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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 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             | 02/05/2019 11:35                                |
| Date Of Accident           | 01/05/2019 16:00                                |
| Exact Location Of Accident | JUNCTION OF JALAN BUKIT MERAH TOWARDS QUEENSWAY |
| Country/State of Loss      | SINGAPORE                                       |

### DETAILS OF OWN VEHICLE

|                             |                       |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SJQ1633J              |
| <b>Insured/Policyholder</b> |                       |
| Name Of Registered Owner    | MARK WENG KWAI        |
| NRIC No                     | S1771187C             |
| Email Address               | MARKWK@SINGNET.COM.SG |
| Mobile Phone No             | (LOCAL) +65-97598461  |
| Alternative Phone No        | OTHERS-97598461       |

### Vehicle Particulars

|  |                  |
|--|------------------|
| Manufacturer   | CITROEN          |
| Model  | GRAND C4 PICASSO |
| 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-V0017261-MVA-R001               |
| Cover Note Number         |                                   |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | MARK WENG KWAI        |
| NRIC No              | S1771187C             |
| Date Of Birth        | 27/12/1966            |
| Occupation           | INDOOR                |
| Date Of Driving Pass | 24/09/1987            |
| Driving Experience   | 31 YEARS AND 7 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-97598461  |
| Fax Number           |                       |
| Contact Number       | OTHERS-97598461       |
| Email Address        | MARKWK@SINGNET.COM.SG |

|   |                            |
|---|----------------------------|
| Address   | 12 STIRLING ROAD<br>#38-11 |
| Postcode  | 148955                     |
| 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   | COLLISION - HEAD TO REAR |
| 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: : WIFE<br>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 | YP2645X            |
| Vehicle Make/Model/Colour   | MITSUBISHI         |
| Details Of Properties       |                    |
| Vehicle Category            | COMMERCIAL VEHICLE |
| Name of Driver              | AH PIN             |
| NRIC/Passport Number        |                    |
| Contact Number              | 96255288           |
| Address                     |                    |
| Postcode                    |                    |
| Insurance Company Name      |                    |
| Nature Of Damage            |                    |

No. Of Passenger (Including Driver)



## SKETCH PLAN

### 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**.
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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. 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)**

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: 2/5/19 11:25 am

Driver's Signature

(If driver is not the policyholder)

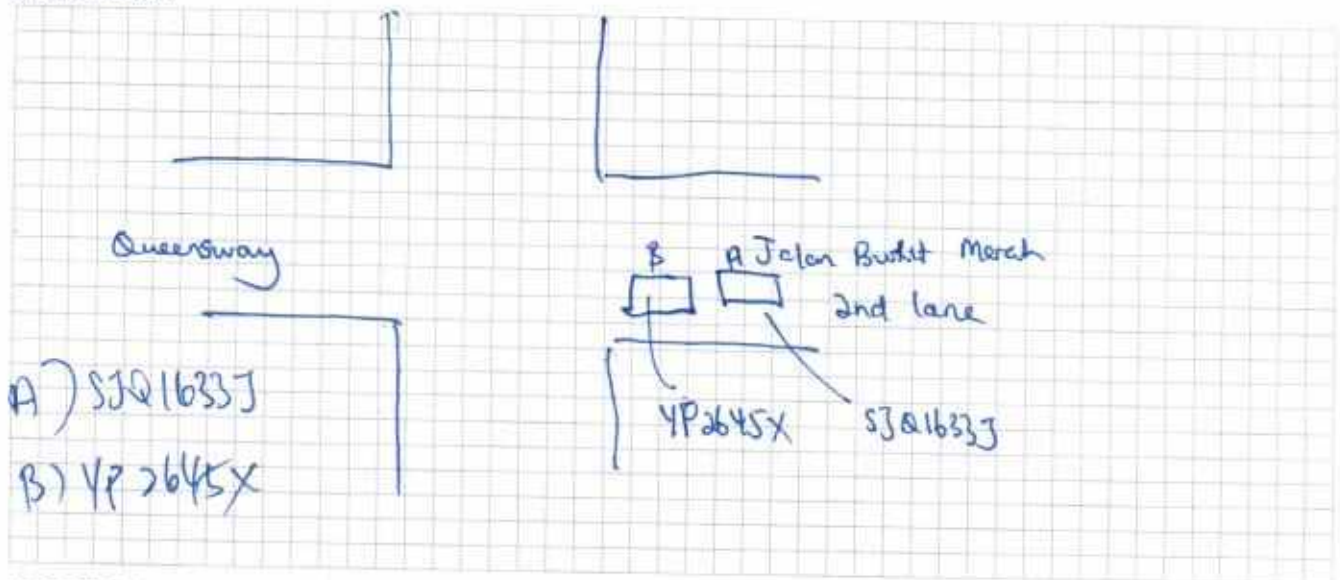
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At around 4 pm on 1 May 2019, I stopped my car at the traffic junction at Jalan Merah in the direction of Queensway. When the traffic light turned green, the lorry in front of me (vehicle no. YP2645X) moved off and I followed as well. However, the lorry stopped suddenly and I could not braked in time and my vehicle banged into the back of the lorry. The front of my car is badly damaged while the other vehicle only has slight damage to the reinforcement bar and the signal light on the right.

## DECLARATION

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

*[Signature]*

Policyholder's Signature  
Date & Time: 2/5/19 11:25 am

*Mark Weng Kwai*

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

*[Signature]* 02/05/2019  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



## ACCIDENT STATEMENT

ACCIDENT DATE: (01 / 05 / 2019) (DD/MM/YYYY), TIME: (16 :00) (HH:MM)

LOCATION: Junction of Jalan Bukit Merah towards Queensway

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJA1633J  
b) INSURANCE COMPANY: QBE Insurance (Singapore) Pte Ltd  
c) POLICY NUMBER: 8-V0017261-MVA-R001  
d) POLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE & THEFT  
e) MAKE & MODEL: Citroen Grand C4 Picasso  
f) TYPE: (SALOON / COUPE (MPV) / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE) COMMERCIAL / MOTORCYCLE  
h) PURPOSE OF USING AT ACCIDENT TIME: Private use  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES / NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- A) NAME: Mark Weng Kwai (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S1771187C CONTACT: 97598461  
c) ADDRESS: 12 Stirling Road #38-11 Singapore 148955

WIFE

\* No of passengers  
(Including driver)  
(2)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: DR #1504/R (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: (27 / 12 / 1966) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR) OUTDOOR

f) DATE OF DRIVING PASS 24/09/1987

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner

5. a) WEATHER CONDITION: (CLEAR) RAINING / OTHERS \_\_\_\_\_

b) ROAD SURFACE: (DRY / WET / OTHERS \_\_\_\_\_)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: YP2645X MODEL: Mitsubishi  
b) DRIVER'S NAME: Ab Pin  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 9625 5288

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
(Including driver)  
(1)

\* No of passenger  
(Including driver)  
( )

Email = markwk@singnet.com.sg  
VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1771187C



Name  
**MARK WENG KWAI**  
**莫 荣 贵**

Race  
**CHINESE**


Date of Birth  
**27-12-1966**

Country of Birth  
**SINGAPORE**

Sex  
**M**

0231314

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: **S1771187C**

Name  
**MARK WENG KWAI**

Birth Date: **27 Dec 1966**

Issue Date: **23 Jul 2004**

001263565C

0231314



NRIC No: **S1771187C**



Blood Group: **O+** Date of issue: **18-01-1992**

12 STIRLING ROAD #38-11  
SINGAPORE 148955


NRIC No: S1771187C Date: 21/02/2011 (R) No: 6602240

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

| CLASS   | PASS DATE   |
|---|-------------|
| Class 3<br>Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg | 24 Sep 1967 |

NP 428A

Licence No: S1771187C





# 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-V0017261-MVA-R001

Account Name **PANA HARRISON (ASIA) PTE LTD**

MCI Type **MX1**

1 Index Mark and Registration Number of Vehicle or Chassis No: **SJQ1633J**

2 Name of Policyholder **Mark, Weng Kwai**

3 Effective date of Commencement of Insurance for the purpose of the Regulations **05/03/2019**

4 Date of Expiry **04/03/2020**

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

Date of Issue: 26/02/2019

  
Authorized Signature