

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	28/06/2019 08:38
Date Of Accident	26/06/2019 19:10
Exact Location Of Accident	JURONG GATEWAY ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX8809A
Insured/Policyholder	
Name Of Registered Owner	LAU MAU ON
NRIC No	S2632163H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94550418
Alternative Phone No	OTHERS-90291521

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	
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-V0014380-MVA-R002
Cover Note Number	

Driver

Name of Driver	GOH POH HONG
NRIC No	S1671225F
Date Of Birth	18/05/1964
Occupation	INDOOR
Date Of Driving Pass	26/03/2007
Driving Experience	12 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90291521
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK680 CHOA CHU KANG CRESCENT #10-558
Postcode	680680
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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: : BERNARD LIM 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)

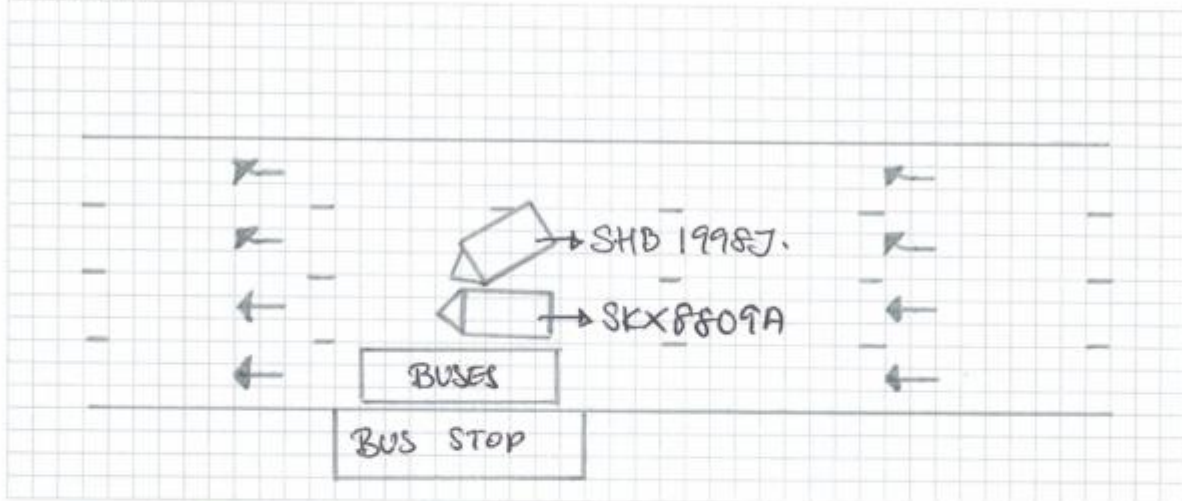
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB1998J
Vehicle Make/Model/Colour	TOYOTA PRIUS
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHUA PANG SENG
NRIC/Passport Number	S1369225D
Contact Number	91236627
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving on the left most lane along Jurong Gateway Road. Upon checking my side and rear view mirror. I filtered out to the second lane when out of the blue, a SMRT Toyota Prius came from my right and mounted my front right.

As seen in the video provided, you can see that the lane behind was clear, with another car filtering out as well, when the taxi suddenly turned into the lane, causing the accident.

• please refer to videos (front and back camera views) for better understanding

DECLARATION

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

Policyholder's Signature

Date & Time:

GIARMC SketchPlan-Form 4.1

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

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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:

28/6/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1671225F



Name
GOH POH HONG

Race
CHINESE

Date of Birth
18-05-1964

Sex
F

Country of Birth
SINGAPORE

S1671225F

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number
S1671225F

Name
GOH POH HONG

Birth Date
18 May 1964

Issue Date
14 Mar 2013




002782770G

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2632163H



Name
LAU MAU ON

劉茂安

Race
CHINESE

Date of birth
05-11-1958

Sex
M

Country of birth
HONG KONG

S2632163H

0 1 4 9 5 6 0



NRIC No. **S1671225F**



Blood Group
O+

Date of issue
01-11-1991

APT BLK 680 CHOA CHU KANG CRESCENT #10-558
SINGAPORE 680680

NRIC No. **S1671225F** Date: **14-07-1999** No: **2890997**


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

EFFECTIVE DATE
26 Mar 2007

Class 3A Motor cars without clutch pedals (Auto) with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight $\leq 2500\text{kg}$

Licence No: **S1671225F**

NP 428A



591




Allyce to
Syntax (Ultrason)

Nationality
CHINESE

Date of issue
13-03-2008

Address
APT BLK 680 CHOA CHU KANG CRESCENT
#10-558
SINGAPORE 680680

CERTIFICATE OF INSURANCE

QBE Insurance (Singapore) Pte Ltd

A member of the worldwide QBE Insurance Group - Unique Entity No. 188401363C

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-V0014380-MVA-R002

Account Name **WIS SERVICES**

MCI Type **MX1**

- 1 Index Mark and Registration Number of Vehicle or Chassis No: **SKX8809A**
- 2 Name of Policyholder **LAU MAU ON**
- 3 Effective date of Commencement of Insurance for the purpose of the Regulations **30/12/2018**
- 4 Date of Expiry **29/12/2019**
- 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

Authorized Signature

Date of Issue: 14/12/2018

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet

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 : MCD219083922 Vehicle Registration No: SKX0809A
Name (as shown in NRIC) : GOH POH HONG NRIC/FIN/Passport No : 81671225F
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 8LK680 CHUA CHUKANG CRESENT #10-58 Singapore (68680)
Contact (Tel) : _____ Mobile No. : 90291521
Email Address : NA
Date of Accident : 26-06-2019 Time of Accident : 19:10
Place of Accident : JURONG GATEWAY ROAD
Insurance Company : QBE

(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:

- 1 - AMEND OWNER NAME
- 2 - AMEND DRIVER BIRTH DATE

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name: JASON CHONG
NRIC/FIN No.: 977154460
Date: 28-06-2019

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 : MCD219083922-01 Vehicle Registration No: 3KX8809A
Name(as shown in NRIC) : GOH POH HONG NRIC/FIN/Passport No : 81671225F
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 81K680 CHOA CHUKANG CRESENT #10-58 Singapore(686680)
Contact (Tel) : _____ Mobile No. : 90291521
Email Address : NA
Date of Accident : 26-06-2019 Time of Accident : 19:10
Place of Accident : JURONG GATEWAY ROAD
Insurance Company : QBE

(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:

- 1 - AMEND OWNER NAME
- 2 - AMEND DRIVER BIRTH DATE
- 3 - CHANGE THIRD PARTY CLAIMS TO OWN DAMAGE

Policyholder / Driver's Signature
Date:


Reporting Centre Personnel's Signature
Name: JASON CHONG
NRIC/FIN No.: 977154460
Date: 28-06-2019