

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	08/05/2019 15:40
Date Of Accident	07/05/2019 11:10
Exact Location Of Accident	NO 5 TUKANG INNOVATION GROVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL3363C
Insured/Policyholder	
Name Of Registered Owner	LEE BUAN TIANG
NRIC No	S1779214H
Email Address	KEITH.LEE@HYDAC.COM.SG
Mobile Phone No	(LOCAL) +65-98461293
Alternative Phone No	OFFICE-98461293

Vehicle Particulars

Manufacturer	SUBARU
Model	FORESTER-2.0 I (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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-V0021292-MVA
Cover Note Number	

Driver

Name of Driver	LEE BUAN TIANG
NRIC No	S1779214H
Date Of Birth	04/10/1966
Occupation	INDOOR
Date Of Driving Pass	14/02/1990
Driving Experience	29 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98461293
Fax Number	
Contact Number	OFFICE-98461293
Email Address	KEITH.LEE@HYDAC.COM.SG

Address	BLK 86 DAWSON ROAD #12-01
Postcode	141086
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)	3
Passenger 1	NAME: : COLLEAGUE GENDER: : MALE
Passenger 2	NAME: : COLLEAGUE GENDER: : MALE

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

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	GX3419Y
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ROSU IBRAHIM
NRIC/Passport Number	
Contact Number	94576810
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

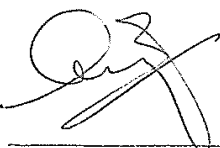
SKETCH PLAN

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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

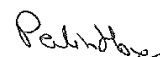
Date & Time:

8/5/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:



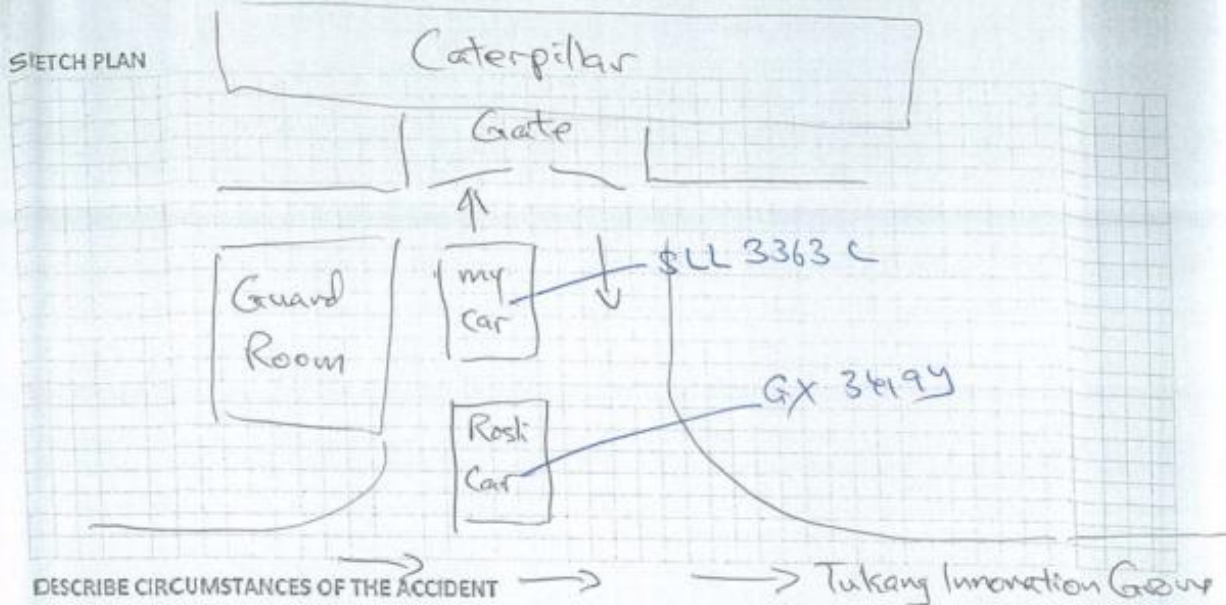
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Tukang Innovation Grove

Location: At the pass changing office (Gate) of Caterpillar, No 5, ~~Sitau~~ Tukang Innovation Grove (618304).

While waiting for colleague to change pass, I accidentally reversed and knock the vehicle behind GX 3419Y, drove by Mr Rosli Ibrahim.

At site, I saw Rosli's bumper dislodged. (see photo).

DECLARATION

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



Policyholder's Signature
Date & Time: 8/5/2019

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


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

QBE Insurance (Singapore) Pte Ltd

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



Page 1 of 2

Date of issue 29/01/2019

**PRIVATE CAR
POLICY SCHEDULE**

New Business

LEE BUAN TIANG
BLK 86 DAWSON ROAD
12-01
SINGAPORE 141086

Policy Number
8-V0021292-MVA

Period of Insurance
22/02/2019 to 21/02/2020
(Both Dates Inclusive)

Account Number
03L00071
PANA HARRISON (ASIA) PTE LTD

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 : LEE BUAN TIANG

Risk Details

Private Motor

Risk No 0001

Business/Occupation

EXECUTIVE

Cover

Comprehensive

Sum Insured

Market Value

Registration No.

SLL3363C

Make & Model

SUBARU FORESTER 2.0i

Cubic Capacity

1995

Type of Body

Stationwagon with Sunroof

Chassis No.

JF1SJ5KC5GG083136

Year of Manufacture

2016

Engine No.

FB20Y533269

No Claims Discount

50.00

Safe Driver Discount

5.00

Other Information

NAMED DRIVER

=====

CHIN SIEW LEE (S7805722Z, 04/03/1978)

M2 EXCESS OWN DAMAGE CLAIMS

1ST ACCIDENT:

NIL ON INSURED/NAMED DRIVER AND UNNAMED DRIVER

2ND ACCIDENT ONWARDS:

S\$1,500.00 ON INSURED/NAMED DRIVER AND UNNAMED DRIVER

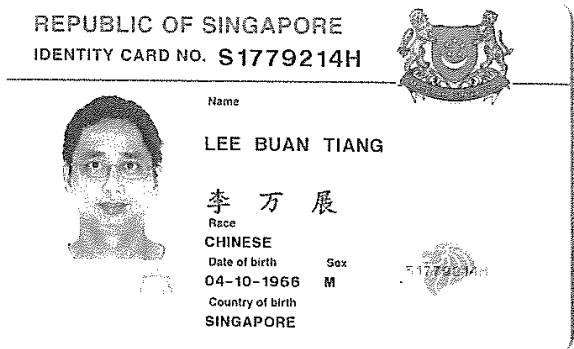
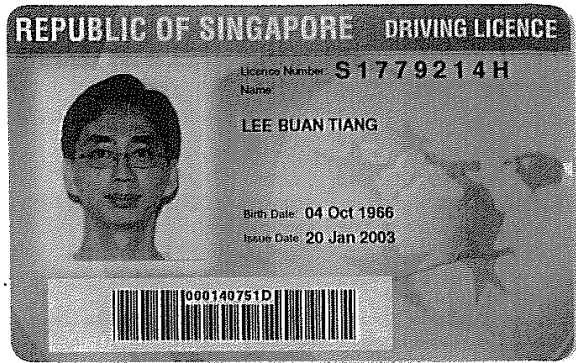
M2 EXCESS OWN DAMAGE CLAIMS (NOT APPLICABLE TO YOUNG AND INEXPERIENCED DRIVER EXCESS)

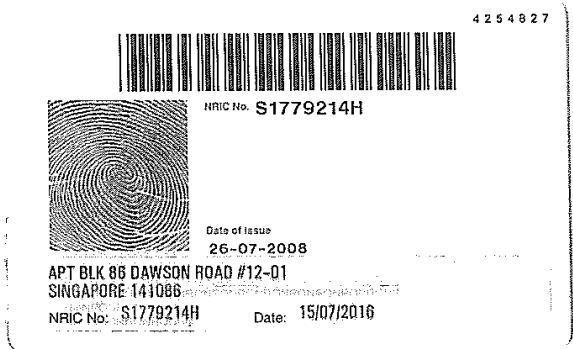
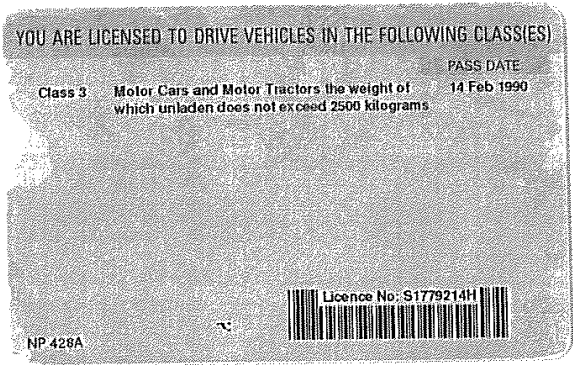
EA162 LOSS OF USE BENEFIT

EZ93A YOUNG AND INEXPERIENCED DRIVER EXCESS - ALL CLAIMS (EXCESS : S\$3,500.00)

Clauses Applicable

EJ96 NON-CANCELLATION CLAUSE





Accident Photo



Accident Photo



Accident Photo



TP Damaged Photo



TP Damaged Photo

