, AND MY BCK WAS UNEASY NEED TO CONSULT DOCTOR FOR TREATMENT.

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

SKW6322E

Vehicle Make/Model/Colour

TOYOTA HARRIER

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

Contact Number

DU XIANFENG S7885845A

NRIC/Passport Number

98800698

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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- 5 Any false 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
- 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)
 - (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
- (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
- 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
- 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

Policyhology \$Signature Date & Time

Driver's Signature (If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's Signature

NRIC/FIN No

SKETCH PLAN LOYANG AVENOR (Cotroll LILLER DESCRIBE CIRCUMSTANCES OF THE ACCIDENT ON 29-08- DUIS AT MONT OF IS AM, I was TRIVING MY VENTULE AND WATING AT THE SUP ED FOR TRAPPIC CHMINY VEHELL SKN 6322 From BEHT & COLLILLS ONTO THE READ OF MY VEHICLE, APPEN THE ACCUPANT WE Excepted possticulm for Insurance worn, And my from was untok NEED TO CENSULT DUCIER FOR TREATMENT DECLARATION I/We declare the foregoing particulars are true in every respect Cirds

Policyholdese Signature

Date & Time

Driver's Signature

Date & Time:

(if driver is not the policyholder)

Reporting Pentile Personnel's Signature

NRIC/FIN NO

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.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-V0017266-MVA

Account Name I INSURANCE SG AGENCY

MCI Type MX1

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

SKC5874R

2 Name of Policyholder PETER ONG

3 Effective date of Commencement of Insurance for the purpose of

13/03/2018

the Regulations
Date of Expiry

12/03/2019

- 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 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)

Hire Purchase: SING INVESTMENTS & FINANCE LIMITED

Date of Issue: 22/02/2018

QBE Insurance (Singapore) Pte Ltd

Authorized Signature

Enquire Vehicle Registration Details

Owner Particulars

NRIC/Passport/Company Cert No.:

S0034943G

Owner ID Type:

Singapore NRIC

Owner Name:

PETER ONG

Registered Address:

APT BLK 167B PUNGGOL EAST #06-401 SINGAPORE 822167

Mailing Address:

Birth Date:

Vehicle Particulars

Vehicle No.:

SKC5874R

Previous Vehicle No.:

20 Feb 2017

Effective Date of Ownership: Original Regn Date:

13 Sep 2011 13 Sep 2011

Registration Date: Year of Manufacture:

2011

Vehicle Type:

Passenger Motor Car

Vehicle Scheme:

Vehicle Attachment 1: Vehicle Attachment 2: No Attachment

Vehicle Attachment 3:

HYUNDAI

Vehicle Make: Vehicle Model:

ELANTRA 1.6 AT ABS D/AB 2WD 4DR

Primary Colour:

Silver

Secondary Colour: Passenger Capacity:

4

Chassis No.:

KMHDH41CMCU248521

Engine No.:

G4FGBU306662

Engine Capacity / Power Rating: Maximum Power Output:

95.6 kW (128 bhp)

1591 cc/-

Propellant: Max Unladen Weight: Petrol 1267 kg

Maximum Laden Weight:

1680 kg

Open Market Value:

\$13,572.00

PARF Eligibility:

PARF Eligibility Expiry Date:

12 Sep 2021

Minimum PARF Benefit:

\$6,786.00

No. of Transfers:

1124451533

IU Label No.: COE No.:

2011100101000031W

COE Expiry Date:

12 Sep 2021

COE Category:

A - Car (1600cc & below)

A - Car (1600cc & below)

COE Registration Category:

\$51,000.00/-

Quota Premium (QP) / Prevailing Quota Premium:

Actual QP Paid:

\$41,772.00

\$51,000.00

QP (Regn Cat):

No

OPC Cash Rebate Eligibility:

\$51,000.00

QP during COE Bidding Exercise: Additional Registration Fee Rate:

100.00 %

Actual ARF Paid:

\$13,572.00

Vehicle Lifespan Expiry Date:

No Lifespan

CO2 Emission:

CO Emission:

HC Emission:

NOx Emission:

PM Emission:

Message:

To renew the COE, the Prevailing Quota Premium payable is that of Category A.

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OK

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