

## 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	21/10/2019 11:08
Date Of Accident	05/10/2019 10:00
Exact Location Of Accident	ALONG ROAD 1 LORONG 1 GEYLANG
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ7918Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE YONG SENG
NRIC No	S1115152C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88239120
Alternative Phone No	OFFICE-88239120

### Vehicle Particulars

Manufacturer	SUZUKI
Model	SWIFT
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	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	V0022628
Cover Note Number	

### Driver

Name of Driver	LEE YONG SENG
NRIC No	S1115152C
Date Of Birth	22/01/1955
Occupation	INDOOR
Date Of Driving Pass	25/10/1976
Driving Experience	42 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88239120
Fax Number	
Contact Number	OFFICE-88239120
EEmail Address	NOEMAIL

Address	169A STILL ROAD
Postcode	S423999
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 - 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?	
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?	YES
If Yes, Please state which Police Station	
Police Station Name	ROCHER N.P.C
Police Station Address	<b>ROAD:</b> 11 KAMPONG KAPOR ROAD , <b>POSTCODE:</b> 208678 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2949999 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT

#### 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	SLW2529R
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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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:

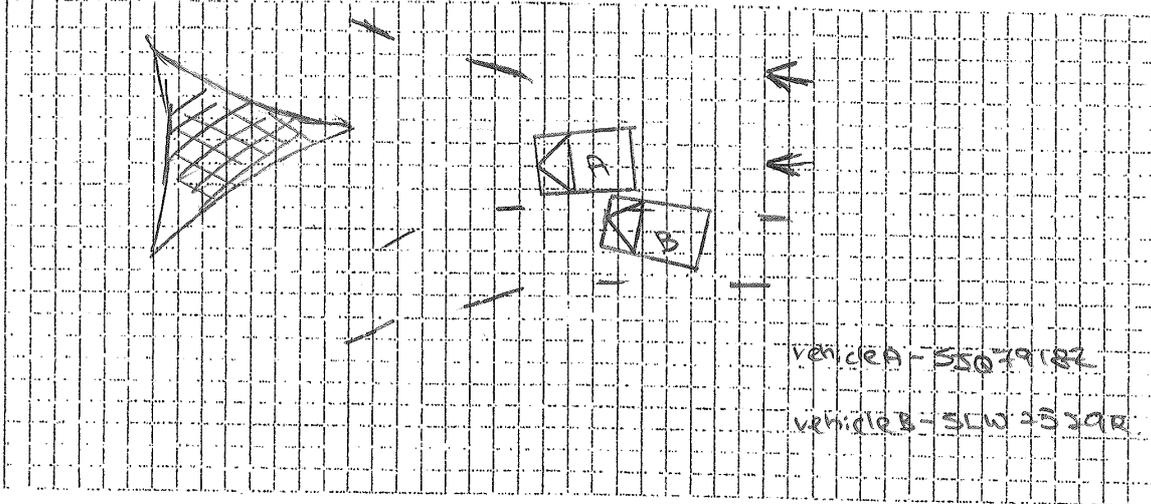
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

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

SKETCH PLAN

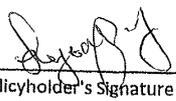


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report.  
Report No : T(20191007)2043.

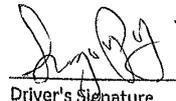
DECLARATION

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

  
Policyholder's Signature

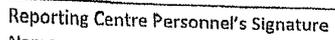
Date & Time:

UJAR60, Me-F-EdhaPoo, M1

  
Driver's Signature

(If driver is not the policyholder)

Date & Time:

  
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE  
POLICE FORCE**



T/20191007/2043

1 of 3

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

Report No. T/20191007/2043

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/10/2019 11:45		Vide Report No.:		Station Diary No.: 76	
<b>Informant's Particulars</b>					
Name of Informant: LEE YONG SENG			Address: 169A STILL ROAD SINGAPORE 423999		
ID Type / ID No.: NRIC NO / S1115152C			Contact No.: Home/Office:                      Mobile: 88239120		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 64	Date of Birth: 22/01/1955	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: RETIRED			Driving Licence Information: Class: 2B,2A,2,3,4,5		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 05/10/2019 10:00	Type of Location: Bend
Location: Along Road 1 LORONG 1 GEYLANG				
Nearby traffic light towards Geylang Rd.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJQ7918Z	Car	SUZUKI	SWIFT 1.6 MT	Red	Slightly Damaged	0
SLW2529R	Car				Slightly Damaged	0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJQ7918Z	QBE Insurance (Singapore) Pte Ltd	V0022628	27/05/2019	26/05/2020



**SINGAPORE  
POLICE FORCE**



T/20191007/2043

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

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Report No. T/20191007/2043

CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	LEE YONG SENG	ID No.	S1115152C
Related Vehicle	NIL	Contact No.	88239120
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 05/10/19 at about 1000hrs, as I was driving along Lorong 1 Geylang and turning into Geylang Rd on the first lane, I felt a bump on my vehicle. I stopped my vehicle and went out to make a check on my vehicle. My rear left side passenger door was slightly scratched. The other party of the other vehicle (SLW2529R) informed me that he was on the second lane, however decided to turn into the first lane at the last minute and hence hit unto my car. The other party's vehicle was slightly scratched. No one was injured. I am reporting this for insurance purposes.



SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
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T/20191007/2043

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Report No. T/20191007/2043

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

A /  
Sgt 2 MUHAMMAD JANNATUN NA'IM BIN  
AZUWAN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Authentication Stamp:  
NP168

Signature Of Informant:

Date/Time:  
07/10/2019 11:45

Classification Of Case:

\$348



**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 22/04/2019

Account: Ava Insurance Brokers Pte Ltd

**The Insured:** : Lee Yong Seng

**Cover Note No:** AVAMVA00034

**Class of Insurance:** : Private Motor

**Period of Insurance:** : 27/05/2019 to 26/05/2020

**Coverage:** Comprehensive

**Interest Covered:** : Vehicle No : SJQ7918Z  
 Make/ Model : Suzuki Swift 1.6 MT  
 Chassis No : JSAEZC31S00204068  
 Engine No : M16A1462418  
 Year of Manufacture : 2009

**Hire Purchase Company:** : Henly Enterprises Company Pte Ltd

**Named Drivers:** : 1.  
 2.  
 3.

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

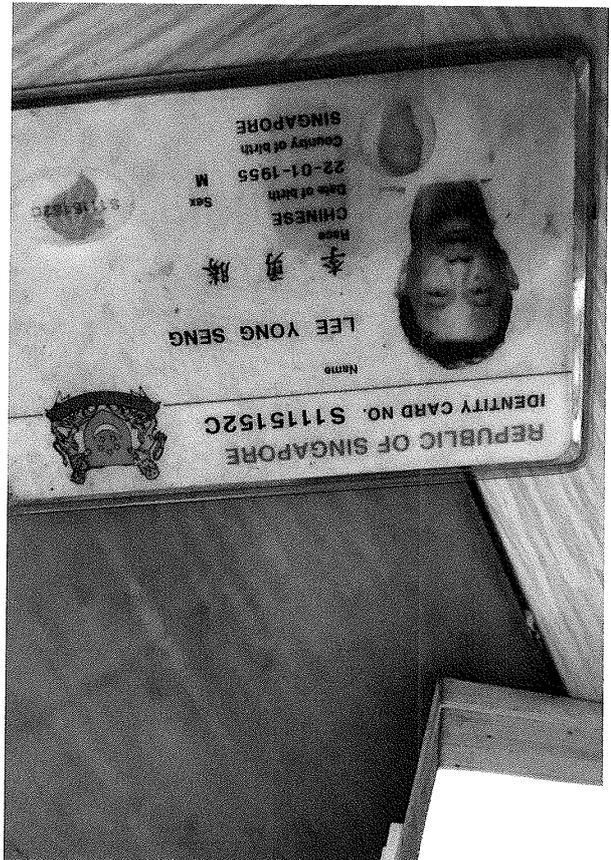
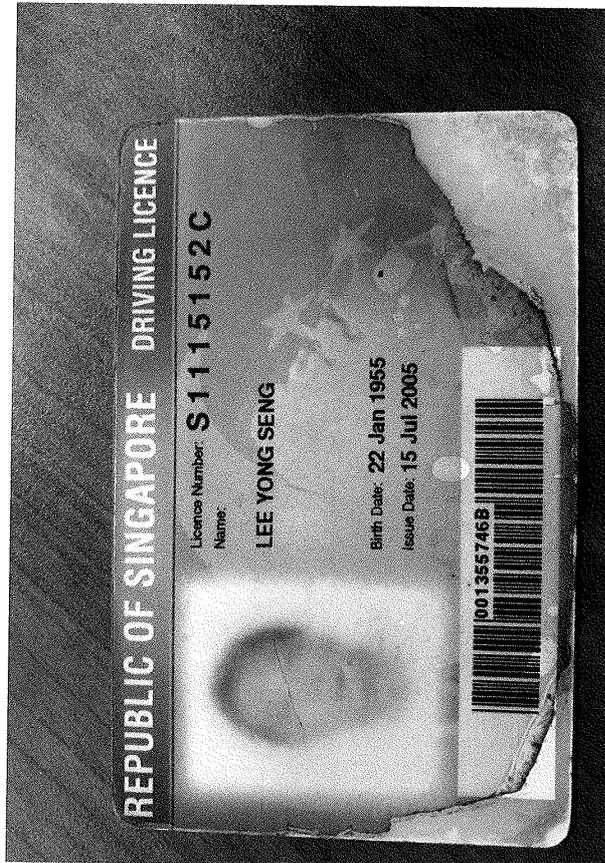
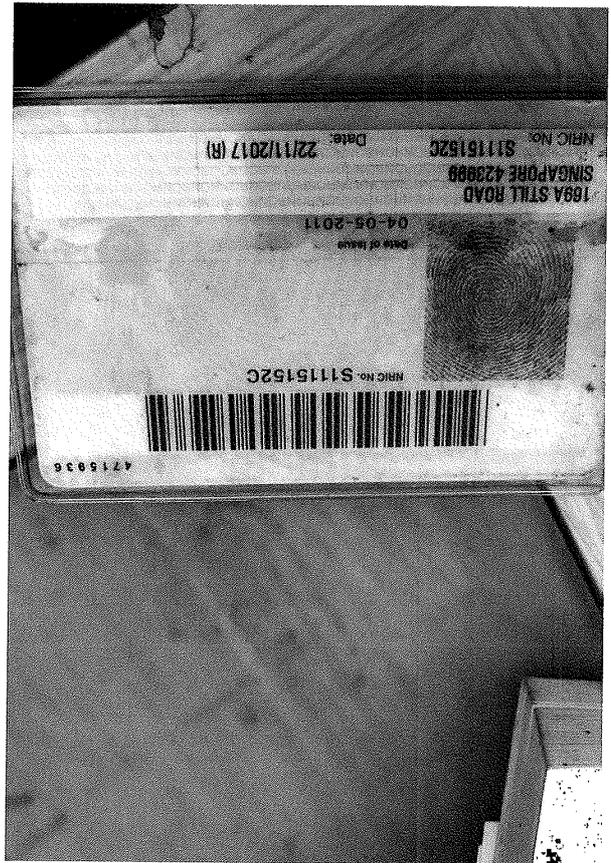
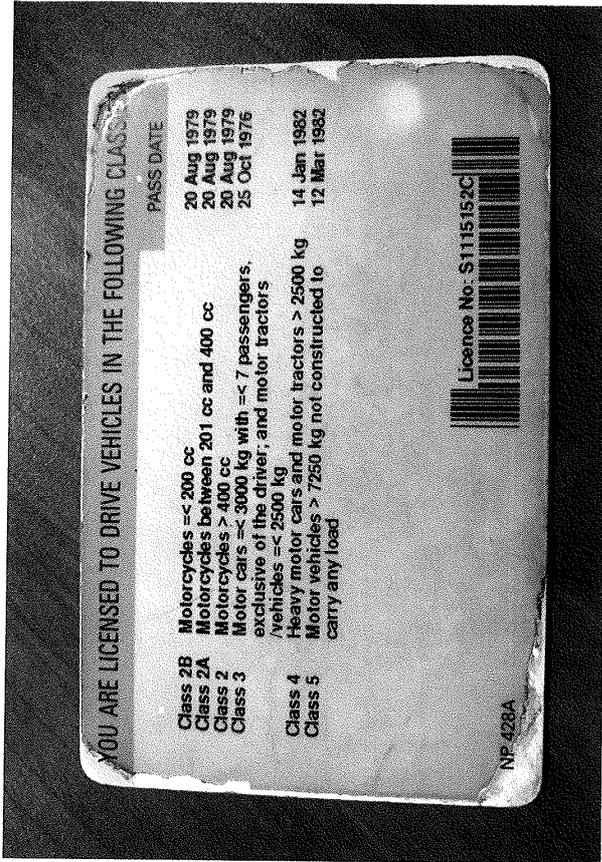
**Cover Issued Pending:** Policy Issuance

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 term 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.



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

