

## 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	19/02/2020 18:17
Date Of Accident	18/02/2020 18:00
Exact Location Of Accident	TOH GUAN ROAD EAST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY8528S
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#### Insured/Policyholder

Name Of Registered Owner	EXPRESSPOINT BUSINESS SERVICES PTE LTD
Co Reg No	200913414M
Email Address	EXPPT@SINGNET.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-67747717

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E AUTO

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? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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#### Insurance Company

Name of Insurance Company	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	8-V0021850-MVA
Cover Note Number	

#### Driver

Name of Driver	SIN CHIN HOONG
NRIC No	G6603967L
Date Of Birth	09/09/1987
Occupation	OUTDOOR
Date Of Driving Pass	15/02/2017
Driving Experience	3 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83239843
Fax Number	
Contact Number	
Email Address	EXPPT@SINGNET.COM.SG

Address	7 TOH GUAN ROAD EAST #04-11 ALPHA INDUSTRIAL BUILDING
Postcode	608599
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	-
	-
	-

#### 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
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 ATTACHED SKETCH PLAN.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKZ1749A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	97775113
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.

  
**AccessPoint Business Services Pte Ltd**  
 7 Telok Ayer St, #04-11  
 Alpha Industries, Singapore 068599  
 Tel: 6342 2222 Fax: 6342 1092  
 Policyholder's Signature  
 Date & Time:

  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 19/1/20

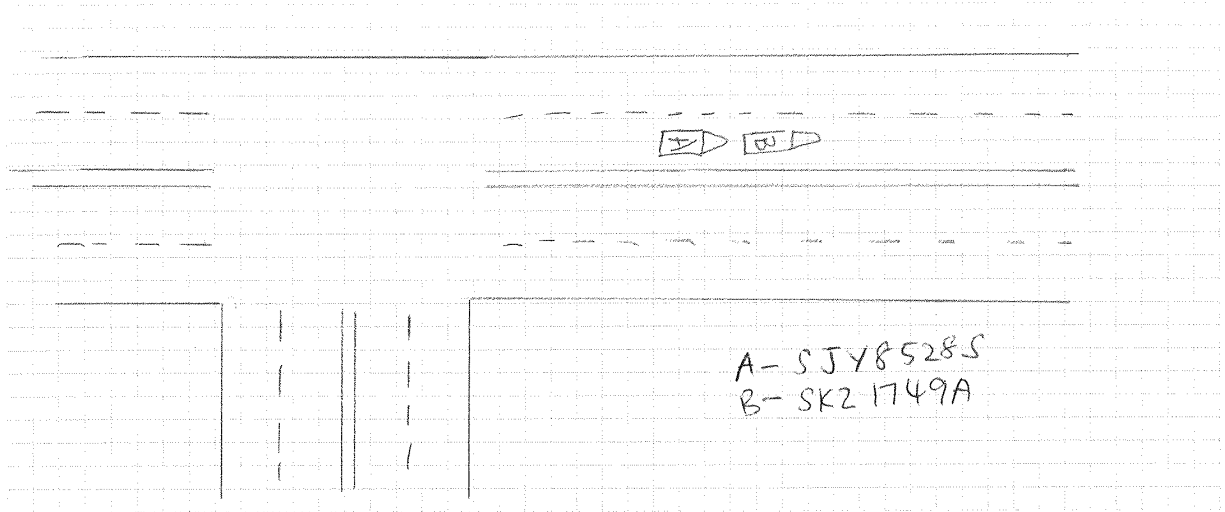
  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

Please note that you might be able to submit an Own Damage Claim under own policy within 14 days.

( ) Claim Own Damage ( ) Claim TP ( ☒ ) Reporting Only ( ) Claim OD/TP at other workshop

## Sketch Plan Pg. 2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 18/2/20, @ about 18:00 hrs, the traffic light was red, I stopped my vehicle at the junction. I noticed the vehicle beside me moved, I also moved my vehicle, and hit into vehicle in front, SK 21749A.

### DECLARATION

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



ExpressPoint Business Services Pte Ltd

7 Telok Ayer St, #04-11

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.:

**QBE Insurance (Singapore) Pte Ltd**

A member of the worldwide QBE Insurance Group - Unique Entity No. 188401363C

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

**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. **8-V0021850-MVA**Account Name **LCH LOCKTON PTE. LTD**MCI Type **MX1**1 Index Mark and Registration Number of Vehicle or Chassis No: **SJY8528S**2 Name of Policyholder **EXPRESSPOINT BUSINESS SERVICES PTE LTD**3 Effective date of Commencement of Insurance for the purpose of the Regulations **07/04/2019**4 Date of Expiry **06/04/2020**

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)**

Hire Purchase : **HONG LEONG FINANCE LIMITED**

QBE Insurance (Singapore) Pte Ltd

Date of Issue: **25/03/2019**

Authorized Signature

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number: **G 6603967 L**  
Name: **SIN CHIN HOONG**

Birth Date: **09 Sep 1987**  
Issue Date: **23 Jan 2019**  
Valid Till: **24/02/2022**

002895469D



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

		EFFECTIVE DATE
Class 2B	Motorcycles $\leq$ 200 cc	25 Feb 2012
Class 3C	Motor cars with unladen weight $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of driver	15 Feb 2017



NP 428A

**Accident Photo**





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo





Accident Photo



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66S0020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

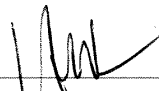

Original Report No : MWMM20022562 Vehicle Registration No: SJY8528S  
Name(as shown in NRIC) : Sin Chin Hoong NRIC/FIN/Passport No : G6603967L  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 7 Toh Guan Road East #04-11 Alpha Industrial Building Singapore( 608599 )  
Contact (Tel) : 67747717 Mobile No. : 83239843  
Email Address : exppt@singnet.com.sg  
Date of Accident : 18/02/2020 Time of Accident : 18:00 hrs  
Place of Accident : Toh Guan Road East  
Insurance Company: QBE Insurance (Singapore) Pte Ltd


**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Change to OD Claim.

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**ExpressPoint Business Services Pte Ltd**  
27/20 Toh Guan Road East #04-11  
Alpha Industrial Building Singapore 608599  
Tel: (65) 6774 1002 Fax: (65) 6774 1002  
Date: 22/2/20

  
27/2/20  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date: