

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	19/09/2019 16:10
Date Of Accident	18/09/2019 15:00
Exact Location Of Accident	UPPER CIRCULAR ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN4543H
Insured/Policyholder	
Name Of Registered Owner	TAN MENGAT
NRIC No	S7734826C
Email Address	MENGATSG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97926722
Alternative Phone No	OFFICE-97926722

Vehicle Particulars

Manufacturer	BMW
Model	520I-2.0 AT D/AB 2WD 4DR LED NAV (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?	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	
Cover Note Number	

Driver

Name of Driver	TAN MENGAT
NRIC No	S7734826C
Date Of Birth	23/11/1977
Occupation	INDOOR
Date Of Driving Pass	25/09/1996
Driving Experience	22 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97926722
Fax Number	
Contact Number	OFFICE-97926722
Email Address	MENGATSG@GMAIL.COM

Address	50 BAYSHORE ROAD #20-07
Postcode	469977
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)	1

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 THE ATTACHED COPY

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	UNABLE TO DOWNLOAD
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC2991R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAN HOR SENG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

Describe Circumstances of the Accident

I was waiting alongside Upper Circular Road for a parking lot at 1455 hrs. At abt 1457 hrs, a car on my left is about to leave the parking lot. To allow the car to exit the lot, I prepared to reverse the car to make way. I checked the rear & blind spots & notice on nearby motorist. I waited for the motorist to clear before I started to reverse to let the car exit the parking lot. While reversing less than 2secs, I bumped into the Comfort Taxi behind.

After reviewing my rear in-car camera, I notice that the taxi exit the Taxi Stand and made a U-turn towards my reversing car direction. I already started reversing and he still drive forward and parked close to my vehicle. I also saw that he was engaging a customer while he ~~was~~ beside his car.

Declaration

We declare the foregoing particulars are true in every respect.



[Signature] 19/9/19

Policyholder's Signature / Date & Time

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

[Signature]

Witnessed by Reporting Centre Personnel

19/9/19

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.
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. 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 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.

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.

 19/9/19

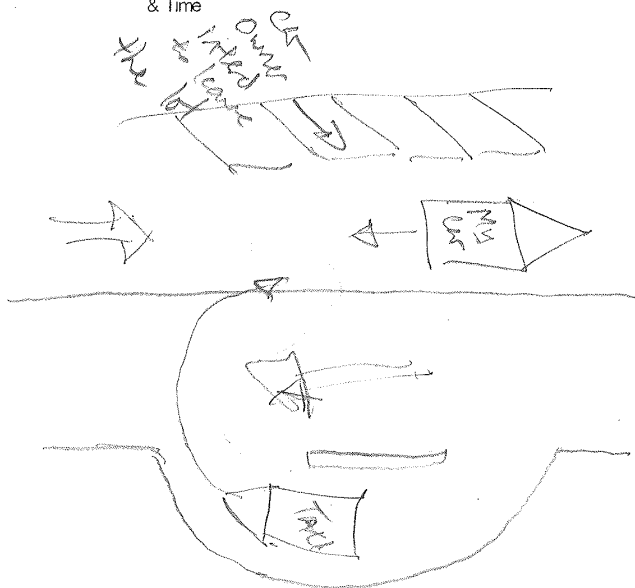
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



QBE Insurance (Singapore) Pte Ltd
 A member of the worldwide QBL 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



Date of issue 09/07/2019

Page 1 of 2

PRIVATE CAR POLICY SCHEDULE

New Business

TAN MENG TAT
 50 BAYSHORE ROAD #20-07
 SINGAPORE 469977

Policy Number
 8-VX020673-MVA

Period of Insurance
 27/07/2019 to 26/07/2020
 (Both Dates Inclusive)

Account Number
 01000715
 KWG INSURANCE AGENCY 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 : TAN MENG TAT

Risk Details		Private Motor	Risk No 0001	
Business/Occupation	DIRECTOR	Cover	Comprehensive	
Sum Insured	Market Value	Registration No.	SLN4543H	
Make & Model	B.M.W. 520I AT D/AB 2WD 4DR	Cubic Capacity	1997	
Type of Body	Saloon	Chassis No.	WBA5A32070D334906	
Year of Manufacture	2013	Engine No.	A3310659N20B20B	
		No Claims Discount	50.00	
		Safe Driver Discount	0.00	
Excess	SGD	Insured/Named Driver	600	
		Unnamed Driver	1,100	

Other Information

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

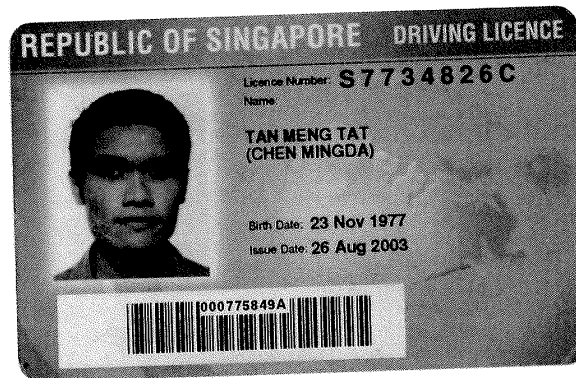
EJ96 NON-CANCELLATION CLAUSE

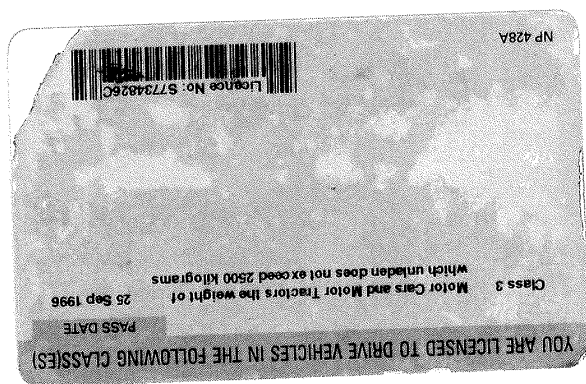
THE INSURANCE COMPANY UNDERTAKES TO ADVISE THE INTERESTED PARTY MENTIONED IN THE SCHEDULE PRIOR TO THE CANCELLATION OF THE POLICY IF INSTRUCTIONS HAVE BEEN RECEIVED FOR THE CANCELLATION OF THE POLICY AND ALSO TO ADVISE THE INTERESTED PARTY MENTIONED IN THE SCHEDULE AS SOON AS POSSIBLE OF ANY OTHER MATERIAL CHANGES WHICH ARE PROPOSED TO BE MADE IN THE TERMS OF THE INSURANCE.

SUBJECT OTHERWISE TO THE TERMS, CONDITIONS AND EXCLUSIONS OF THIS POLICY.

EK04 LOSS PAYEE CLAUSE

SGPDNP





> Back to OneMotoring

Enquire Transfer Fee

Vehicle Details

Vehicle No. : SLN4543H
 Vehicle Type : P10 - Passenger Motor Car
 Vehicle Attachment 1 : No Attachment
 Vehicle Scheme : Normal
 Vehicle Make : B.M.W.
 Vehicle Model : 520I AT D/AB 2WD 4DR LED NAV
 Chassis No. : WBA5A32070D334906
 Propellant : Petrol
 Engine No. : A3310659N20B20B
 Engine Capacity : 1997 cc
 Maximum Power Output : 135.0 kW (181 bhp)
 Maximum Laden Weight : 2225 kg
 Unladen Weight : 1615 kg
 Year Of Manufacture : 2013
 Original Registration Date : 27 Jan 2014
 Lifespan Expiry Date : -
 COE Category : B - Car (1601cc & above)
 Quota Premium : \$79,000.00
 COE Expiry Date : 26 Jan 2024
 Road Tax Expiry Date : 26 Jan 2020
 PARF Eligibility Expiry Date : 26 Jan 2024
 Inspection Due Date : 26 Jan 2021
 Intended Transfer Date : 19 Sep 2019
 CO2 Emission : 149.00 (g/km)
 CEV/VES Rebate Utilised Amount : \$5,000.00
 CO Emission : -
 HC Emission : -
 NOx Emission : -
 PM Emission : -

Late renewal fee(s) will be imposed if road tax / lay-up has expired. Please use Enquire Road Tax Payable for fee(s) payable.

Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.

Amount Payable

	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee :	25.00	-	25.00
Total Amount Payable :			25.00

You may print this page for reference.

OK

Print

Accident Photo



Accident Photo



Accident Photo

