

## 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	14/09/2020 16:48
Date Of Accident	12/09/2020 08:45
Exact Location Of Accident	FORD ROAD (WATERSIDE CONDO)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD7868R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHEONG WAI KENG
NRIC No	S0847082J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96971356
Alternative Phone No	OFFICE-96971356

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180
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	REPORTING ONLY
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-V0016865-MVA-R002
Cover Note Number	

### Driver

Name of Driver	CHEONG WAI KENG
NRIC No	S0847082J
Date Of Birth	01/04/1952
Occupation	INDOOR
Date Of Driving Pass	19/07/1982
Driving Experience	38 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-96971356
Fax Number	
Contact Number	OFFICE-96971356
EEmail Address	NOEMAIL

Address	34 JALAN SAYANG
Postcode	1441
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	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)	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

I WANTED TO REVERSE TO PARK WHEN I ACCIDENTALLY SCRATCHED ONTO VEHICLE B FRONT RIGHT PORTION.

#### 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	SV80C
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
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)	

## IMPORTANT NOTICE

- I understand, acknowledge, agree and consent that:

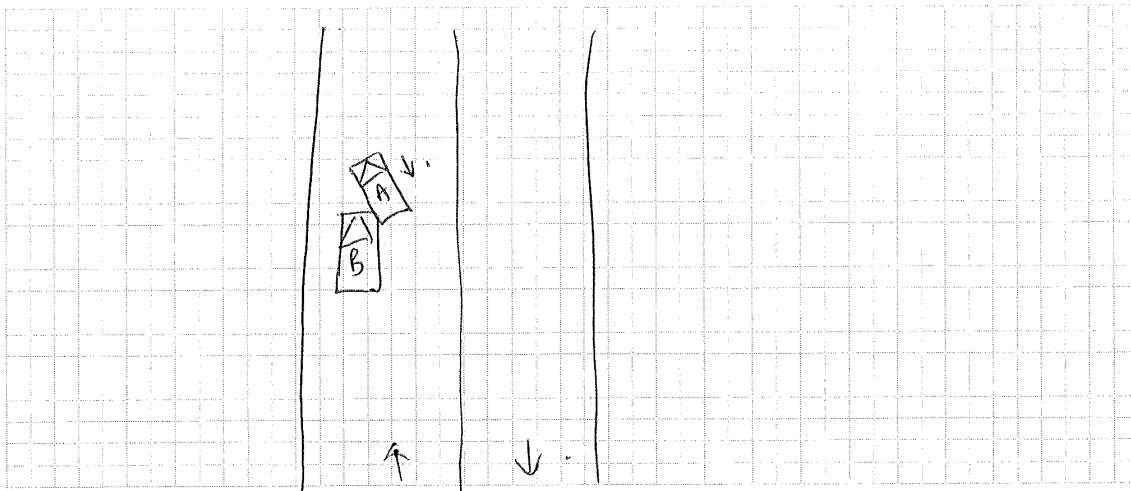
- (a) My insurer, my workshop and the General Insurance Association of Singapore (“GIA”) may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the “**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.

older's Signature  
Time: 14/9/20

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 reverse to park when I accidentally scratched onto vehicle B front right portion.

## 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. S0847082J



Name

CHEONG WAI KENG

張惠瓊

Race  
CHINESE

Date of Birth 01-04-1952 Sex F

Country of Birth  
SINGAPORE

S0847082J

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S0847082J  
Name: CHEONG WAI KENG

Birth Date: 01 Apr 1952  
Issue Date: 04 Jun 2004

001232136D

Usage for Insurance Motor Accident Reporting  
and Claims Purposes Only

Vehicle no: SD 7868R

Date of Accident: 12/09/20



0356420

NRIC No. S0847082J



Blood Group B+ Date of issue 25-05-1992

Address  
34 JALAN SAYANG  
SINGAPORE 1441

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

Class 3 Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg

PASS DATE  
19 Jul 1982

NP 428A



Licence No: S0847082J

**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 06/01/2020

## PRIVATE CAR POLICY SCHEDULE

**Renewal**

CHEONG WAI KENG  
 34 JALAN SAYANG  
 SINGAPORE 418652

**Policy Number**  
 8-V0016865-MVA-R002

**Period of Insurance**  
 09/01/2020 to 08/01/2021  
 (Both Dates Inclusive)

**Account Number**  
 01000458  
 I INSURANCE SG AGENCY

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 :** CHEONG WAI KENG

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

<b>Business/Occupation</b>	EXECUTIVE	<b>Cover</b>	Comprehensive
<b>Sum Insured</b>	Market Value	<b>Registration No.</b>	SKD7868R
<b>Make &amp; Model</b>	MERCEDES BENZ C 180	<b>Cubic Capacity</b>	1796
<b>Type of Body</b>	Saloon	<b>Chassis No.</b>	WDD2040492A651943
<b>Year of Manufacture</b>	2011	<b>Engine No.</b>	27182030391853
		<b>No Claims Discount</b>	50.00
		<b>Safe Driver Discount</b>	5.00

**Excess** SGD 1,250 Unnamed Driver

**Other Information**

NAMED DRIVER

=====

LIM JOHNSON (S8030413G , 04/10/1980)

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)

**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.

SGPXKSL

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo

