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Owner / Driver: (30/0		Tel:)	
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Insured/Driver Liability: (%)	[Note-Est Status (V	VO): N: 0-20	%; P: 21-79%. P: 80	0-100%]	-0-2
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 withoiding 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.
- 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

foresald.	524 W: AE III 22
the second secon	ACCIDENT STATEMENT
Date Of Report	30/10/2019 15:52
Date Of Accident	29/10/2019 15:00
Exact Location Of Accident	YISHUN AVE 2 TWRDS CANBERRA LINK JUNCTION OF YISHU
Country/State of Loss	SINGAPORE
THE COLUMN THE PARTY OF D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKX9596G
Insured/Policyholder	
Name Of Registered Owner	JEFFREY SEOW TIAK HIONG
NRIC No	S2175051D
Email Address	JOCELYN-SEOW@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97722364
Alternative Phone No	OFFICE-91799327
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	JETTA
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	THIRD PARTY
Fleet Policy	NO
Policy Number	8-V0016894-MVA-E002
Cover Note Number	
Driver	
Name of Driver	JOCELYN SEOW HUIWEN
NRIC No	S9138067F
Date Of Birth	17/10/1991
Occupation	INDOOR
Date Of Driving Pass	15/07/2013
Driving Experience	6 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91799327
Fax Number	
Contact Number	OFFICE-97722364

JOCELYN-SEOW@HOTMAIL.COM

Address

BLK 606 CHOA CHU KANG STREET 62

#10-135

Postcode

680606

CHILDREN

Was driver an employee of the Insured's Company NO If No, Relationship of the Driver with the Insured

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

NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

2

Number of Passengers (Including Driver)

Passenger 1

NAME:

: JUDY CHIOH BEE HONG

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

PLEASE REFER TO SKETCH LAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SCP2367J

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

IMPORTANT NOTICE

- 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 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/mall packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the
- (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

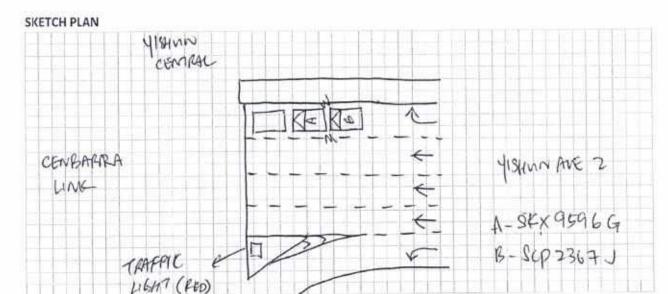
(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time: Date & Time:

Driver's Signature (If driver is not the policyholder)

Reporting Centre Name



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
I WAS TRAVELLING YISHIN AND Z TUWARD CONBARRA LIME ON THE EXTREM
RIGHT LANG OF A 4 LANE, RUAD. SAMEWHERE JUSTION YISHUN CENTRAL
, VEHICLE INFROM OF MIE SLOWED DOWN AND STOPPHED DIE TO THE TRAFFIC LIGHT
(BED). AS SUCH, I ALGO APPLIOSED BRAILLE AND MANAGE TO CHOPPED COMPLETING
. APTER A FUN SECOND, I POUT AN IMPACT FROM THE REAR FORTH OR M
VEHICLE . APTHE THE ACCIDENT, I ALLLITED AND REGLISE THAT VEHICLE (B) DROW
From THE REAR AND COLLINER UNTO THE REAR PORTION OF my LEHICLE.
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0-8cp 7367 J
)

DECLARATION

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

30

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.:

SINGAPORE ACCIDENT STATEMENT

	TIME: 15:00HPs (hh:mm) 24 hrs Format
OCATION YIGHUN AND 2 TOWARD) CE	ENBERRA LINK JULYION OF YISHUM
CENTRAL	
VEHICLE NUMBER SKX 9596 G	
NSURED NAME JEFFREY SEON TIAL	Ł HIONG,
NRIC/FIN SDI750510	CONTACT: 9772 2364
	L フピマイ
Are you claiming under your own insurance policy	for repair to your vehicle?
) Yes, If No, Pls Select : () Third Party	
NSURANCE COMPANY GOE	
TYPE OF POLICY () COMPREHENSIVE	() THIRD PARTY () TPFT
POLICY NUMBER: 8-10016894-MVA	-E002
NAME DRIVER: JOCELYN STON HUIW	() SAME AS INSURED
and but the	X / 1
NRIC/FIN 89128067 F	CONTACT: 9179 7377
DATE OF BIRTH: 17 007 1991	mental transfer of the second
DRIVING PASS DATE: 15 JUL 2013	
	OUTDOOR
	FEMALE
MAIL ADDRESS: JUCELYN- SEOW PHOT	
DDDESS OF DRIVED: RIV Lot CUE A C	HU FANG ST 52 \$ 10-135 \$ (680 606)
ADDRESS OF BRIVER, DOP EOD CHAIN	101.1.1.1.21.02.1.10
Number Of Passenger Include Driver: DEIVE	& MAH ONE PASSENGER
Was driver an employee of the Insured's Company	y?()YES (\(\sqrt{NO} \)
f No, Relationship Of The Driver With The In	sured
f No, Relationship Of The Driver With The In) Owner () Spouse () Friend () F	Relative () Children () Sibling () Others
f No, Relationship Of The Driver With The In) Owner () Spouse () Friend () Fooes The Driver Own Any Other Vehicle? ; (Relative () Children () Sibling () Others) YES () NO
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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 6533 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.

Account Name ASTRA ASSURANCE AGENCIES

MCI Type MX1

8-V0016894-MVA-E002

LLP

1 Index Mark and Registration Number of Vehicle or Chassis No:

SKX9596G

2 Name of Policyholder SEOW TIAK HIONG JEFFREY

3 Effective date of Commencement of Insurance for the purpose of the Regulations

26/11/2018

4 Date of Expiry

04/01/2019

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: 12/12/2018