

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	15/07/2020 11:54
Date Of Accident	14/07/2020 15:40
Exact Location Of Accident	MOULMEIN RD TWDS BALESTIER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG8714S
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Insured/Policyholder

Name Of Registered Owner	GURBAK SINGH S/O INDER SINGH BHAGAT @ SHAMEER SHAH
NRIC No	S2159452J
Email Address	GURBAK_SINGH@IMH.COM.SG
Mobile Phone No	(LOCAL) +65-91864485
Alternative Phone No	OFFICE-91864485

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E250

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
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If No, Please state action to be taken	REPORTING ONLY
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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-V0025172-MVA
Cover Note Number	

Driver

Name of Driver	GURBAK SINGH S/O INDER SINGH BHAGAT @ SHAMEER SHAH
NRIC No	S2159452J
Date Of Birth	19/09/1955
Occupation	INDOOR
Date Of Driving Pass	21/09/1981
Driving Experience	38 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91864485
Fax Number	
Contact Number	OFFICE-91864485
Email Address	GURBAK_SINGH@IMH.COM.SG

Address	71 BEDOK RIA CRESCENT
Postcode	489887
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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)	2
Passenger 1	NAME: : SHARIFAH IAINON GENDER: : FEMALE

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 WANTED TO FILTER TO THE RIGHT LANE. I HAD SIGNAL MY INTENTION. WHEN MY VEHICLE WAS HALFWAY THROUGH INTO THE YELLOW BOX, VEHICLE B ON THE RIGHT DID NOT GIVE WAY TO ME AND COLLIDED ONTO MY VEHICLE REAR RIGHT PORTION. WE GOT DOWN TO EXCHANGE PARTICULARS AFTER THE ACCIDENT AND THERE WAS NO INJURIES TO ALL PARTIES.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC953P
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
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.

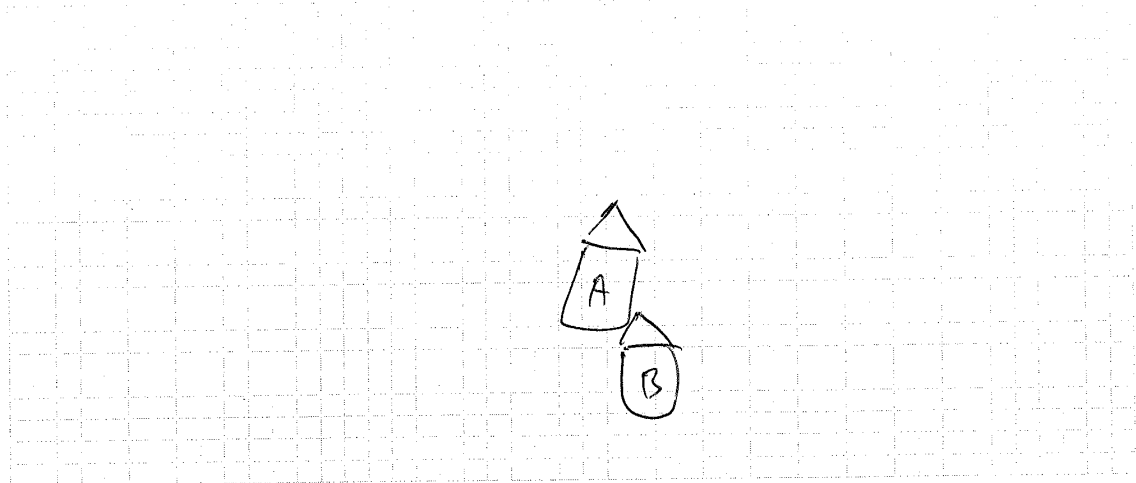


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

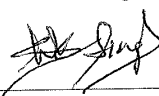


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I wanted to filter to the right lane, I had signal
my intention, when my vehicle was halfway through
into the yellow box, vehicle B on the right
did not give way to me and collided on
my vehicle rear right portion. We got down to
exchange particulars after the accident and there
was no injuries to all parties.

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.:

Driving License Pg. 1

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2159452J



Name
GURBAK SINGH S/O INDER
SINGH BHAGAT
@SHAMEER SHAH

Race
INDIAN

Date of birth
19-09-1955

Sex
M

Country/Place of birth
BRUNEI


S2159452J

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S2159452J

Name:
GURBAK SINGH S/O INDER
SINGH BHAGAT
@SHAMEER SHAH

Birth Date: 19 Sep 1955
Issue Date: 22 Nov 2016



002631449G

Usage for Insurance Motor Accident Reporting
and Claims Purposes Only

Vehicle no: SLG 87142
Date of Accident: 14/07/20

5349651

NRIC No. S2159452J



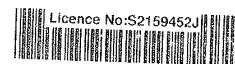
Date of Issue
06-09-2014

Address
71 BEDOK RIA CRESCENT
SINGAPORE 489887

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

		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	20 Jul 1978
Class 2A	Motorcycles between 201 cc and 400 cc	20 Jul 1978
Class 2	Motorcycles > 400 cc	20 Jul 1978
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	21 Sep 1981

NP 428A



QBE Insurance (Singapore) Pte Ltd

Member of the worldwide QBE Insurance Group - Unique Entity No. 198401363C

Raffles Quay, #29-10 South Tower, Singapore 048583
 Tel: 65-6224 6633 Fax: 65-6533 3270
 GST Registration No.: M200644018
 www.qbe.com/sg



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Date of issue 20/01/2020

PRIVATE CAR POLICY SCHEDULE

New Business

GURBAK SINGH S/O INDER SINGH BHAGAT
 71 BEDOK RIA CRESCENT
 SINGAPORE 489887 ...

Policy Number
 8-V0025172-MVA

Period of Insurance
 18/02/2020 to 17/02/2021
 (Both Dates Inclusive)

Account Number
 03L00071
 PANA HARRISON (ASIA) 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 : GURBAK SINGH S/O INDER SINGH BHAGAT

Risk Details

Private Motor

Risk No 0001

Sum Insured	Market Value	Cover	Comprehensive
Make & Model	MERCEDES BENZ E250 CGI A/T ABS	Registration No.	SLG8714S
Type of Body	Saloon	Cubic Capacity	1796
Year of Manufacture	2010	Chassis No.	WDD2120472A226772
		Engine No.	27186030068902
		No Claims Discount	30.00
		Safe Driver Discount	0.00

Other Information

EXCESS : NIL ON THE INSURED / NAMED DRIVER AND UNNAMED DRIVER

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.

Interested Parties

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

