

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	29/06/2020 17:20
Date Of Accident	29/06/2020 08:20
Exact Location Of Accident	NORTH BUONA VISTA ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC9462X
Insured/Policyholder	
Name Of Registered Owner	LIN JYH FANG KELVIN
NRIC No	SXXXX421F
Email Address	SHAWNJIANEN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98221758
Alternative Phone No	OFFICE-98221758

Vehicle Particulars

Manufacturer	BMW
Model	216I GT LED NAV
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-V0022962-MVA
Cover Note Number	

Driver

Name of Driver	LIN JIAN EN SHAWN
NRIC No	SXXXX647F
Date Of Birth	04/10/1996
Occupation	INDOOR
Date Of Driving Pass	04/02/2016
Driving Experience	4 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96970828
Fax Number	
Contact Number	
Email Address	SHAWNJIANEN@GMAIL.COM

Address	32 BUKIT BATOK STREET 21, #07-09 THE DEW
Postcode	659637
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	SIDE SWIPE
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)	3
Passenger 1	NAME: : LIN SHU YI CLARE GENDER: : FEMALE
Passenger 2	NAME: : CHUA LAY HONG REBEKAH 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

REFER TO ATTACHED SKETCH PLAN.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKV5188M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	91827173
Address	

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**

Sham

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:

Sham

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

Sham

29 June 2020

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

h 29/6/20

Please note that you might be able to submit an Own Damage Claim under own policy within 14 days.

() Claim Own Damage () Claim TP ☒ Reporting Only () Claim OD/TP at other workshop

Sham

Workshop Name: _____

SKETCH PLAN



A- SMC9462X
B- SKV5188M

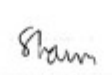
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


At around 8:20am on 29 June 2020, I was travelling on North Burma Vista Road and approaching the junction of Dover Road. As I was reaching the junction, a car of registration SKV 5188M made a sudden lane change from the rightmost lane. I did not have time to avoid his vehicle and he thus hit my vehicle's right side.

DECLARATION

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

 
Policyholder's Signature
Date & Time:

 29 June 2020
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 29/6/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

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



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Date of issue 09/07/2019

**PRIVATE CAR
POLICY SCHEDULE****New Business**LIN JYH FANG KELVIN
32 BUKIT BATOK ST 21 #07-09
SINGAPORE 659637**Policy Number**
8-V0022962-MVA**Period of Insurance**
30/07/2019 to 29/07/2020
(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 : LIN JYH FANG KELVIN**Risk Details****Private Motor****Risk No 0001**

Sum Insured	Market Value	Cover	Comprehensive
Make & Model	B.M.W. 216I GT LED NAV	Registration No.	SMC9462X
Type of Body	MPV	Cubic Capacity	1499
Year of Manufacture	2018	Chassis No.	WBA2D920505K81128
		Engine No.	31765253B38A15A
		No Claims Discount	50.00
		Safe Driver Discount	5.00

Other Information**NAMED DRIVER**

=====

CHUA LAY HONG REBEKAH (S7035796H , 05/10/1970)

M2 EXCESS OWN DAMAGE CLAIMS**1ST ACCIDENT:**

NIL ON THE INSURED / NAMED DRIVER AND UNNAMED DRIVER

2ND ACCIDENT ONWARDS:

S\$1,500.00 ON THE INSURED / NAMED DRIVER AND 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)**

SGPDNP

Driving License

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S9634647F**

Name:

LIN JIAN EN SHAWN

Birth Date: **04 Oct 1996**

Issue Date: **04 Feb 2016**



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 04 Feb 2016

NP 428A



Licence No: S9634647F

ENDORSEMENT

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

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Date of issue 07/10/2019

**PRIVATE CAR
POLICY SCHEDULE****Endorsement****Name and Address of the Insured**

LIN JYH FANG KELVIN

32 BUKIT BATOK ST 21 #07-09

SINGAPORE 659637

Policy Number

8-V0022962-MVA-E001

Period of Insurance

30/07/2019 to 29/07/2020

(Both Dates Inclusive)

Account Number

03L00071

PANA HARRISON (ASIA) PTE LTD

Endorsement attaching to and forming part of the above mentioned policy:

IT IS HEREBY NOTED AND AGREED THAT POLICY DETAIL(S) HAS BEEN AMENDED.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.

With effect from 04/10/2019, the following Named Driver is included in the Policy.

Name: Lin Jian En Shawn

Date of Birth: 04/10/1996

NRIC No. S9634647/F

Relationship to Insured: Son

Occupation: Student

Licence Pass Date: 04/02/2016

Claims: if any, in last 3 yrs - Nil

SGPLCH

Accident Photo



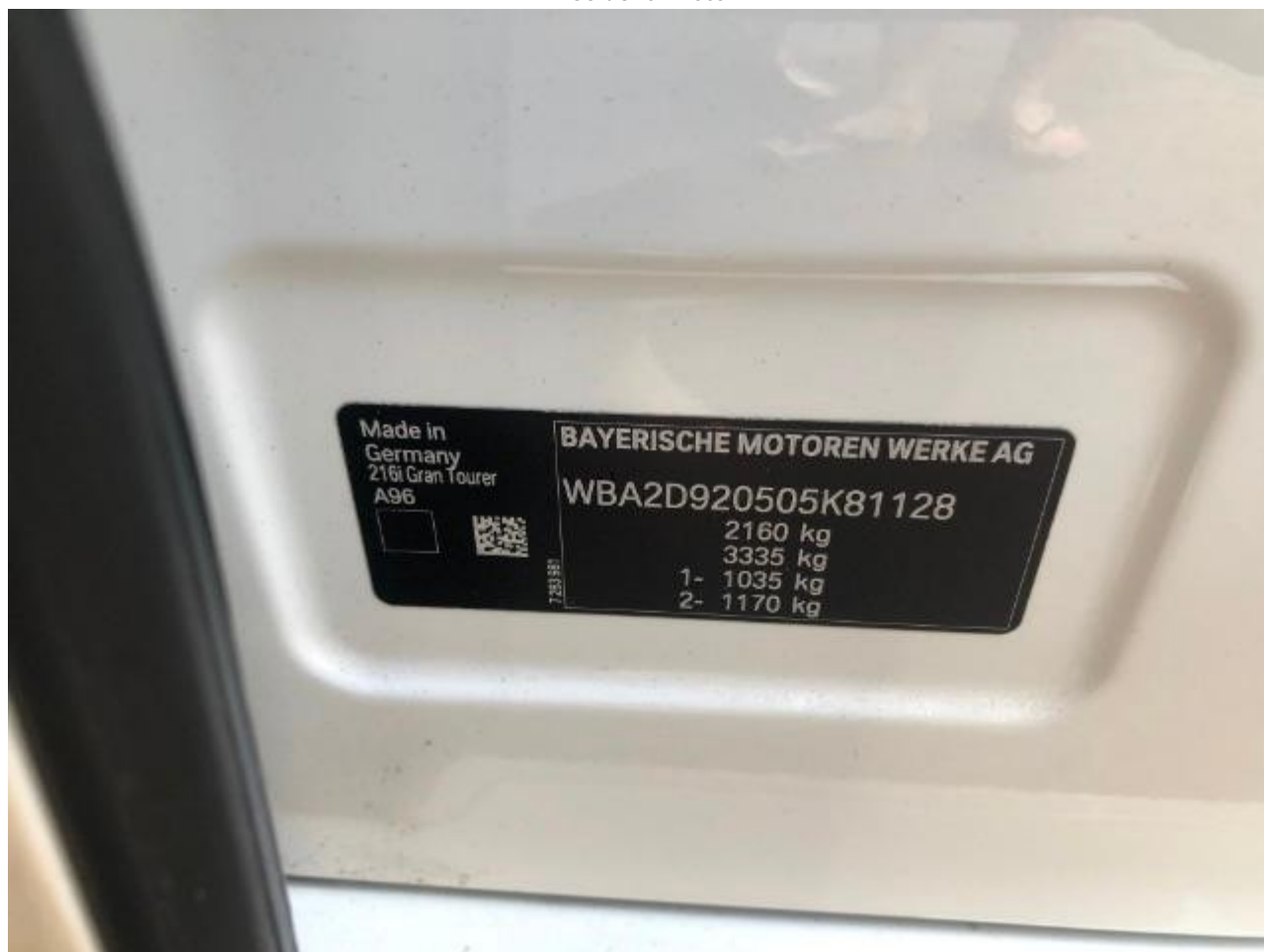
Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo



Accident Photo



Addendum Sheet

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 : MWMM20055470 Vehicle Registration No: SMC9462X
Name (as shown in NRIC) : Lin Jian En Shawn NRIC/FIN/Passport No : S9634647F
(*Vehicle Driver / ~~Vehicle Owner~~) (*) Please delete as appropriate
Address : 32, Bukit Batok Street 21, #07-09 THE DEW Singapore (659637)
Contact (Tel) : 96970828 Mobile No.: 96970828
Email Address : SHAWNJIANEN@GMAIL.COM
Date of Accident : 29/06/2020 Time of Accident : 08:20
Place of Accident : North Buona Vista Road
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:

I repeat the information furnished in the earlier report. I additionally
will be making a claim against the counterparty's insurance company.
I am still deciding which workshop will make the ~~the~~ repairs to
my vehicle. (own workshop)

Shawn

Policyholder / Driver's Signature
Date: 1 July 2020


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