

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 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 aforesaid.

ACCIDENT STATEMENT

Date Of Report	02/04/2019 14:13
Date Of Accident	01/04/2019 16:30
Exact Location Of Accident	SERVICE ROAD OF CTE TOWARDS CTE CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCX6Y
Insured/Policyholder	
Name Of Registered Owner	CHUA KUAN HAI
NRIC No.	S1727540B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97356666
Alternative Phone No	OTHERS-97356666
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E200
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-V000283-MVA-R009
Cover Note Number	
Driver	
Name of Driver	CHUA KUAN HAI
NRIC No	S1727540B
Date Of Birth	01/01/1946
Occupation	INDOOR
Date Of Driving Pass	22/02/1967
Driving Experience	52 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97356666
Fax Number	
Contact Number	OTHERS-97356666
EMail Address	NOEMAIL

Address	24 LENTOR LOOP
Postcode	789081
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	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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
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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF6161Z
Vehicle Make/Model/Colour	TOYOTA HIACE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SBY33A
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Vehicle Make/Model/Colour	NISSAN X TRAIL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JEAN
NRIC/Passport Number	
Contact Number	94740669
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.:

SKETCH PLAN

CTE towards city ←

- (A) SCX 6Y
- (B) GBR 6161Z
- (C) SBY 33A

service road of CTE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 01/04/19 @ about 4.30pm, It was raining at that point of time. The car ahead of me slow down and stopped. I too stopped in time and I had safe keeping distance with the front car. when suddenly, I felt an impact on my stationary vehicle and the strong impact cause my vehicle to surge forward and hit the onto the vehicle in front.

DECLARATION

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

[Signature]
 Policyholder's Signature
 Date & Time:

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

[Signature]
 Reporting Centre Personnel's Signature
 Name:
 NRIC/PII No.:

Date of Accident : 01/04/19 Accident Time: 4.30pm (24-HR-FORMAT)
 Accident Place : service Road of CTE towards CTE city
 Vehicle Reg. No (Car plate No.) : SCX 6Y
 Vehicle Make/Model : mercedes E200
 Insurance Company : _____ Policy No. _____
 Owner or Company Names /IC NO: chua kuan Hai /51727540B.
 Owner or Company Contact No. : 9735 6666 Owner's HP _____ Company Tel _____
 DRIVER'S Name & IC no. : chua kuan Hai /51727540B
 DRIVER'S Date of Birth : 01/01/1976 DRIVER'S License Pass Date 22 Feb 1967
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner
 DRIVER'S Address : 24 lenter loop (S)
 DRIVER'S Contact No./ Alt No. : 1) 9735 6666 2) _____
 DRIVER'S Occupation : INDOOR OUTDOOR (eg. working inside or outside of an ofc) self employed
 Email Address : _____
 Weather & Road Surface : CLEAR & DRY RAINING & WET AFTER RAIN & WET
 Reporting Type : Reporting Only Claim Other Party \ Claim Own Ins
 Number of Passengers (including Driver): 1

Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

(A)
 Vehicle Reg No: GBF 6161Z
 Vehicle Make/Model: Toyota Grace
 Name DRIVER: _____
 IC No. DRIVER: _____
 DRIVER'S Contact & add: _____

(C)
 Vehicle Reg No: SBY 33A
 Vehicle Make/Model: Nissan X-trail
 Name DRIVER: Jean
 IC NO. DRIVER: _____
 DRIVER'S Contact & add: 94740689

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1727540B



Name

CHUA KUAN HAI

蔡浚凱

Race

CHINESE

Date of Birth

1946

Sex

M

Country of Birth

CHINA

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S1727540B

Name

CHUA KUAN HAI



Birth Date 1946

Issue Date 12 Mar 2003



0002846248

272705



NRIC No. S1727540B



Report Group Date of issue

Ax 01-11-1995

11 LENTOR LOOP SINGAPORE 789081

NRIC No. S1727540B

Date 03-01-2003

NIC 4348880

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	22 Feb 1967



License No- S1727540B

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-V0002803-MVA-R009** Account Name **QBE-DIRECT ACCOUNT** MCI Type **MX1**

- 1 Index Mark and Registration Number of Vehicle or Chassis No: **SCX6Y**
- 2 Name of Policyholder **CHUA KUAN HAI**
- 3 Effective date of Commencement of Insurance for the purpose of the Regulations **20/12/2018**
- 4 Date of Expiry **19/12/2019**

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)

QBE Insurance (Singapore) Pte Ltd

A handwritten signature in black ink, appearing to be a stylized name, positioned above the text "Authorized Signature".

Authorized Signature

Date of Issue: 05/11/2018



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 - 17:00
 UEN: S665500200 / GST Reg. No: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MWA415042741 Vehicle Registration No: 9UX64

Name (as shown in NRIC) : Chen Kian Han NRIC/FIN/Passport No : S1727560B

(*Vehicle Driver / Vehicle Owner) (* Please delete as appropriate)

Address : _____ Singapore ()

Contact (Tel) : _____ Mobile No. : 97356666

Email Address : _____

Date of Accident : 01/04/2019 Time of Accident : 16:30

Place of Accident : Service Road of CTR Towards CTR City

Insurance Company : _____

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Policyholder / Driver's Signature
 Date:

Chen Kian Han
 Reporting Centre Personnel's Signature
 Name: Reshwan
 NRIC/FIN No.:
 Date: