

## 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	01/08/2020 12:48
Date Of Accident	31/07/2020 19:45
Exact Location Of Accident	TAMPINES AVE 10 TWDS IKEA TWDS PASIR RIS JUN AVE9
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCF157P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHIONH KEAT YEE
NRIC No	S1688366B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92701622
Alternative Phone No	OFFICE-92701622

### Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY-1.6 CVT ABS D/AIRBAG 2WD 4DR (A)
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
If No, Please state action to be taken	THIRD PARTY
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-V0021358-MVA-R001
Cover Note Number	

### Driver

Name of Driver	LEE TECK MENG
NRIC No	S1674836F
Date Of Birth	30/06/1964
Occupation	INDOOR
Date Of Driving Pass	13/10/1989
Driving Experience	30 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92702030
Fax Number	
Contact Number	
Email Address	LEETECKMENG2004@YAHOO.COM

Address	BLK 236 PASIR RIS ST 21 #13-09
Postcode	510236
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	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	3
Was any body injured in the Accident?	YES
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: : CHIONH KEAT YEE 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

FRONT VEHICLE STOP AT TRAFFIC LIGHT, I ALSO STOP IN TIME. VEHICLE B FROM BEHIND CANNOT STOP IN TIME AND HIT MY VEHICLE AND PUSH FORWARD MY VEHICLE TO HIT VEHICLE C.

#### 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	PC8808D
Vehicle Make/Model/Colour	
Details Of Properties	VEH B
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLF8654L  
Vehicle Make/Model/Colour  
Details Of Properties VEH C  
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)

#### DETAILS OF INJURED PERSON 1

Name CHIONH KEAT YEE  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SCF157P  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

**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.



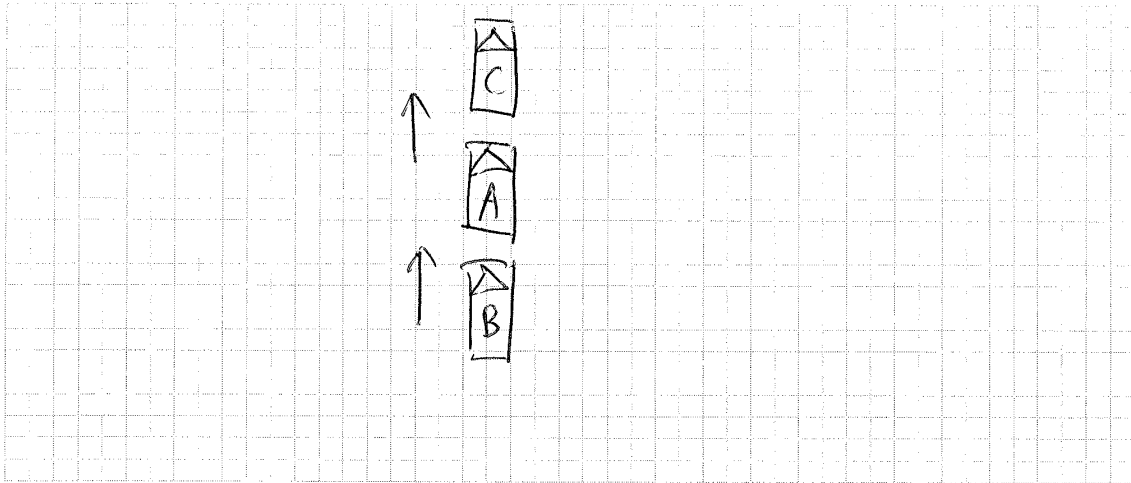
Policyholder's Signature  
Date & Time:



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

front veh stop at Traffic light, I also stop  
 intence, veh B from behind cannot stop intence  
 & hit my veh A push my veh forward & hit veh C.

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.:

**Insurance (Singapore) Pte Ltd**  
 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



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Date of issue 15/01/2020

## PRIVATE CAR POLICY SCHEDULE

## Renewal

CHIONH KEAT YEE  
 BLK 236 PASIR RIS ST 21 #13-09  
 SINGAPORE 510236

**Policy Number**  
 8-V0021358-MVA-R001

**Period of Insurance**  
 13/02/2020 to 12/02/2021  
 (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 :** CHIONH KEAT YEE

### Risk Details

### Private Motor

**Risk No 0001**

		Cover	Comprehensive
<b>Sum Insured</b>	Market Value	<b>Registration No.</b>	SCF157P
<b>Make &amp; Model</b>	NISSAN SYLPHY 1.6 CVT ABS	<b>Cubic Capacity</b>	1598
<b>Type of Body</b>	Saloon	<b>Chassis No.</b>	MNTBBAB17Z0027998
<b>Year of Manufacture</b>	2016	<b>Engine No.</b>	HR16993821B
		<b>No Claims Discount</b>	50.00
		<b>Safe Driver Discount</b>	5.00

### Other Information

M2 EXCESS OWN DAMAGE CLAIMS  
 1ST ACCIDENT:  
 NIL ON THE INSURED/NAMED DRIVER  
 S\$600.00 ON UNNAMED DRIVER  
 2ND ACCIDENT ONWARDS:  
 S\$600.00 ON THE INSURED/NAMED DRIVER  
 S\$1,100.00 ON UNNAMED DRIVER

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)

SGPLCH

# Identification Card Pg. 1

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1674836F



Name

LEE TECK MENG

李德銘

Race

CHINESE

Date of birth

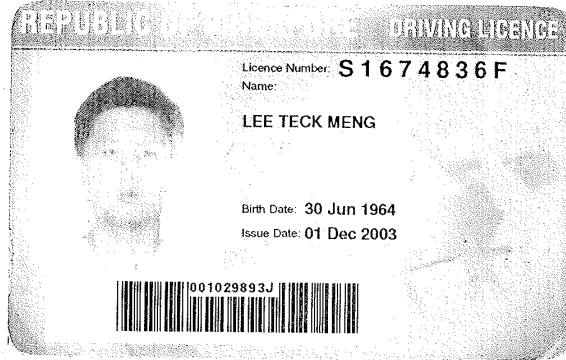
30-06-1964

Country/Place of birth

SINGAPORE

Sex

M



Licence Number: S1674836F

Name:

LEE TECK MENG

Birth Date: 30 Jun 1964

Issue Date: 01 Dec 2003



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1688366B



Name

CHIONH KEAT YEE

蒋洁怡

Race

CHINESE

Date of Birth

07-10-1965

Sex

F

S1688366B

Country of Birth

PERAK

Usage for Insurance Motor Accident Reporting  
and Claims Purposes Only

Vehicle no: SCF157P

Date of Accident: 31/07/2020

5715811



NRIC No. S1674836F



Date of issue

28-02-2017

Address

APT BLK 236 PASIR RIS STREET 21  
#13-09  
SINGAPORE 510236

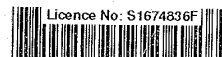
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3

Motor Cars and Motor Tractors the weight of  
which unladen does not exceed 2500 kilograms

PASS DATE

13 Oct 1989



Licence No: S1674836F

NP 428A



0262395



NRIC No. S1688366B

Blood Group

O+

Date of issue

22-02-1992

Address

APT BLK 236 PASIR RIS STREET 21 #13-09

SINGAPORE 510236

NRIC No: S1688366B

Date: 27-01-1999

No: 2489277

Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo

