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.

By the lodgement of this report to the insurers, you hereby consaforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	30/10/2020 10:35
Date Of Accident	29/10/2020 15:45
Exact Location Of Accident	T JUNCTION OF ANG MO KIO AVE 1 AND AVE 10
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMH5708M
Insured/Policyholder	
Name Of Registered Owner	CHUA HUAT HWEE
NRIC No	SXXXX986B
Email Address	HUATHWEE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96259528
Alternative Phone No	OFFICE-96259528
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE-1.6 HD (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USAGE
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

QBE INSURANCE (SINGAPORE) PTE LTD Name of Insurance Company

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number 8-V0021151-MVA-R001

Cover Note Number

Driver

Name of Driver **CHUA HUAT HWEE**

NRIC No SXXXX986B Date Of Birth 27/03/1957 Occupation **INDOOR Date Of Driving Pass** 17/06/1976

Driving Experience 44 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96259528

Fax Number

Contact Number OFFICE-96259528

EMail Address HUATHWEE@GMAIL.COM Address 34 ST. NICHOLAS VIEW

Postcode 567997

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 WET

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)

Details of Police Action

Was the accident reported to the police?

NO

1

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: PROVIDE TO WORKSHOP

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBG2361J
Vehicle Make/Model/Colour NISSAN VAN

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver RAISSUDIIN BIN MOHAMED SELAMAT

NRIC/Passport Number SXXXX478D Contact Number 82235654

Address

Postcode

Insurance Company Name CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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!

(If drive is not the policyholder

Date & Time:

Driver's

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan Pg. 2 Protected By Symantec

SKETCH PLAN	Toward Lov Chu	an
My SM	AV 10 0 10 1 Traf AV 10 0 10 10 10 10 10 10 10 10 10 10 10 1	GC Vight
Please Geo a	A	
DECLARATION /We declare the foregoing part	iculars are true in every respect.	
Policyholder e Signature Date & Time 30.10.2020 10.30 AM	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Sketch Plan Pg. 3

On 29 Oct 2020 (Thu) at around 3:45 pm, I was driving my car SMH5708M along Ang Mo Kio Ave 1, from my house at around Bishan Park toward Lor Chuan / Boundary Road direction.

When approached the traffic light at the T junction of AMK Ave 10 and AMK 1, at a certain distance while the traffic light was still yellow, I slowed down my car and eventually came to a stop in front of the traffic light at the while line. As a habit, I always look-into my car rear mirror when stopped, and I saw a van approaching my car with normal speed. I assumed it will stop behind me, so I turned my eyesight toward the front.

A few second later, I heard a loud "bang" and at the same time felt some pressure hit against my upper back and my neck, my upper body moved toward the front but was held back by the safety belt. My whole car has moved forward by some distance, and by intuition, I stepped hard on my car brake to bring the car to a halt. All these happened in a matter of seconds.

When I came to my sense, I realized that I was banged by something at the rear of my car. I tried to take out my mobile phone from my waist pouch but found that I did not bring it out with me. I therefore open my car dashboard to take out a notebook and a pen so that I can take down the information. When I came out from my car after a few minutes, I saw 2 Malay young men was behind my car looking at the damages. Behind them was a Nissan van, GBG 2361J.

They apologized to me, and one of them told me he stepped the van's brake but somehow it still slipped forward and bang against my car rear.

We inspected the damages of my car and agreed that it was quite serious, and we must report the case to insurance companies. One of them told me he was the driver and the van belongs to the company he works for. He presented his driving license (S8930478D, Raissudiin Bin Mohamed Selamat) to me and I gave him mine.

As I did not have my mobile phone (MP) with me, I requested him to use his MP (82235654) to call mine so that I can have his mobile number registered in my MP. I then used his MP to call my house and asked my wife to check my MP to confirm there was a missed call at (3:47 pm) with this mobile number.

Mr. Raissudiin was quite cooperative, he used his MP to take pictures of the accidence scenes, and upon my request sent a set of them to my MP. I called my wife and confirmed that my MP has received those pictures. We both drove off after that.

P/S: Just for record.

Midway of our discussion, a car stopped in front of mine and a young man came down from the car and started to ask what happened and offered to help and started to provide advises.

I asked Mr. Raissudiin is this young man with him or does he know him? He said no.

The young man said he was from a nearby vehicle repair shop, he happened to pass by and wanted to help. I rejected his offer to help and told him my insurance company has its own authorized workshop, and I asked him to leave and let us settle the issue by ourselves.

He did not go away and continues to advise Mr. Raissudiin what pictures to take. I look at the final pictures taken, it seems okay, so I used his MP to send a set of the pictures to mine.

Before we agreed to part and leave the place, he gave both of us his business card, which is: Mr.
Benson Seow, Senior Claims Consultant from JWG International Pte Ltd, located at 10 Ang Mo Kio Ind Park 2A, #03-08 AMK AutoPoint.

Sketch Plan Pg. 4

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



Certificate of Insurance

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULE, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate No.

Account Name PANA HARRISON (ASIA) PTE

MCI Type MX1

8-V0021151-MVA-R001

LTD

1 Index Mark and Registration Number of Vehicle or Chassis No:

SMH5708M

2 Name of Policyholder CHUA HUAT HWEE

3 Effective date of Commencement of Insurance for the purpose of the Regulations

28/01/2020

4 Date of Expiry

27/01/2021

- 5 Person or Classes of Person entitled to drive*
 - (a) The Policyholder.

Date of Issue: 14/01/2020

The Policyholder may also drive a motor car not belonging to him/her and not hired to him/her under a hire purchase agreement.

(b) Any person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from the driving the Motor Vehicle

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage

6 Limitations as to use*

Use only for social domestic and pleasure purposes and for the Policyholder's business.

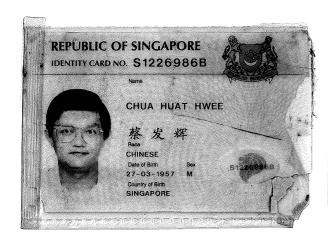
The policy does not cover use for hire or reward, racing, pace-making, reliability trial, speed-testing or the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

7 Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risk and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia) are not to be included under these headings

I/WE HEREBY CERTIFY that the Policy to which this certificate relates is issued in accordance with the provisions of the Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act. 1987 (Malaysia)

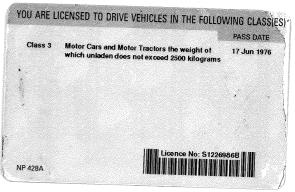
QBE Insurance (Singapore) Pte Ltd

Authorized Signature

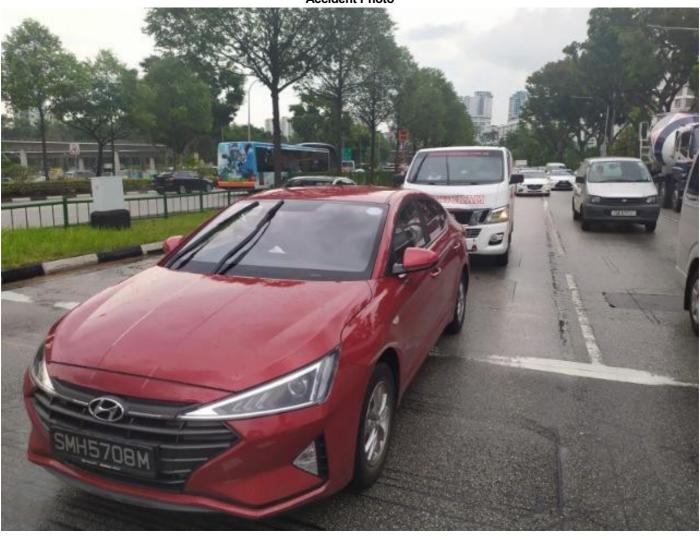










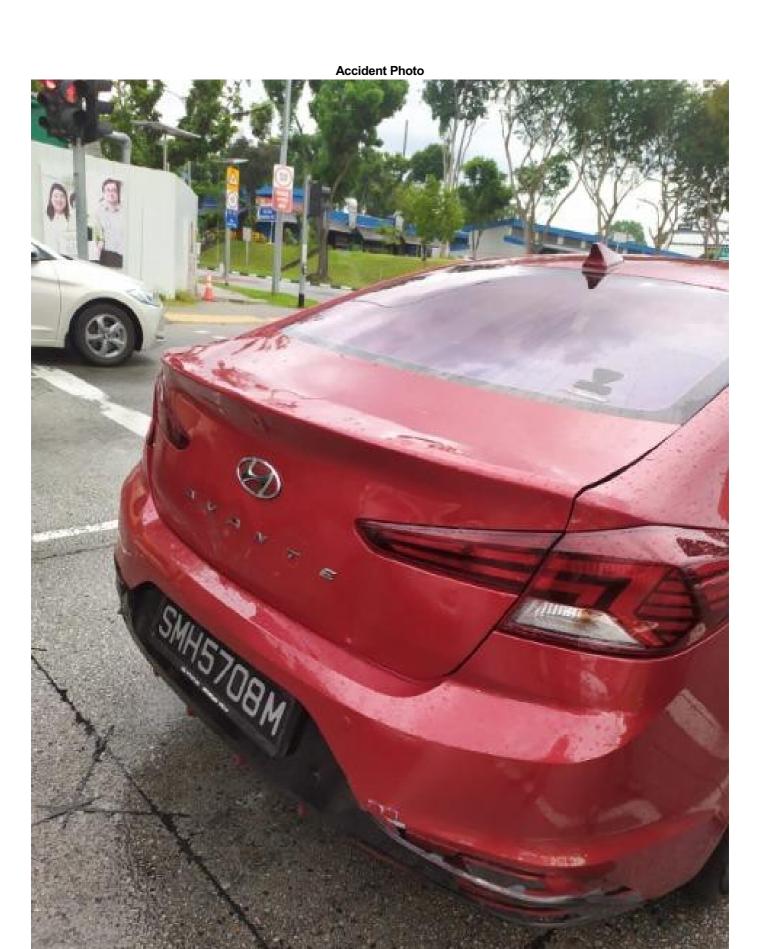








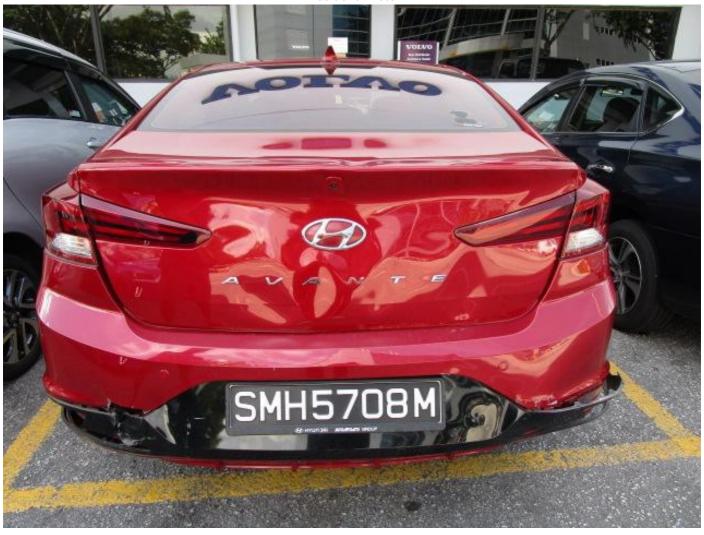
























Addendum Sheet Pg. 1



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: \$66550020G / GST Reg. No.: M400017735

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

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: WCDS 2009 5326 - Vehicle Registration No: 5m # 5708M Name (as shown in NRIC): Lhna Huat Hwee NRIC/FIN/Passport No: 51226986B (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate . 34 St. Nicholas Viens Singapore(1579 Address Contact (Tel) Mobile No.: **Email Address** Date of Accident Time of Accident: . Ang Mokio Ave I and Ave 10 Place of Accident Insurance Company: __ (B) ADDITIONALINFORMATION/AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Drovide Car Video Policyh Mer // Driver's Signature Reporting Centre Personnel's Signature Date: Name:

NRIC/FIN No.: Date: