

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	08/04/2019 17:44
Date Of Accident	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	

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
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	COLLIDED INTO PARKED VEHICLE
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
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: : 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	

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:



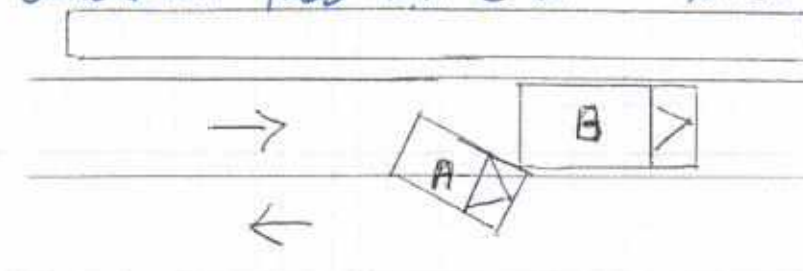
Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name: Reshwan
NRIC/FIN No.: 9804/2018

SKETCH PLAN

BENDOMEER FOOD CENTRE CARPARK



Car A: 84Z736R
Car B: YP8598J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 03/04/19 at about 1230pm I was driving my car (84Z736R) inside Bendomeer Market & Food centre open carpark. while overtaking a stationary lorry, I accidentally graze onto the lorry's tailgate. I wish to mention that the lorry did not sustain much damage and agrees not to report. I am making this report to claim my insurance.

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:

03/04/2019
Name:
NRIC/FIN No.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0386752H



Name

KOH YONG CHANG



許恭田

Race

CHINESE

Date of Birth

1943

Country of Birth

INDONESIA

Sex

M

S0386752H

REPUBLIC OF SINGAPORE DRIVING LICENCE

Identity Card No. S0386752H

KOH YONG CHANG



Date of Birth

1943

Issue Date 13 Mar 2003



000288350K

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/mm/yy) Time of Accident: 12:30 (24-HR-FORMAT)
Vehicle No.: SGZ 736K Vehicle Make & Model: Honda odyssey
Exact location of Accident: Bendemeer Food centre open carpark
Policyholder's Name / IC No.: Mr KOH YONG CHAN 80386752/H
Driver's Name / IC No.: Mr KOH YONG CHAN (As Above) ☐
Driver's Contact No.: 96700016 Company Contact No.: _____
Driver's Address: Blk 666 Yishun Ave 4 #07-159 S760666
Insurance Company: QBE Email address (if any): _____

Relationship between Owner & Driver:

or Others specify: _____

What do you wish to claim? (Please TICK one only)

☒ Own Insurance / ☐ Other Vehicle (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): 02

Passenger Name: Mrs Tan Ah Kong

Gender: F

Passenger Name: _____

Gender: _____

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 Car Camera? ☐ Yes / ☒ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No.: _____ Vehicle No: YP 8598J

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 Pre Ltd Contact No: 8686 2266

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

0332036



NRIC No: S0386752H

NRIC Group: A+ Date of issue: 02-05-1992

APT BLK 555 YISHUN AVENUE 4 #07-153

SINGAPORE 760806

88186752H

18-12-1995

NRIC No:

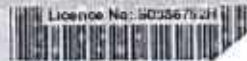
Date:

No: 1854344

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

PASS DATE

Class 2B	Motorcycles not exceeding 200 cc	05 May 1964
Class 2A	Motorcycles between 201 cc and 400 cc	05 May 1964
Class 2	Motorcycles exceeding 400 cc	05 May 1964
Class 3	Motor Cars and Motor Tractors (the weight of which unladen does not exceed 2500 kilograms)	15 Dec 1960



Licence No: S0386752H

NP 429A

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



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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	Market Value	Cover	Comprehensive
Make & Model	HONDA ODYSSEY 2.4	Registration No.	SGZ736R
Type of Body	Stationwagon/Wagon	Cubic Capacity	2356
Year of Manufacture	2014	Chassis No.	JHMRC1880EC202225
		Engine No.	K24W71001163
		No Claims Discount	50.00
		Safe Driver Discount	0.00
Excess	SGD	Insured/Named Driver	
	1,000	Unnamed Driver	
	1,500	Inexperience Driver-All Claims	
	3,500		

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 S\$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%

SGPXADO