

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	15/08/2019 17:22
Date Of Accident	15/08/2019 07:30
Exact Location Of Accident	UPP THOMSON FLYOVER NEAR L/P: 279
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ9624X
Insured/Policyholder	
Name Of Registered Owner	JOANNE HO LI HUA
NRIC No	S6998043J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96229937
Alternative Phone No	OFFICE-96229937

Vehicle Particulars

Manufacturer	CHEVROLET
Model	MALIBU 2.4L AUTO
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	TBA
Cover Note Number	

Driver

Name of Driver	HO PENG SOON
NRIC No	S2555487F
Date Of Birth	04/10/1962
Occupation	INDOOR
Date Of Driving Pass	20/08/1988
Driving Experience	30 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90885584
Fax Number	
Contact Number	OFFICE-90885584
Email Address	NOEMAIL

Address	10 RIVERVALE LINK #02-16
Postcode	545044
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	CHAIN COLLISION
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	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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: : SOPHIA HO JIN WEN 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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKC3476U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLB9666S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

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:

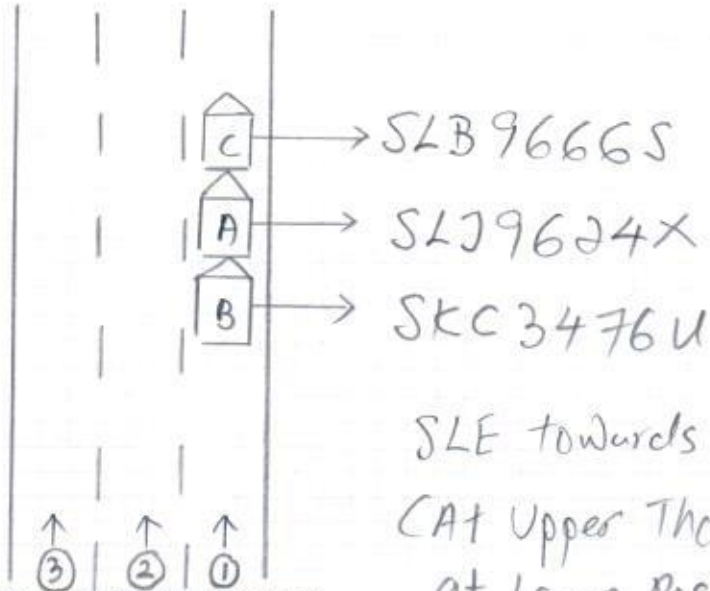


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



SLE towards BKE
 CAT Upper Thomson Flyover
 at Lamp Post 279)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach

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

On 15.08.19 at about 07:30 hours at along SLE towards BKE (At Upper Thomson Flyover at Lamp Post 279). While I was travelling straight on the lane one and traffic was heavy, my front vehicle slow down and stop hence I follow suit.

Suddenly, I heard a loud bang from behind and the impact forced my vehicle (A) to move forward to hit onto the rear portion of Vehicle (C). When I alighted I realized it was vehicle (B) who hit my rear portion of my vehicle (A) causing damages to my front & rear portion of my vehicle. It was a chain collision of total 3 vehicles involved. I wish to state that I have one passenger inside the vehicle.

Vehicle (A) : SLJ9624X

Vehicle (B) : SKC3476U

Vehicle (C) : SLB9666S



SINGAPORE ACCIDENT STATEMENT

Accident Date: 15/03/2019		Time: 07:30		(hh:mm) 24 hr format	
Location SLE towards BKE (At Upper Thomson Flyover at Lamp Post 279)					
Vehicle Number SLJ9624X					
Insured Name Joanne Ho Li Hua					
NRIC / FIN S6998043J		Contact Number 9622 9937			
Make Chevrolet		Model Malibu			
Are you claiming under your own insurance policy for repair to your vehicle?					
() Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting					
Insurance Company QBE					
Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only					
Policy Number TBA					
Name of Driver HO Peng Soon				() Same as Insured	
NRIC / FIN S2555487F		Contact Number 9089 5584			
Date of Birth 04/10/1962					
Driving Pass Date 20/08/1988					
Occupation (<input checked="" type="checkbox"/>) Indoor () Outdoor					
Gender (<input checked="" type="checkbox"/>) Male () Female					
Email Address psho6196@gmail.com				() NO EMAIL	
Address of Driver 10 Rivervale Link					
#02-16 Singapore 545044					
Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No					
If No, Relationship of the Driver with the Insured					
() Owner (<input checked="" type="checkbox"/>) Spouse () Friend () Relative () Children () Sibling					
Does the Driver Own Any Other Vehicle? () Yes () No					
If Yes, Vehicle Registration Number of Driver's Own Vehicle					
Insurance Company of Driver's Own Vehicle					
Weather Conditions (<input checked="" type="checkbox"/>) Clear () Raining () Others					
Road Surface (<input checked="" type="checkbox"/>) Dry () Wet () Others					
Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No					
Was anybody injured in the accident? () Yes (<input checked="" type="checkbox"/>) No					
If yes, injured detail					
Was there any video captured by Car Camera? (<input checked="" type="checkbox"/>) Yes () No					
Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report					
DETAILS OF 3 rd party		Name / Nric		Contact	
Veh B		SKC 3476U			
Veh C		SLB 9666S			
Veh D					
Veh E					
Veh F					

Passenger = Sophia Ho Jin Wen (F)

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S2555487F



Name

HO PENG SOON

For LKK/NAC Use Only

Race

CHINESE

Date of birth

04-10-1962

Sex

M

Country of birth

MALAYSIA

SLJ 9624 X

driver

9143474



For LKK/NAC Use Only



Nationality

MALAYSIAN

Date of issue

29-10-2011

Address

10 RIVERVALE LINK
#02-16
SINGAPORE 545044


REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S2555487F
Name: HO PENG SC ON

Birth Date: 04 Oct 1962
Valid Until: 18 Oct 2003

For LKK/NAC Use Only

000932294G



SL J96 24 X
driver

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

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	20 Aug 1988

For LKK/NAC Use Only

NP 428A

Licence No: S2555487F

SLJ9624X (owner)

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6998043J



Name
JOANNE HO LI HUA

何丽华
Race
CHINESE

Date of Birth
07-01-1969

Sex
F

Country of Birth
MALAYSIA

For LKK/NAC Use Only



2382599



NRIC No. S6998043J



For LKK/NAC Use Only

Blood Group
A+

Date of issue
14-09-1994

APT BLK 10 RIVERVALE LINK #02-18
SINGAPORE 545044

NRIC No. S6998043J

Date: 02/01/2010

No: 6309933

**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.: 198401363C

www.qbe.com.sg

CERTIFICATE OF INSURANCE

Issued at Singapore on 26/12/2018

Account: Pana Harrison (Asia) Pte Ltd

The Insured: Joanne Ho Li Hua

Policy No.: TBA

Class of Insurance: Private Motor

Period of Insurance: 30 December 2018 to 29 December 2019

Coverage: Comprehensive

Interest Covered: Vehicle No: SLJ9624X
Made/ Model: CHEVROLET MALIBU 2.4L AUTO
Chassis No: KL1GA69UJFB044824
Engine No: LE9150480131
Year of Manufacture: 2015

Hire Purchase: NIL

**Warranties/
Extensions:** As per QBE'S Standard Policy Wordings & Exclusions

Cover Issued **Policy Issuance**

Pending:

This Certificate is only a summary of the Policy.

Nothing contained in this Certificate shall in any way be held or construed to vary alter or waive any of the terms conditions or provisions of the policy.

Reference should be made to the Policy for the full terms, conditions and exceptions.

For QBE INSURANCE (SINGAPORE) PTE LTD



Please note that all policies, renewal certificates, cover notes, endorsements carry a Premium Warranty Clause which requires the premium to be paid in full within sixty (60) days from inception date failing which the cover ceases and the company shall be discharged from all liabilities thereafter.