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 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.

ACCIDENT STATEMENT

Date Of Report	03/08/2020 16:13
Date Of Accident	30/07/2020 14:00
Exact Location Of Accident	AVON PARK BUILDING
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN9770J
Insured/Policyholder	
Name Of Registered Owner	WONG CHEE MUN
NRIC No	S1318835A
Email Address	AUGUSTINEWCM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97301630
Alternative Phone No	OTHERS-97301630
Vehicle Particulars	
Manufacturer	HONDA
Model	ODYSSEY
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?	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-V0014748-MVA-R003
Cover Note Number	
Driver	
Name of Driver	WONG CHEE MUN
NRIC No	S1318835A
Date Of Birth	16/01/1958
Occupation	INDOOR
Date Of Driving Pass	06/02/1978
Driving Experience	42 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97301630
Fax Number	
Contact Number	OTHERS-97301630
EMail Address	AUGUSTINEWCM@GMAIL.COM

Address	1 YOUNGBERG TERRACE #10-14 AVON PARK
Postcode	357741
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 - 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

REFER TO SKETCH PLAN.

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	SHB3114E
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	
No. Of Passenger (Including Driver)	

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 **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. 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 :

   (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.

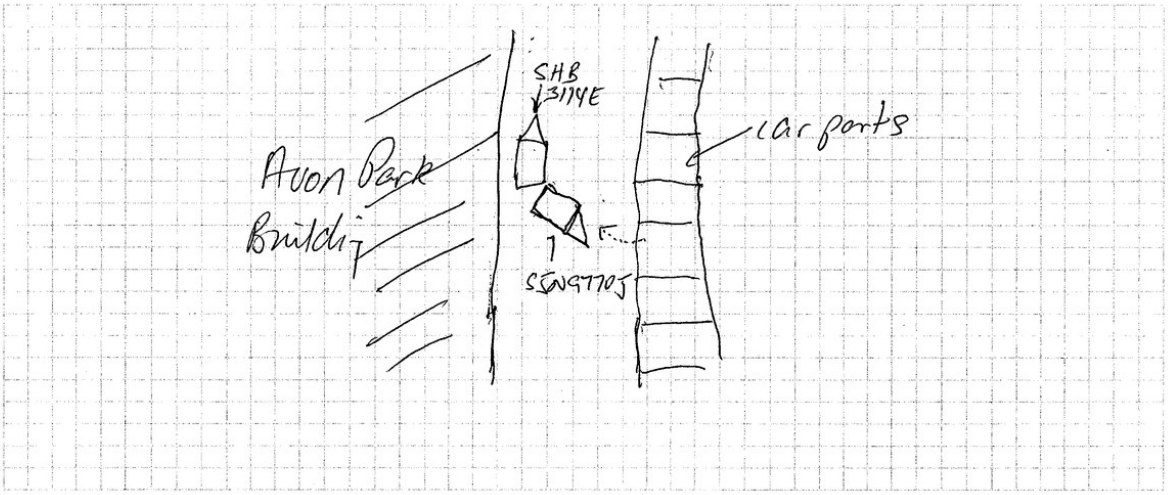
   (e) the information so collected under (d) above may be shared / disclosed:

   (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: 3/8/2020 3.45pm	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: - Jenny Lim

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On Thursday 20/8/2020 at around 2 pm I was reversing my car SJN9770J (Honda Odyssey) out of a parking lot in pte condo Avon Park (Blk 1 Yoursbess Terrace). when a NTUC Taxi SHB3114E stopped behind my car to let off a passenger. I did not notice that the taxi had stopped behind my car and the left bumper of my car hit against the right bumper of the taxi. The taxi suffered a minor bumper damage as well as my car.

Later the taxi ~~dri~~ driver one Mr Hean spoke to me on the phone and say that he had already sent his taxi to his workshop (a technician called Lim Tien Siong) and he told me that the repair may cost $1000 to $2000. and told me to report to my insurers.

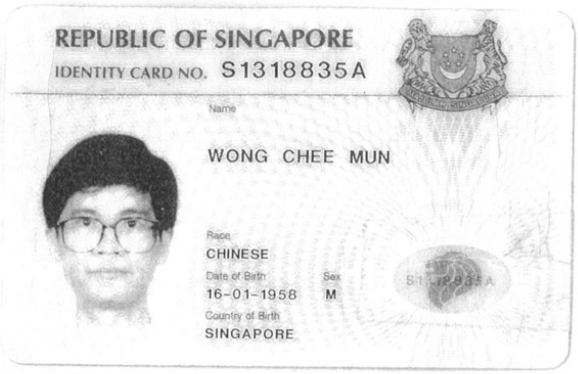
DECLARATION

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

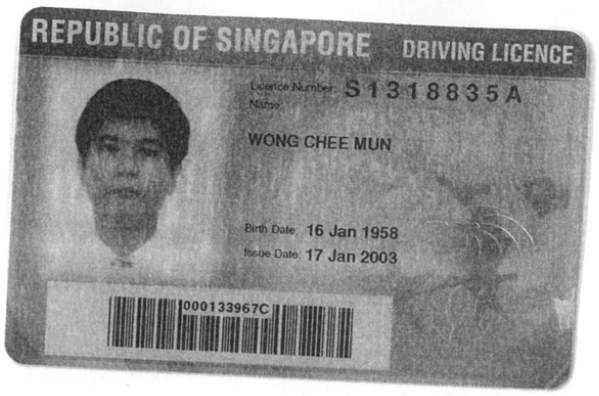
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time: 3/8/2020 3.45 pm	(If driver is not the policyholder)	Name: Jenny Lim
	Date & Time:	NRIC/FIN No.: -

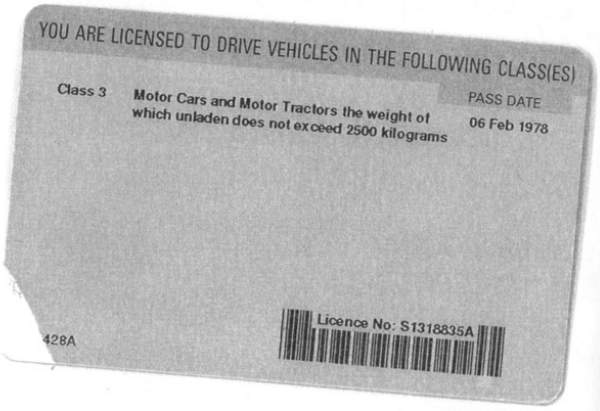
GIARMC SketchPlan Form

Identification Card Pg. 1



Driving License Pg. 1





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

Date of issue 30/01/2020

PRIVATE CAR
POLICY SCHEDULE

Renewal

WONG CHEE MUN
1 YOUNGBERG TERRACE
#10-14 AVON PARK
SINGAPORE 357741 .

Policy Number	Period of Insurance	Account Number
8-V0014748-MVA-R003	**07/03/2020 to 06/03/2021**	**01000921**
	(Both Dates Inclusive)	**WONG SUET FEI**

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 : WONG CHEE MUN

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

		Cover	Comprehensive
Sum Insured	Market Value	**Registration No.**	SJN9770J
Make & Model	HONDA ODYSSEY 2.4L AT SR	**Cubic Capacity**	2354
Type of Body	Stationwagon with Sunroof	**Chassis No.**	JHMRB38509C200588
Year of Manufacture	2009	**Engine No.**	K24Z21300593
		No Claims Discount	50.00
		Safe Driver Discount	0.00

Excess	SGD	600	Insured/Named Driver
		1,000	Unnamed Driver

Other Information

NAMED DRIVERS
==========
1) CHERYL WONG (06/04/1958)
2) WONG SHER MIN CORRINE (18/03/1994)

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)

SGPXMYW

Accident Photo

Accident Photo

Accident Photo

Chassis Number

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

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

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MLHM20065341 Vehicle Registration No: SJN 9770U

Name(as shown in NRIC) : Wong Chee Mun NRIC/FIN/Passport No : SXXXX853A

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : 1 Youngberg Terrace #10-14 AVON Park Singapore(357741)

Contact (Tel) : Mobile No. : 97301630

Email Address :

Date of Accident : 30/07/2020 Time of Accident : 14:00 hours

Place of Accident : AVON Park Building

Insurance Company : QBE Insurance (Singapore) Pte Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To amend vehicle number to SJN 9770J.

Wong Chee Mun
Policyholder / Driver's Signature
Date: 04/08/2020

Reporting Centre Personnel's Signature
Name: Jenny Lim
NRIC/FIN No.:
Date: 04/08/2020

GIARMC addendumform_V5