#### 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.	tent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	20/03/2020 10:58
Date Of Accident	19/03/2020 18:40
Exact Location Of Accident	JUNCTION OF TECK WHYE LANE AND TECK WHYE AVENUE
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKJ6052C
Insured/Policyholder	
Name Of Registered Owner	KWEK KAH WEE (GUO JIAWEI)
NRIC No	S7709921B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97304004
Alternative Phone No	OFFICE-97304004
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	TIGUAN-1.4 TSI BMT (5N22SY) (A)
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	8-V0017400-MVA-R001

#### **Driver**

Cover Note Number

Name of Driver YAK PEK PIN(YE BIBING)

NRIC No S7826166H

Date Of Birth 06/09/1978

Occupation INDOOR

Date Of Driving Pass 11/02/1999

Driving Experience 21 YEARS AND 1 MONTH

Gender FEMALE

Mobile Number +65-97502453

Fax Number
Contact Number

EMail Address NOEMAIL

Address BLOCK 25 HAZEL PARK TERRACE

#07-03

Postcode 678948

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle Vegistration Number of Briver's 6will

Insurance Company of Driver's Own Vehicle

-

**General Information of the Accident** 

Type Of Accident COLLISION - CROSS JUNCTION

Weather Conditions CLEAR
Road Surface DRY

**Other Information** 

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YI

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

Number of Passengers (Including Driver)

Passenger 1

YES

NO

2

NO

2

NO

NO

YES

NO

NO

NAME: : KWEK XUAN HONG

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

Refer to Annex 2

Attachment(s)

Are accident photos available for attachment?

Are accident priotos available for attachinent?

Was there any video captured by Car Camera?

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SHF206Y

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 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 <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 Date & Time:

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

Date & Time:

20-03. No @ 1035h

Reporting Centre Personnel's Signature

arb.

Name:

NRIC/FIN No.:

SKETCH PLAN

Retur to Annex 1

### **DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Peter	fo	Aque X	2.

DECLARATION

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

Policyholder's Signature Date & Time:

Driver Signature

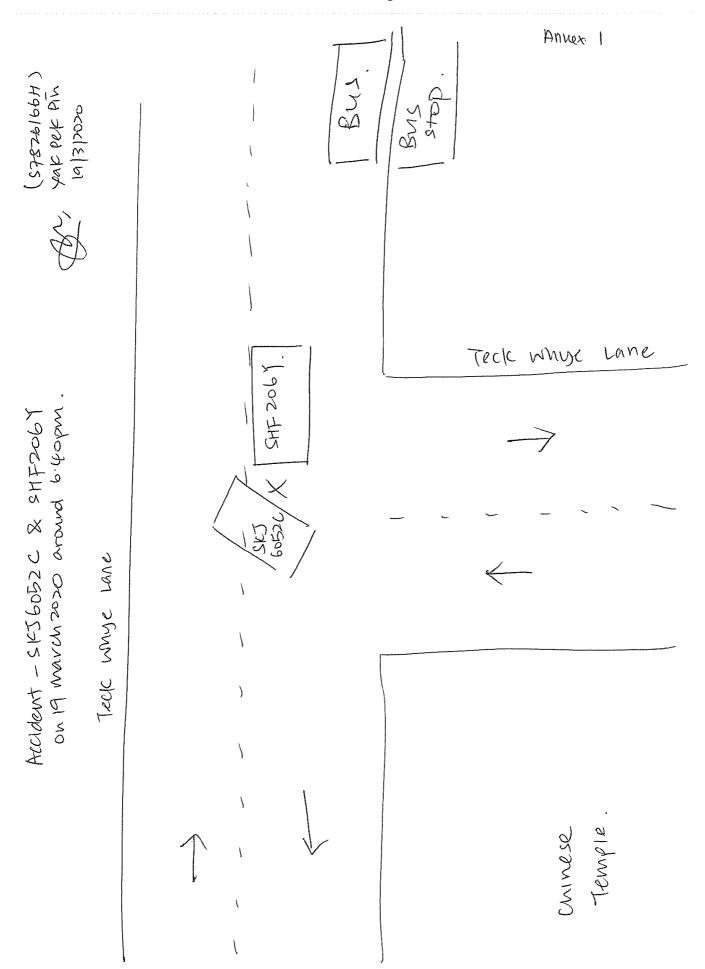
(If driver is not the policyholder)

Date & Time:

20.03-2020 @ 1035h

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:



On 19 May 2020, around 6-40 pm, I was driving along leck whye lane forming visint towards teck while Are, Iny carwas hit by an smrt taxi (SHF 2064) travelling along Teck Whyz the. As there was a bus stationery on my right hard side, I tried to move slowly out upon. cheering that that there was no further oncoming vehicle from som Sides of the road, I turned out to my right. All of a ordden, a taxi sped out from nowhere and hit on my vigntside of the car after I more out to make the turn.

Both of us cropped our care along opposite sides of the road. He was able to walk across the roud to take pictures of my car and did not suffer any injury from what I see. He was very upset and he swided me fiercely when he approached me.

I walked across the road to take pictures of his car and saw 21 passengers in his taxi. They locked axay, not mured and were curionely looking at what I was doing. I tried to look for the taxi driver is liance display card at the front now of the car through the window as I was unable to get the taxi's contact, but I could not find any I tried to ack the taxi aviver ceremal times for his contact as this is the protocol but he rafused again and sholded me anguly and incisted frat I just take down his car plate number.

AI a women, I dore not insist as he was very fierce and aggressive. I had a young kid in my car and I was very ferrified and had no choice but to leave the scene thereafter.

I was tranatised by the whole incident and my mind went blank after that. I had to call my husband and mum who lives nearby for help. my bushand sicilled me again for not being able to get the driver's unfact as it is required for insurance dams.

After recalling the incident when I go back home, I started to feel doubtful as to why the taxi driver refraced to newear his contact and his aggressive neg I decided to water a poice report against him as I doubt he has a valid licence so divine a taxi!

As I was writing this, I was still telling transposed by the work incident, not just with the accident, but also the aggressive behaviour of the dimar, and this wakes me featful to divide again. L Yaktek Pin 19/3/2020

### Police Report Pg. 1





1 of 3

### **POLICE REPORT (NP299)**

Police Station Of Origin Jurong Division HQ 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No:1800-7910000

Report No. J/20200418/7029

Date/Time Report Made	Vide Report No.			Station Diary No.
18/04/2020 17:07				
Name Of Informant	Address			
YAK PEK PIN	BLK 25 H	AZEL PAF	RK TERRACE #07	'-03 SINGAPORE
	678948			
ID Type / ID No.	Contact N	lo.		
NRIC NO / S7826166H	Home/Off	ice:	Mobile:	
			97502453	
Nationality	Email Address			
SINGAPORE CITIZEN	dkk_ypp@yahoo.com.sg			
Occupation	Sex	Age	Date of Birth	Race
MANAGER	Female	41	06/09/1978	Chinese
Institution/School Name	Language	)		
	English			
Date/Time Of Incident	Location Of Incident			
19/03/2020 18:40 - 19/03/2020 18:40	BLK 25 H	AZEL PAF	RK TERRACE #07	'-03 SINGAPORE
	678948			

### Brief details.

On 19 Mar 2020, around 6.40pm, I was driving along Teck Whye Lane turning right towards Teck Whye Ave, my car was hit by an SMRT Taxi (SHF 206Y) that was travelling along Teck Whye Ave. As there was a bus stationery on my right hand side, I had tried to move slightly out slowly. Upon checking that there was no further oncoming vehicle from both sides of the road, I turned out to my right. All of a sudden, a taxi sped out from nowhere and hit on my right hand side of the car after I moved out to make the turn.

Signature Of Officer Recording The Report:  Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 18/04/2020 17:07
Officer In-Charge Of Case:	Classification Of Case:

**Authentication Stamp** 

### Police Report Pg. 2





2 of 1

POLICE REPORT (NP299)

**CONTINUATION OF REPORT** 

Report No. J/20200418/7029

Both of us stopped our cars along opposite sides of the road. The taxi driver walked across the road to take pictures of my car and did not suffer any injury from what I see. He was very upset and scolded me fiercely when he approached me.

I walked across the road to take pictures of his taxi and saw 2 passengers in his taxi. They looked okay, not injured and were curiously looking at what I was doing. I tried to look for the taxi driver's licence display card at the front row of the taxi through the window as I was unable to get the taxi driver's contact earlier, but I could not find any. I had tried to ask the taxi driver several times for his contact as this is the protocol but he refused and scolded me angrily and insisted that i just take down his car plate number.

As a women, I dare not insist as he was very fierce and aggressive. I had a young kid in my car and I was very terrified and had no choice but to leave the scene thereafter.

I was traumatized by the whole incident and my mind went blank after that. I had to call my husband and mum who lives nearby for help. My husband scolded me again for not being able to get the driver's contact as it is required for insurance claims.

After recalling the incident when I went back home, I started to feel doubtful as to why the taxi driver refused to reveal his contact and his aggressiveness. I decided to make a police report against him as I doubt he has a valid licence to drive a taxi.

As of now, I still have phobia driving, not just because of the accident alone but also the aggressive

Signature Of Officer Recording The Report:  Not applicable	Signature Of Informant:   The identity of the person making this   report has been authenticated by   SingPass. No signature is required.		
Signature Of Interpreter: Not applicable	Date/Time: 18/04/2020 17:07		
Officer In-Charge Of Case:	Classification Of Case:		
Authentication Stamp			

1\_.

# Police Report Pg. 3





3 of 3

**POLICE REPORT (NP299)** 

**CONTINUATION OF REPORT** 

Report No. J/20200418/7029

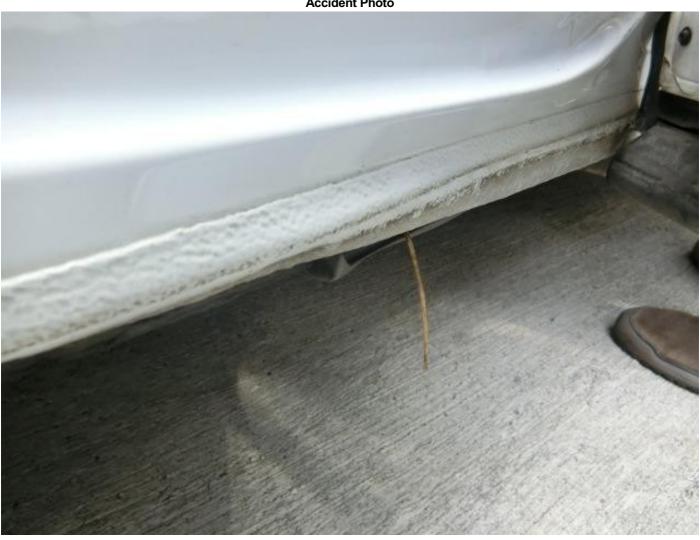
behaviour of the driver which makes me fearful to drive.

Subjects Involve	d		
Victim			
Person Name	YAK PEK PIN		
ID Type	NRIC NO	ID No	S7826166H
Gender	Female	Age	41
Race	Chinese	Language	English
Occupation	MANAGER	Address Type	
Address	BLK 25 HAZEL PARK	Mobile No	97502453
	TERRACE #07-03 SINGAPORE		
	678948		
Is Informant A	Yes		
Victim?			
Person Name	YAK PEK PIN (Informant)		

Signature Of Officer Recording The Report:  Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 18/04/2020 17:07
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

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#### 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: S66SS0020G / GST Reg. No.: M400017735

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

# **ADDENDUM** (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Name(as shownin NRIC): KWEK Kah Wee (Guo Jiquet) \_NRIC/FIN/Passport No:\_\_ (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate Address Singapore( \_\_\_\_\_Mobile No. :\_\_ Contact (Tel) **Email Address** \_\_Time of Accident : \_\_ l&46lw 19.03.2020 Date of Accident : Zmotion of Teck Whye Lane and Teck Whye Avenue Place of Accident QBE Insurance Insurance Company: (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Policyholder / Driver's Signature Reporting Centre Personnel's Signature Date: Name: NRIC/FIN No.:

Date: