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 <u>truthful</u> and <u>accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may 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. 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

By the lodgement of this report to the insurers, you aforesaid.	I hereby consent to the archiving of this report at the centre and to copies of the report being made available				
	ACCIDENT STATEMENT				
Date Of Report	12/01/2019 11:37				
Date Of Accident	11/01/2019 19:40				
Exact Location Of Accident	PIE TO KJE AFTER JALAN BAHRU				
Country/State of Loss	SINGAPORE				
	DETAILS OF OWN VEHICLE				
Vehicle Registration Number	SKW4588T				
Insured/Policyholder					
Name Of Registered Owner	TAN EDKIN				
NRIC No	S1554011G				
Email Address	EDKINTAN@GMAIL.COM				
Mobile Phone No	(LOCAL) +65-92715418				
Alternative Phone No	OFFICE-92715418				
Vehicle Particulars					
Manufacturer	SUBARU				
Model	FORESTER-2.0 I-L CVT AWD SR (A)				

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?

THIRD PARTY If No, Please state action to be taken PRIVATE CAR Vehicle Category

Insurance Company

QBE INSURANCE (SINGAPORE) PTE LTD Name of Insurance Company

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number 8-V0019716-MVA

Cover Note Number

Driver

Name of Driver TAN EDKIN NRIC No S1554011G Date Of Birth 12/12/1962 Occupation **INDOOR Date Of Driving Pass** 05/07/1985

Driving Experience 33 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92715418

Fax Number

Contact Number OFFICE-92715418

EMail Address EDKINTAN@GMAIL.COM

BLK 227 CHOA CHU KANG CENTRAL #10-195 Address

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 SIDE SWIPE Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) Passenger 1

NO

2

YES

NAME: : TAN CAVIN

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER] CHOA CHU KANG N.P.C

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACH SKETCH PLAN

Attachment(s)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

XD2875Z

COMMERCIAL VEHICLE Vehicle Category

SHAFIE BIN DIN Name of Driver S1270257D

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 20

No. Of Passenger (Including Driver)

Sketch Plan

STET OF FLAT

BUTCHTANT HOTICE

- Please report <u>correctly</u> the details of the socident to speed up the claims process.
- This Form must be completed by the Foligyholder endor the Authorized Driver.
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- 7. By the lodgement of this report to the insurem, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesald.
- 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/mall 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 GtA to their third party service providers or agents (Including their Iswyers/faw 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 detention, investigation and management in present and all future claims.
- (a) the information so collected under (d) above may be shared / disclosed:
 - (I) to all insureres 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 requirments under any regulations, lews or court orders.

(If ditter is not the solloyholder)

Date & Time

COMFORTOELGRO ENGANEERING PTE LTD EXTERNAL BUSINESS DN, PANDAN DRANCH MANE & SIGNATURE: CA

DESIGNATION

Peporling Centre Personnel's I HRIC/Fin Ilo.: (,) 60 (3)

Sketch Plan #2

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STETCH FLAT	
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
I was trovelling along Pie towar	LE KIE - HILLE - LICH
The very all one was a state	is life on the left most lang.
The vehicle was moving slowly as	there was a traffic accident at
30 meters ahead.	
Suddenly a container truck	trove into the Right side
of my wehicle, causing	scrategies and dent an
the right Side of the	scrategies and dent on
right side mirror.	Car son I was an wind ind ittle
THE STATE OF THE S	
BOBS AND LINE	
PORTANT NOTE	
nder General Condition - Conduct of Claim of the Motor Policy, yo	u have to decide within 24 days of occurrence
discovery of damage whether or not to claim under the policy. Pleas	a check your policy for more information.
ECLARATION	
Ve declare the foregoing pediculars are true in every respect.	COMPOSITED FROM CHARLESTONE NOT 144
\	COMPORTDELIGRO ENGINEERING PTE LTD. EXTERIAL BURNESS THE PARSAN TRANSCH
/\	NAME & SIGNATURE
/// .	DESIGNATIONINTERO
loyogar's Signature Driver's Sisheture	
is (if driver is not the policyholder)	Reporting Centre Parecone La Signature
Date (), Tions	HP10/Fin Ho.: (-163/1721.

CERTIFICATION OF INSURANCE Pg. 1

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



Page 1 of 2

Date of issue 02/10/2018

PRIVATE CAR

POLICY SCHEDULE

New Business

TAN EDKIN BLK 227 CHOA CHU KANG CENTRAL #10-195 SINGAPORE 680227

Policy Number 8-V0019716-MVA

Period of Insurance 30/10/2018 to 29/10/2019

Private Motor

(Both Dates Inclusive)

Account Number 03L00071

PANA HARRISON (ASIA) PTE LTD

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: Risk Details

TAN EDKIN

Risk No 0001 **Business/Occupation** EXECUTIVE Cover Comprehensive Sum Insured Market Value Registration No. SKW4588T Make & Model SUBARU FORESTER 2.0I-L CVT **Cubic Capacity** 1566 Type of Body Stationwagon with Sunroof Chassis No. JF1SJ5KC5FG058723 Year of Manufacture

2015

Engine No.

No Claims Discount 50.00 Safe Driver Discount

Other Information

M2 EXCESS OWN DAMAGE CLAIMS 1ST ACCIDENT: NIL ON THE INSURED / NAMED DRIVER AND UNNAMED DRIVER

2ND ACCIDENT ONWARDS:

S\$1,500.00 ON THE INSURED / NAMED DRIVER AND 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

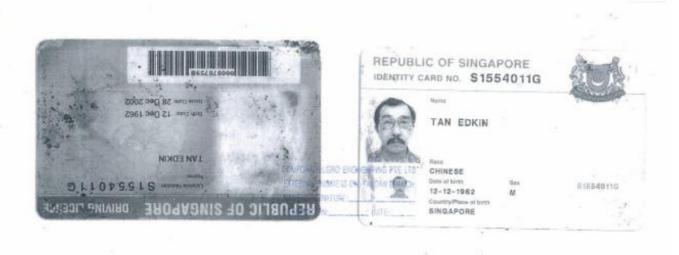
THE INSURANCE COMPANY UNDERTAKES TO ADVISE THE INTERESTED PARTY MENTIONED IN THE SCHEDULE PRIOR TO THE CANCELLATION OF THE POLICY IF INSTRUCTIONS HAVE BEEN RECEIVED FOR THE CANCELLATION OF THE POLICY AND ALSO TO ADVISE THE INTERESTED PARTY MENTIONED IN THE SCHEDULE AS SOON AS POSSIBLE OF ANY OTHER MATERIAL CHANGES WHICH ARE PROPOSED TO BE MADE IN THE TERMS OF THE INSURANCE.

SGPMCS

FB20Y059093

5.00

INSURED ID AND LICENCE





13-12-2017

APT BLK 227-CHOA CHU KANG CENTRAL #10-195 SINGAPORE 680227

POLICE REPORT Pg. 1

CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

	This is to confirm that Table 1			an Edkin			
NRIC/FIN_	S1554011	, has reported	l to the Pol	lice a non-inj	ury ac	cident	
which occur	rred at	PIE toward	s KJE	<u>.</u>			
on <u>11/01</u> vehicles:	<u>/2019</u> at about	1940hrs	am/pm	involving	the	following	
	4588T, Dark Blue 875Z, Container L		ester				
2.	If this accident wa	as reported to	the Police	e within 24 h	rs of it	S	
Occurrence,	, then he/she has co	mplied with	Sec 84(2)	of the Road	Traffic	Act	
Cap 276							
Rank/Name	of Issuing Officer	: <u>Sgt(2</u>	2) T18002:	5 Khairil Rife	di	·	
Date:11	/01/2019	ı		Time:	<u>2105h</u>	<u>rs</u>	
Original Duplicate Version as 15 S		ed to Traffic Pol	ndabo	TFL: I	TU KAN	9G NPC 5T 52 set 9256 9399	

Accident Photo SIDE SIX 45881

