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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	ion to the dronwing of this report at the control and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	14/02/2020 16:34
Date Of Accident	18/01/2020 16:00
Exact Location Of Accident	ALONG 29 TANGLIN ROAD (LOADING BAY)
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GZ2544P
Insured/Policyholder	
Name Of Registered Owner	RAZES A V L
Co Reg No	34933000W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-NOPHONE
Vehicle Particulars	
Manufacturer	KIA
Model	2500
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	8-V0014667-MVA-R002
Cover Note Number	
Driver	
Name of Driver	TAN HAN WEI
NRIC No	S9448283F

Name of Driver TAN HAN W
NRIC No S9448283F
Date Of Birth 20/12/1994
Occupation INDOOR
Date Of Driving Pass 21/01/2014

Driving Experience 5 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81898224

Fax Number

Contact Number

EMail Address HANWEI94@HOTMAIL.COM

BLK 149 PASIR RIS ST 13 #07-46 Address

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

Type Of Accident **COLLISION - OPENING DOOR OF VEHICLE**

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

General Information of the Accident

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

1 Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

WHEN I WAS DRIVING OFF FROM THE LOADING BAY, VEHICLE B WAS OPENED. AS SUCH, MY VEHICLE HIT ONTO THE REAR DOOR OF VEHICLE B.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBD4384X

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B

COMMERCIAL VEHICLE Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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:
 - 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 Audio Visual Didan Signature
Date & Time: Plack 1085 Eunos AVIII driver is not the

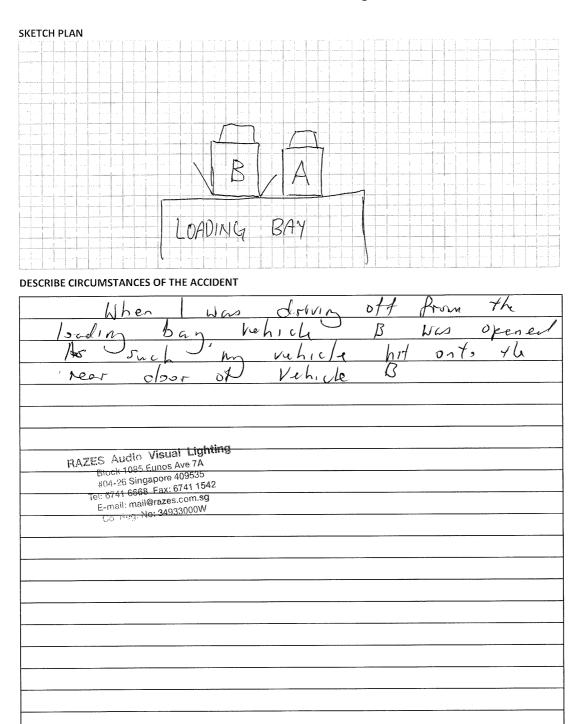
Block 1085 Eunos Avii dhver is not the policyholder) #04-26 Singapore 408545 Time: Tel: 6741 6668 Fax: 6741 1542

Tel: 6741 6668 Fax. Orm.sg E-mail: mail@razes.com.sg CAMMCS:atchEarEarCo_{ss}Reg. No: 34933000W Name:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

Sketch Plan #2 Pg. 1



DECLARATION

1/NAZacGroAbchoregungparting true in every respect.

Block 1085 Eunos Ave 7A #04-26 Singapore 409535 Tel: 6741 6668 Fax: 6741 1542 E-mail: mail@razes.com.sg

Policyholder's Signatus e 34933000W

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

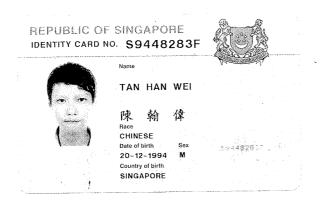
Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

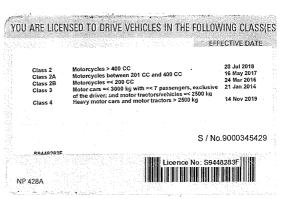
CLNTRCY stehitunForm_V3

Driving License Pg. 1









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.: M200644018

sasas nha cam en



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 ALG INSURANCE AGENCY PTE

MCI Type MZ300

8-V0014667-MVA-R002

LTD

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

GZ2544P

2 Name of Policyholder RAZES A V L

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

13/02/2019

4 Date of Expiry

12/02/2020

5 Person or Classes of Person entitled to drive*

(a) Any person who is driving on the Policyholder's order or with their 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
 - (a) Use in connection with the Policyholder's business.
 - (b) Use for the carriage of passengers (other than for hire or reward)
 - (c) Use for social, domestic and pleasure purposes.

The Policy does not cover:-

- (1) Use for hire or reward or for racing, pace-making, reliability trial or speed testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- 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: 25/01/2019

















