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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

Fax Number Contact Number

EMail Address

- 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 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.

- 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

DAYAH MATALINER SON THE STATE OF	ACCIDENT STATEMENT
Date Of Report	18/03/2019 09:06
Date Of Accident	17/03/2019 13:55
Exact Location Of Accident	BUGIS PLUS CARPARK EXIT INTO MANILA STREET
Country/State of Loss	SINGAPORE
· · · · · · · · · · · · · · · · · · ·	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGX4649T
Insured/Policyholder	
Name Of Registered Owner	LIM BOON KEONG (LIN WENQIANG)
NRIC No	S8020474D
Email Address	BATHORY@SINGNET.COM,SG
Mobile Phone No	(LOCAL) +65-98461392
Alternative Phone No	OTHERS-98461392
Vehicle Particulars	
Manufacturer	SUBARU
Model	FORESTER
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	REPORTING ONLY
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-V0018179-MVA
Cover Note Number	
Driver	
Name of Driver	LIM BOON KEONG (LIN WENQIANG)
NRIC No	S8020474D
Date Of Birth	24/06/1980
Occupation	INDOOR
Date Of Driving Pass	23/06/2003
Driving Experience	15 YEARS AND 8 MONTHS
Gender	MALE

(LOCAL) +65-98461392

BATHORY@SINGNET.COM.SG

OTHERS-98461392

Address

BLK 88 DAWSON ROAD

#41-43

Postcode

142088

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

SALIAE

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

NO

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)

2

Passenger 1

NAME:

: WIFE

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police? If Yes, Please state which Police Station YES

Police Station Name

RIVER VALLEY NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 4 DELTA AVENUE , POSTCODE: 161004 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-2789999 - FAX NO: 62786427

Was notice of Intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190317/2048

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

FBK6846E

Vehicle Make/Model/Colour

BMW S1000RR

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

KWOK KUM WEI

NRIC/Passport Number

S9126500A

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

2

NAME:

GENDER:

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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 liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies;
- Any false reporting may be referred to the Police for investigation.
- 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 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:
 - 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:
 - 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:

eporting Centre Bersonnel's Signatur

NEIC/EIN No - 4

BUGIS DI	US CORPORK EXIT IN	IN MANILA STREET
	NOWILLO STEALET	
	ABI-	BII
	A	- XX
A) SGY 4649	T Cav	CAR STATIONARY
B) FBK 68461	1 0 1	ENJERNICH SINJINNAÀ
ESCRIBE CIRCUMSTANC	ES OF THE ACCIDENT	
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	20	
DECLARATION /We declare the foregoing p	particulars are true in every respect.	2
At	Secretaria de la constante de	18/03/2018
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signatule Name:

(If driver is not the policyholder) Date & Time:

Name: Kaffe Wart 103



- ra 196e



1 of 3

Report No. T/20190317/2048

Police Station Of Origin: River Valley NPP 4 Delta Avenue #01-02 SINGAPORE 161004 Tel No: 1800-2789999

Date/Tim	e Report M 19 14:49		Vide Report No.:	Station Diary No. 22	
informar	it's Particu	lars			
	Informant: ON KEONG		Address: APT BLK 88 DAWSON ROA	AD #41-43 SINGAPORE 142088	
ID Type	A STATE OF THE PARTY OF THE PAR		Contact No.: Home/Office: Mobile: 98161392		
National		-induction:	Email:		
Sex: Male	Age:	Date of Birth: 24/06/1980	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: COORDINATOR		11	Driving Licence Information Class: 2B,3	Date of Expiry:	

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 17/03/2019 13:55	Type of Location Straight Road
	REET arpark exit into Manila	Street Road Surface:	22 N2 N	Road Speed Limit:
Weather: Clear Traffic Flow:	- BI	Dry Traffic Control:	14-4	Traffic Volume. Moderate
Two Way Type of Colli Between Mo	sion; ving Vehicles - Head	Not Controlled To Side	68	Anyone conveyed by ambulance:

	ehicle Involve	THE RESERVE OF THE PARTY OF THE	Model	Color	Condition	No of Passenger
Vehicle No.	Туре	Make	100000000000000000000000000000000000000			4
FBK6846E	Motorcycle	BMW	S1000RR	Black	Slightly Damaged	
SGX4649T	Car .	SUBARU	FORESTER 2.0XT CVT AWD SR	White	Slightly Damaged	1

Details of V	ehicle Insurance	Treatment of the second	1	Fredry Date
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
	The state of the s	V0018179	19/07/2018	18/07/2019
SGX4649T	QBE Insurance (Singapore) Pte Ltd	V0010179	10/0/120.0	1.0.0





Police Station Of Origin: River Valley NPP 4 Delta Avenue #01-02 SINGAPORE 161004 Tel No: 1800-2789999

2 of 3 Report No. T/20190317/2048

15479 (3)

CONTINUATION OF REPORT

Details of Perso	n Involved					
Any Pedestrian I						
No. of Pedestrian			Use of Pe	destriar	Cross	sing: NA
Driver		HE LET SE		DOG U	-	
Name	LIM BOON KEONG			ID No	-	S8020474D
Related Vehicle	NIL			Contact No.		96161392
Hospital/Clinic	NIL			Class Drivin Licent Expire	g	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of			
Driver			AND REAL PROPERTY.	MI TO		
Name	KWOK KUM FEI			ID No		S9126500A
Related Vehicle	NIL			Contact No.		NIL
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

Brief Details.

On the 17/03/2019 at 1354hrs, I was exiting out of Bugis Plus carpark into Manila Street when I met with an accident.

My car (SGX4649T) exited out of the carpark and turned right into Manila Street.

Out of a sudden, a bike (FBK6846E) appeared from the right and we collided.

The front of my car knocked onto the side of the bike.

There was no injuries to all parties and no government property was damaged.

I am lodging this report for insurance claims.





Police Station Of Origin: River Valley NPP 4 Delta Avenue #01-02 SINGAPORE 161004 Tel No: 1800-2789999 3 of 3 Report No. T/20190317/2048

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IGNATURE

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 Officer Recording The Report: E / Sgt 2 KIANG KOK SUAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 17/03/2019 14:49
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151 SN 069	Classification Of Case:
Authentication Stamp NP168	

ACCIDENT STATEMENT

ACCIDENT	DATE: 17 03 10	1 JOD/MM/YYY). TIME:(_13 5	4_)(HH:MM
LOCATION	Manila s			· (HEMM
a)V	AILS OF VEHICLE EHICLE NUMBER:	SGX 46497		\$ 4 4 B
C)P(SURANCE COMPANY:_ DUCY NUMBER:	018179		
f)TYF	OLICY TYPE: (COMPREH AKE & MODEL: Sub- PE:(SALOON / COUPE /	MPV NAN CLOPPY	DX I CVI AWD C	2
h)PU i)ARE	RPOSE OF USING AT AC	CIDENT TIME: P	rivere use	E) .
2., INSU	RED / POLICY HOLDER	PARTY CLAMM/ REP	ORTING ONLYD	
b)NR	IC/FIN/PASSPORT: S DRESS: BIK 88 Day	on Keong Bozoyaya Oson ld #41-4		9846 1392
Clincludina disma a) NA	ME: UM BOON E	erna Shozpatan	(MALE)	1011 1190
CIADI	DRESS: BIK 88 DOW	son Rd # 41-	45 S 140208	1846 1392
1) DATE 4. WAS I IF NO.	TE OF BIRTH: 1 24 / D CUPATION: (INDOOR / C COF DRIVING PASS DRIVER AN EMPLOYEE RELATIONSHIP OF TI	OF THE INSURED	'S COMPANY?	(ES/100)
bIROA	D SURFACE: (DRY)/ WE	/ OTHERS	HERS	
/. d)REPC	NYBODY INJURED (YES) PRIED TO POLICE (YES) PLEASE STATE WHICH	NOI '	34	ti e
the of passenger a) VE Induding driver) b) DR	HICLE NUMBER: FBK IVER'S NAME: KWOK	684PE	MODEL: BMW	21000EK
9. THIRD P	ARTY VEHICLE	S9126500A	CONTACT:	
Including driver of NRI	HICLE NUMBER: VER'S NAME:		AODEL:	
() NRI	C/FIN/PASSPORT:		CONTACT:	
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email = bathory@ sign cingnet com: sg

REPUBLIC OF SINGAPORE IDENTITY CARD NO. -S8020474D



Name

LIM BOON KEONG (LIN WENGIANG)

林 X

強

CHINESE

24-06-1980 M

SINGAPORE



1592373



S8020474D

25-06-2010 APT BLK 88 DAWSON ROAD #41-43

SINGAPORE 142088

\$80204740 NRIC No.

29/01/2016

ELICENSED TO VEHICLES II. THE FOOWING CLASS !

BACS DATE

Class 28 Meturcycles not exceeding 200 cc Class 3 Metur Carn and Meter Tractices the height of

26 Aug 1999 27 Jun 2009

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Courses No. Stock4740

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QBE Insurance (Singapore) Pte Ltd

A member of the worldwide QBE Insurance Group - Unique Entity No. 198401353C

1 Raffles Quay, #29-10 South Tower, Singapore 048583 Tel: 65-5224 6633 Fax: 65-6533 3270 GST Registration No.: M200644018 www.qbe.com.sq



Page 1 of 1

Date 22/06/2018

TAX INVOICE

Name and Address of the Payor LIM BOON KEONG JOE BLK 88 DAWSON ROAD #41-43 SINGAPORE 142088

Policy Number 8-V0018179-MVA

Period of Insurance 19/07/2018 to 18/07/2019 (Both Dates Inclusive)

SRIGINAL

Account Number 01000769 LCH LOCKTON PTE. LTD

Premium Information Premium GST @ 7.00 % Total Due

SGD 862.80 60.40 923.20

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Important Notice

- All information must be completed to avoid any delay in payment processing.
- Please do not submit twice to avoid double deductions.

Cheque/Bank Draft Enclosed

Any cancellation will be refunded to <u>POLICY HOLDER</u>only.

Account number 01000769 Policy number 8-V0018179-MVA Invoice date 22/06/2018

Total Due 923.20

For cheque payment, cheque should be crossed and made payable to "QBE Insurance (Singapore) Pte Ltd" Please mail to the above address.

Credit Card payment is ONLY APPLICABLE TO PERSONAL LINES.

Card Holder's Name:

Card Number:

Expiry Date: (MM/YY)

State relationship to policy holder if cardholder is not the insured:

SGPCZC