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Owner / Drivers (IN CASA	Tel:		
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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 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

THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	ACCIDENT STATEMENT
Date Of Report	
Date Of Accident	08/04/2019 17:44
1000014111411411141111	03/04/2019 12:30
Exact Location Of Accident	BENDEMEER FOOD CENTRE OPEN CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGZ736R
Insured/Policyholder	
Name Of Registered Owner	KOH YONG CHANG
NRIC No	S0386752H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96700016
Alternative Phone No	OTHERS-96700016
Vehicle Particulars	
Manufacturer	HONDA
Model	ODESSEY
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?	YES
If No, Please state action to be taken	
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-V0011263-MVA-R003
Cover Note Number	PARTICIPATION OF COURSE CONTRACTOR
Deliver	

Driver

Name of Driver KOH YONG CHANG

NRIC No S0386752H Date Of Birth 01/01/1943 Occupation INDOOR Date Of Driving Pass 15/12/1960

Driving Experience 58 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96700016

Fax Number

Contact Number OTHERS-96700016

EMail Address NOEMAIL Address

BLK 666 YISHUN AVENUE 4

#07-159

Postcode

760666

If No, Relationship of the Driver with the Insured

Was driver an employee of the Insured's Company NO OWNER

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?

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.

NO

Number of Passengers (Including Driver)

Passenger 1

NAME:

: MRS TAN AH KENG

GENDER:

: FEMALE

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

YP8598J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 16

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 1. 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.
- 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 flability on the part of the insurance companies.
- 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)

l 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 "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
- 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.

Policyholder's Signature

Date & Time:

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Name

NRIC/FIN No.

BEHIDSOMULAR FOOD GENNER	CARL CARPI	ARK_
→ / ₀	B >	Car A 592786R Car B: YP85985
	7	was and

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

 on 03/04/19 at about 1230pm 1 was
driving my car (867 7368) inside
Bendemeer Market & Food centre open
carpart while overtaking a stationary
Lorry I accidentally graze onto the lorry's tailgate.
lorry's tailgate.
I wich to mention that the lorry
did not sustain much damage
and agrees not to report.
I am making this report to
claim my insuvance.

DECLARATION

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

Policyholder's Signature Date & Time:

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

Date & Time:

Reporting Centre Personnal's

NRIC/FIN No.:

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S0386752H





KOH YONG CHANG

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/flav

Email: sm@idac.com.sg Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 03/04/19 (dd/mi	m/yy) Time of Accident: 12 30 (24-HR-FORMAT)
Vehicle No.: SAZ 736 K Veh	icle Make & Model Honda Odyssey.
	uneer Food centre open carpairt.
Policyholder's Name / IC No. : 100	KOH YOWN CHANET 80386752/H.
Driver's Name / IC No. : Mv	KOH YOND CHANTI (As Above)
Driver's Contact No. : 967 000 16	Company Contact No:
Driver's Address: Bill 666 Yes	shun Avo 4 #07-189 \$760666.
Insurance Company: QBC	Email address (if any):
Relationship between Owner & Driver:	or Others specify:
What do you wish to claim? (Please TI	CK one only)
Own Insurance / Other Vehicle (7	The one you want to claim against) / Reporting (For Record Purpose)
Exact purpose for which the vehicle Was being used at time of accident?	Occupation (nature of job) Indoor/ Outdoor
Private use / Work purpose	No. of Passengers (Including Driver): \$\psi \cdot 2 \tag{2}
Passenger Name: MCC Tan Ah Passenger Name:	- AV
Weather condition & Road conditions?	(On the day of accident)
Clear & Dry / Raining & Wet /	After-Rain & Wet / Drizzling & Wet / Others:
Was there any video captured by your C	ar Camera? Yes / No
Any Injuries: Yes/No (If Y)	ES) Injured Person' Name:
	Injured Person in Which Vehicle:
Police Report filed: Yes / No	(If YES) Which Police Station:
	The Other Party(s) Details:
Driver's Name / IC No:	Vehicle No: YP 8598 J
Driver's Contact No:	Insurance Company (If any):
2. Driver's Name / IC No:	Vehicle No:
Driver's Contact No:	Insurance Company (If any):
*Independent Witness (If Any):	Contact No:
Preferred Workshop Name: One	Flexi Pte Ital Contact No: 8686 2266.
*If no proper documents are produced, IDAC should	a not file the report. Information will be discarded after one week.

0332036



BCN S0386752H



NRIC No.

-02-05-1992

18-12-1485 Dete:

No: 1854344

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

PASSDATE

05 May 1964 05 May 1964 05 May 1964 15 Dec 1960

Class 28 Motorcycles not exceeding 200 cc
Class 2A Motorcycles between 201 cc and 400 cc
Class 2 Motorcycles exbeeding 400 cc
Class 3 Motor Cars and Motor Tractors the weight of
which unleden does not exceed 2500 kilograms

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



Page 1 of 2

Date of issue 25/07/2018

PRIVATE CAR

POLICY SCHEDULE

Renewal

KOH YONG CHANG BLK 666 YISHUN AVENUE 4 #07-159 SINGAPORE 760666 760666

Policy Number 8-V0011263-MVA-R003

Period of Insurance 26/08/2018 to 25/08/2019

(Both Dates Inclusive)

Account Number 05L01841

ONG AH HOCK DAVID

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:

KOH YONG CHANG

Risk Details

Private Motor

Risk No 0001

Sum Insured

Comprehensive

Make & Model

Market Value

Registration No.

SGZ736R

2356

Type of Body

HONDA ODYSSEY 2.4

Cubic Capacity

DC4000FC00000

Stationwagon/Wagon

Chassis No.

JHMRC1880EC202225

Year of Manufacture

2014 Engine No.

Cover

K24W71001163

No Claims Discount Safe Driver Discount

Inexperience Driver-All Claims

50.00

Excess

SGD

1,000 1,500 3,500 Insured/Named Driver Unnamed Driver

Additional Benefits

WAIVER FOR FRANCHISE WORKSHOP NCD PROTECTOR 5% SAFE DRIVING DISCOUNT Limit in SGD

Other Information

M2 EXCESS OWN DAMAGE (NOT APPLICABLE TO YOUNG AND INEXPERIENCED DRIVER EXCESS) EZ93A YOUNG AND INEXPERIENCED DRIVER EXCESS - ALL CLAIMS

Clauses Applicable

EA153 PRIVATE CAR - WAIVER OF ADDITIONAL EXCESS \$\$750/- FOR VEHICLE UNDER ORIGINAL WARRANTY

It is noted and agreed item 6 of the Approved Reporting Centres and Authorised Motor Workshops is not applicable to this Policy.

EJ59 NCD PROTECTOR CLAUSE

This cover entitles you to preserve your 50% NCD after a first claim. If two claims are made, the 50%