

## 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	24/04/2020 14:42
Date Of Accident	24/04/2020 11:00
Exact Location Of Accident	YISHUN AVE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV2381R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KONG SAI FONG
NRIC No	S1624008G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94899902
Alternative Phone No	OFFICE-94899902

### Vehicle Particulars

Manufacturer	AUDI
Model	A3
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

### Insurance Company

Name of Insurance Company	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	8-V0025520-MVA
Cover Note Number	

### Driver

Name of Driver	TEO HE WEI EUGENE
NRIC No	S9112528E
Date Of Birth	23/03/1991
Occupation	INDOOR
Date Of Driving Pass	25/11/2017
Driving Experience	2 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81576372
Fax Number	
Contact Number	
Email Address	EUGENETEO91@LIVE.COM

Address	BLK 506A YISHUN AVE 4 #11-154
Postcode	751506
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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

I WAS DRIVING ALONG YISHUN AVE 1 THROUGH SPLIT ROAD TOWARDS LENTOR ROAD GOING TO CTE. CAR B WAS DRIVING VERY SLOWLY IN FRONT (NEAR STOP WITH NO SIGNAL). I REAR ENDED AFTER HE SUDDENLY STOPPED WHEN I HORNED HIM. THE ROAD WAS CLEAR IN FRONT OF HIM. BUT HE DID NOT MOVE. HE WAS NOT MOVING DUE TO THE BUS. HOWEVER, OUR ROAD/LANE WAS A STRAIGHT ROAD. THE OTHER LANE WAS A GIVE WAY LANE INSTEAD OF OURS. BUT HE WAS NOT MOVING.

#### 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	SJJ9171J
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
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 Pg. 1

### SKETCH PLAN

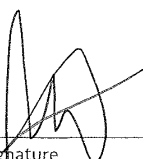
#### IMPORTANT NOTICE

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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.

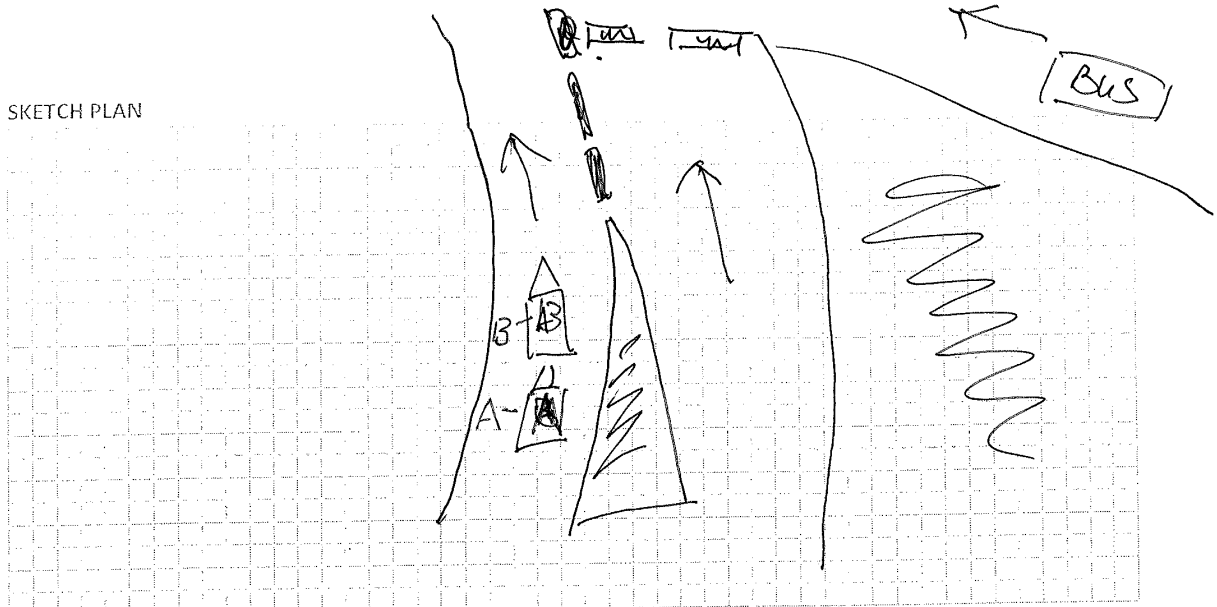
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

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

# Sketch Plan #2 Pg. 1

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Driving Along Yishun Ave 1, thru split road towards  
 Lorong Rd going to CTC. Car #B was  
~~Driving~~ Driving slowly in front (near stop with no  
 signal). The road ~~is~~ I rear ended after  
 he sudden stop when I horn him.  
 The road was clear in front of him  
 but ~~he~~ he did not move, he was  
 not moving due to the ~~bus~~ bus.  
 However, our Road / Lane was a  
 straight road, the other lane  
 was a give way lane ~~is~~ instead of  
 ours. but he was not moving.

## DECLARATION

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

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.:

Usage for Insurance Motor Accident Reporting  
and Claims Purposes Only

Vehicle no: QEV 2381 R  
Date of Accident: 24 Oct 120

6032943

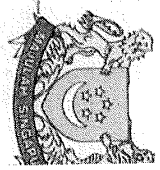
NRIC No. S1624008G





Date of Issue  
27-09-2018

Address  
APT BLK 10A BOON TIONG ROAD  
#22-519  
SINGAPORE 160010

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1624008G



Name  
KONG SAI FONG



Face  
CHINESE

Date of birth  
30-08-1963

Sex  
F

Country/Place of birth  
SINGAPORE

S1624008G

Driving License Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S9112528E**

Name: **TEO HE WEI, EUGENE (ZHANG HEWEI)**

Birth Date: **23 Mar 1991**

Issue Date: **25 Nov 2017**

002747538D

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S9112528E**

Name: **TEO HE WEI, EUGENE (ZHANG HEWEI)**  
**张和伟**

Race: **CHINESE**

Date of birth: **23-03-1991**

Sex: **M**

Country/Place of birth: **SINGAPORE**

00112528E

Usage for Insurance Motor Accident Reporting  
and Claims Purposes Only

Vehicle no: SKV 2381R

Date of Accident: 24/04/2020

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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen weight  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight  $\leq$  2500kg 25 Nov 2017

NP 428A



Licence No: S9112528E



NRIC No. S9112528E



Address

Date of issue  
27-03-2014

APT BLK 506A YISHUN AVENUE 4 #11-154  
SINGAPORE 761506  
NRIC No: S9112528E

Date: 24/08/2016 (R)

5294241

**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  
 www.qbe.com/sg

**QBE**

Date of issue 25/02/2020

Page 1 of 2

# PRIVATE CAR

## POLICY SCHEDULE

**New Business**

KONG SAI FONG  
 BLK 10A BOON TIONG  
 ROAD #22-519  
 SINGAPORE 160010

**Policy Number**  
 8-V0025520-MVA

**Replacing Policy Number**  
 8-V0021093-MVA

**Period of Insurance**  
 24/02/2020 to 20/04/2021  
 (Both Dates Inclusive)

**Account Number**  
 01000715  
 KWG INSURANCE AGENCY PTE LTD

This policy is issued/renewed from information you have disclosed. If there are any material changes during the period of this cover, please inform us.

**The Insured :** KONG SAI FONG

**Risk Details****Private Motor****Risk No 0001**

<b>Business/Occupation</b>	PROGRAM COORDINATOR	<b>Cover</b>	Comprehensive
<b>Sum Insured</b>	Market Value	<b>Registration No.</b>	SKV2381R
<b>Make &amp; Model</b>	AUDI A3 2.0 TFSI QU AT ABS	<b>Cubic Capacity</b>	1984
<b>Type of Body</b>	Saloon	<b>Chassis No.</b>	WAUZZZ8P29A101614
<b>Year of Manufacture</b>	2009	<b>Engine No.</b>	CCZ008019
		<b>No Claims Discount</b>	10.00
		<b>Safe Driver Discount</b>	0.00
<b>Excess</b>	SGD 600	<b>Insured/Named Driver</b>	
	1,100	<b>Unnamed Driver</b>	

**Other Information**

M2 EXCESS OWN DAMAGE CLAIMS (NOT APPLICABLE TO YOUNG AND INEXPERIENCED DRIVER EXCESS)  
 EA162 LOSS OF USE BENEFIT  
 EZ93A YOUNG AND INEXPERIENCED DRIVER EXCESS - ALL CLAIMS (EXCESS : S\$3,500.00)

**Clauses Applicable****EJ96 NON-CANCELLATION CLAUSE**

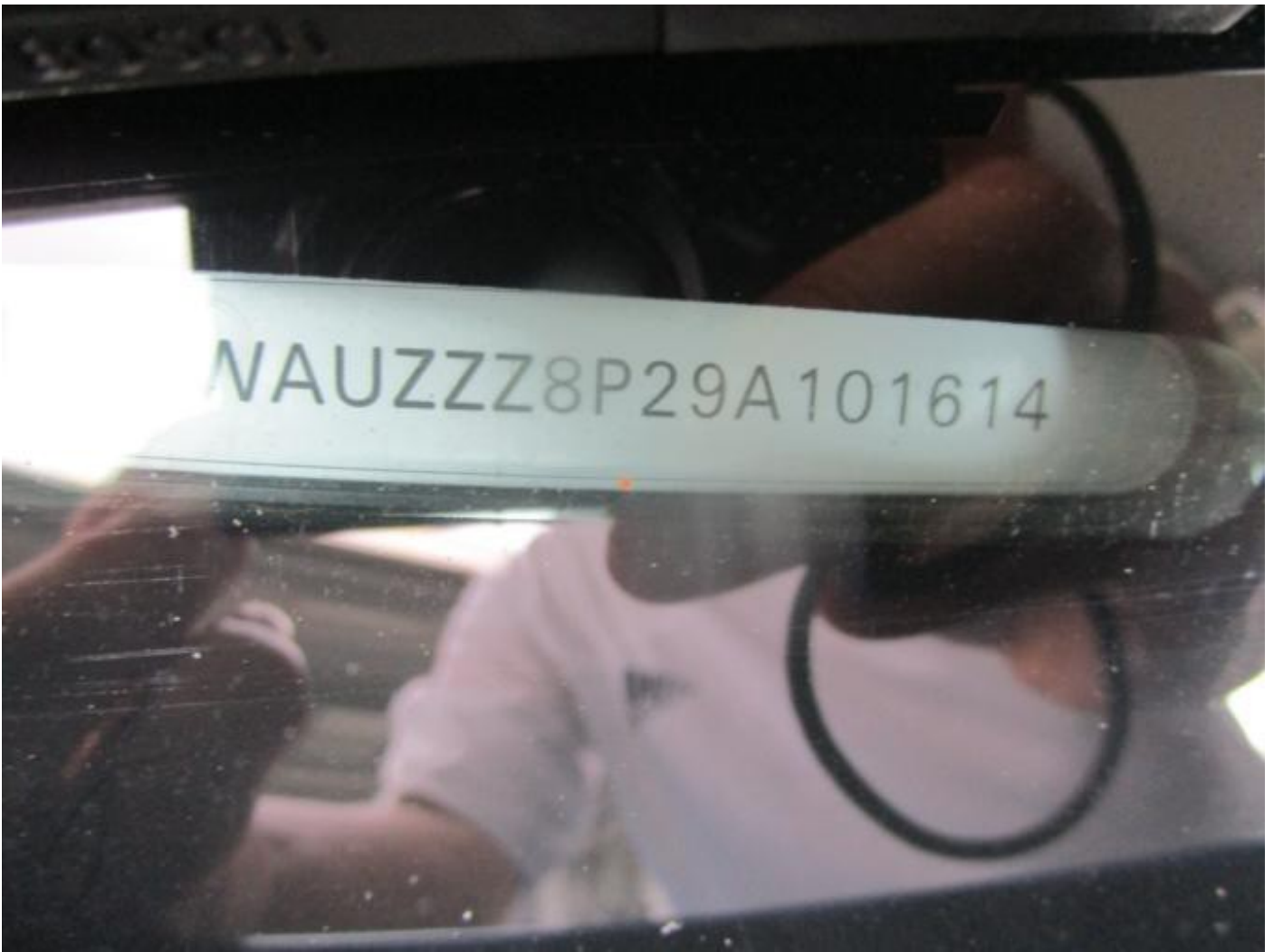
THE INSURANCE COMPANY UNDERTAKES TO ADVISE THE INTERESTED PARTY MENTIONED IN THE SCHEDULE PRIOR TO THE CANCELLATION OF THE POLICY IF INSTRUCTIONS HAVE BEEN RECEIVED FOR THE CANCELLATION OF THE POLICY AND ALSO TO ADVISE THE INTERESTED PARTY MENTIONED IN THE SCHEDULE AS SOON AS POSSIBLE OF ANY OTHER MATERIAL CHANGES WHICH ARE PROPOSED TO BE MADE IN THE TERMS OF THE INSURANCE.

SUBJECT OTHERWISE TO THE TERMS, CONDITIONS AND EXCLUSIONS OF THIS POLICY.

**EK04 LOSS PAYEE CLAUSE**

SGPMRB

Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

