

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	04/07/2020 22:45
Date Of Accident	03/07/2020 21:15
Exact Location Of Accident	KRAMAT ROAD SLIP ROAD INTO CTE (TOWARDS SLE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK6190T
Insured/Policyholder	
Name Of Registered Owner	TANG LAI FUN
NRIC No	S1568910B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97334490
Alternative Phone No	OFFICE-97334490

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER-1.5 (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	2020-V0025760-MVA
Cover Note Number	

Driver

Name of Driver	DARYI XIE KAIXUN
NRIC No	S9246307I
Date Of Birth	07/12/1992
Occupation	INDOOR
Date Of Driving Pass	19/11/2014
Driving Experience	5 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82991940
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 719 WOODLANDS AVE 6 #05-630
Postcode	730719
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

PLEASE REFER TO STATEMENT

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	SHC6994G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	KOH CHIN SOON
NRIC/Passport Number	S0081674D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

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.

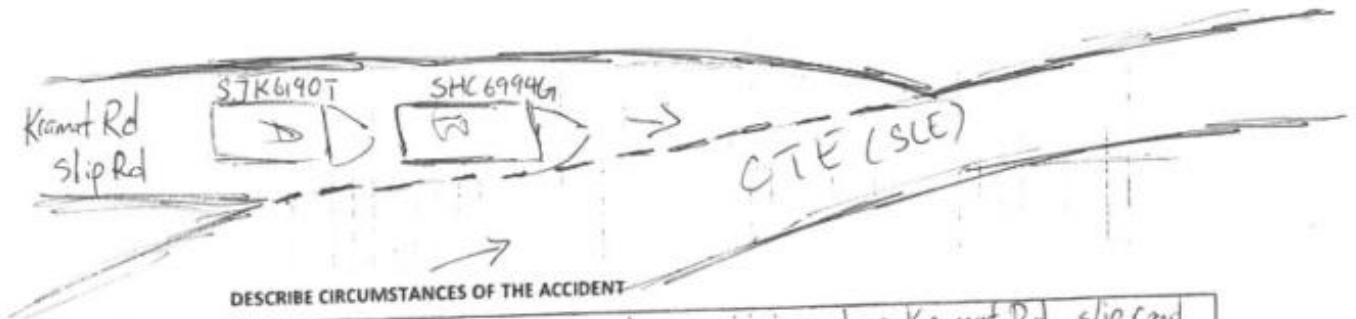
Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 4 July 2020
10:21 PM

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 3rd of July 2020, as I was driving along Kramat Rd, slip road entering CTE (towards SLE), the vehicle in front of me, a KIA Premier Cab, SHC 6994G, stopped suddenly, causing me to perform an emergency brake. As my car could not stop in time, the front of my car hit the rear of the Kia Taxi. No parties were injured during this accident.

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: 4 July 2020
10:21 PM

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

Common Statement

☐ Owner
☐ Driver

ACCIDENT STATEMENT

Date of Accident: 03 July 2020 Time: 21:15pm Location of Accident: KRANJI ROAD
Bojanged slip road into CTE (towards SLE)

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number: SJK 6190T
Name of Policyholder: Tan Li Lai Fun
NRIC/ FIN/ Passport/ ROC (if Policyholder is company): S1568910B
Address: 719 Woodlands Ave 6 #05-630 Singapore 730719
Contact Number: Tel: 97334490 Hp: -
Occupation: Document Controller

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model: Mitsubishi lancer EX
Type of Vehicle: Saloon MPV, CRV, Van, Lorry, Bus M/cycle, Others: _____
Exact Purpose for which vehicle was being used at the time of accident: PRIVATE USE
Are you claiming under your own insurance policy?
Vehicle category: ☐ Yes ☐ No ☐ Private ☐ Commercial ☐ Motorcycle

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company: QBE
Type of Policy: ☐ Comprehensive ☐ TP Fire & Theft ☐ Third party
Fleet Policy: ☐ Yes ☐ No
Policy Number: _____

DRIVER

Name of Driver: Daryl Xie KaiXun
NRIC/ FIN/ Passport: S9246307I
Date of Birth: 07 December 1992
Occupation: Marketing Exec
Driving License: 19 November 2014
Gender: ☒ Male ☐ Female
Contact Number: Tel: - Hp: 82991940
Address: 719 Woodlands Ave 6 #05-630 Singapore 730719
Email Address: calmriots@gmail.com
Was driver an employee of the Insured's Company? ☐ Yes ☒ No
If No, relationship of Driver with the Insured: SON
Vehicle Number of Driver's Own Vehicle (if applicable): _____
Insurance of Driver's Own Vehicle (if applicable): _____

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head-On, etc): INSURED HIT TP
Weather Conditions: ☒ Clear ☐ Raining ☐ Others: _____
Road Surface: ☐ Wet ☒ Dry ☐ Others: _____
Damage Area: _____

OTHER INFORMATION

Was there any foreign vehicle(s) involved? ☒ No ☐ Yes
Was anybody injured in the accident? (Including Witness) ☒ No ☐ Yes
Was any other vehicle(s) or property damaged? ☐ No ☒ Yes
Was there any camera video footage (in car)? ☒ No ☐ Yes

DETAILS OF POLICE ACTION

Was the accident reported to the Police? ☒ No ☐ Yes
If Yes, please state which police station & Report No. _____
Was notice of intended Prosecution given? ☒ No ☐ Yes
If Yes, against whom? _____

Common Statement

OWN VEHICLE REGISTRATION NUMBER _____

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

Other Vehicle or Property 2

Vehicle Registration Number

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

DETAILS OF WITNESS

Name

Phone / Email Address

Address

NRIC/ FIN/ Passport

DETAILS OF INJURED PERSON 1

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

Was Injured conveyed to hospital by ambulance?

☐ Yes

☐ No

☐ Yes

☐ No

DETAILS OF INJURED PERSON 2

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

Was Injured conveyed to Hospital by Ambulance?

☐ Yes

☐ No

☐ Yes

☐ No

Declaration

I/We declare that the above particulars & information provided above are true in every aspect.

Signature of Policy Holder
(Company Chop if applicable)

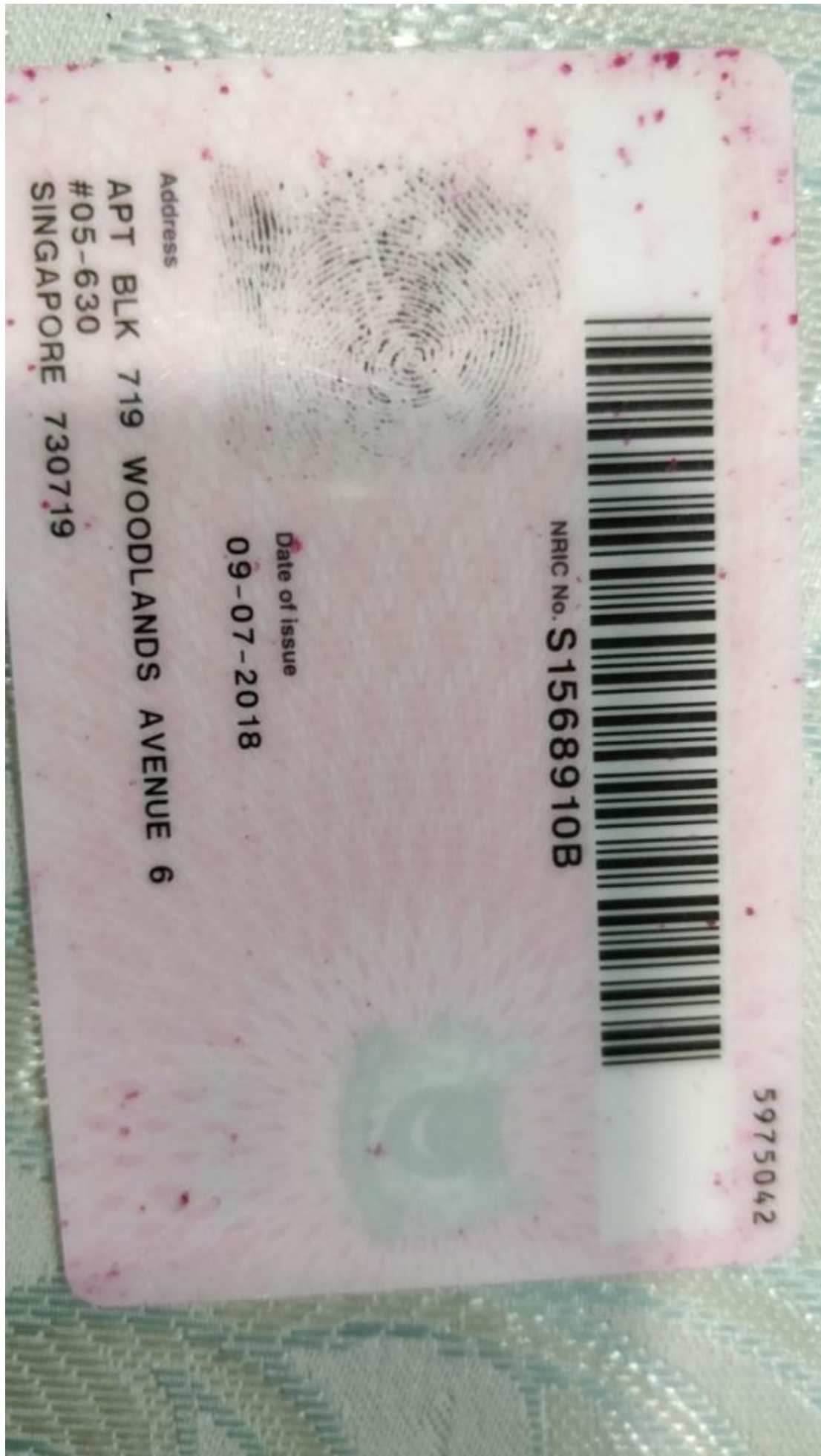
[Signature] 4 July 2020 10:15PM

Signature of Driver / Date & Time
(If Driver is not the Policy Holder)

Date & Time

Date & Time

Identification Card



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1568910B



Name
TANG LAI FUN

鄧 麗 芬

Race
CHINESE

Date of birth
10-12-1962

Sex
F

Country/Place of birth
SINGAPORE

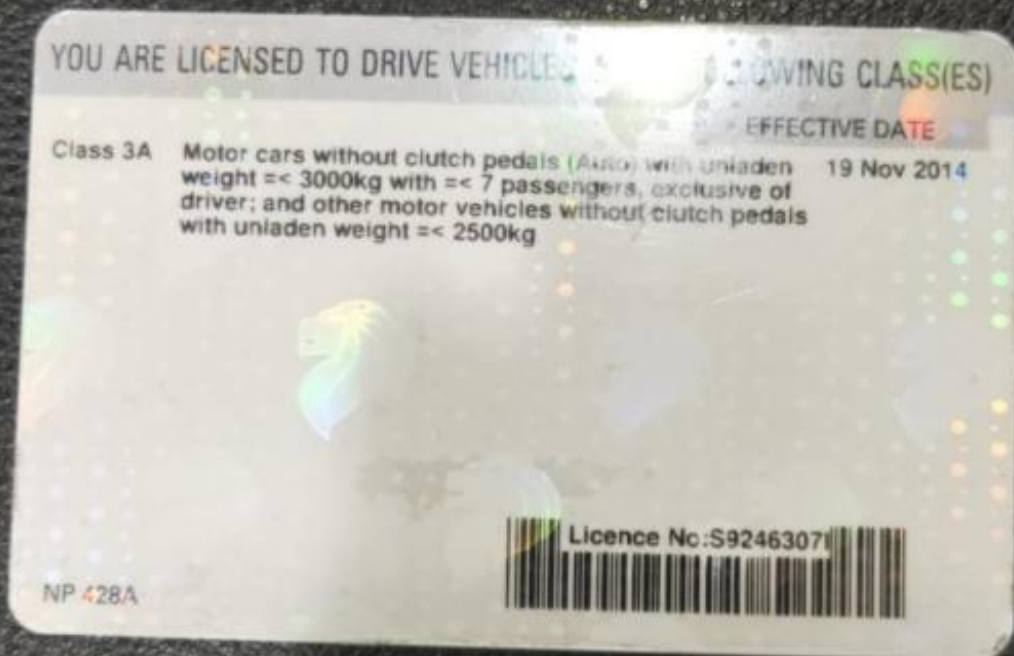


Driving License



OPPO R17

Driving License



OPPO R17

CERTIFICATE OF INSURANCE

Card Holder's Name: _____ VISA/MASTER (delete where appropriate)
Card Number: _____ Expiry Date (MM/YY) _____
State relationship to policy holder: If cardholder is not the insured: _____

QBE Insurance (Singapore) Pte Ltd
A member of the worldwide QBE Insurance Group - Unique Entity No. 1394030JC
1 Raffles Quay, #29-10 South Tower, Singapore 048583
Tel: 65-6724 6633 Fax: 65-6733 1270
GST Registration No.: M200644018
www.qbe.com.sg



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Date of issue 23/04/2020

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. 2020-V0025760-MVA Account Name KUA SIEW THIAM PATRICK MCI Type 1

1. Index Mark and Registration Number of Vehicle or Chassis No: **SJK6190T**
2. Name of Policyholder **TANG LAI FUN**
3. Effective date of Commencement of Insurance for the purposes of the Regulations. **29/04/2020**
4. Date of Expiry **28/04/2021**
5. Persons or Classes of persons 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 the order of a Court of Law or by reason of an 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 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 : Kenso Leasing Pte Ltd

Signed for and on behalf of
QBE Insurance (Singapore) Pte Ltd

Authorised Signature



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card



Driving License

