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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.
- 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.

· 市场意识的 出版中学 100年1997年1	ACCIDENT STATEMENT
Date Of Report	19/11/2020 14:12
Date Of Accident	14/11/2020 08:25
Exact Location Of Accident	ALONG YISHUN CENTRAL
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SFL974E
Insured/Policyholder	
Name Of Registered Owner	SEAH POH FATT
NRIC No	SXXXX927G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96824574
Alternative Phone No	OTHERS-96824574
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	ACCENT (RB) 1.4 CVT
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-V0019838-MVA-R001
Cover Note Number	
Driver	
Name of Driver	SEAH POH FATT
NRIC No	SXXXX927G
Date Of Birth	17/05/1959
Occupation	INDOOR
Date Of Driving Pass	11/07/1980
Driving Experience	40 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96824574
Fax Number	
Contact Number	OTHERS RESPAETA

Address

BLK 788C WOODLANDS CRESCENT

#08-172

Postcode

733788

OWNER

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

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?

Number of vehicles (including own vehicle)

NO 2

involved in the accident

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

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?

YES

If Yes, Please state which Police Station

Police Station Name

WOODLANDS EAST N.P.C

ROAD: 3 WOODLANDS DRIVE 63, POSTCODE: 737890, COUNTRY:

Police Station Address Police Station Contact

TEL NO: - FAX NO:

SINGAPORE

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20201115/2013

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH TRAFFIC POLICE

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SFS5697K

Vehicle Make/Model/Colour

HONDA STREAM

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

JARED ANG JUN WEI

NRIC/Passport Number

SXXXX336E

Contact Number

Address

96951685

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SEAH POH FATT

SLIGHT INJURY

SFL974E

YES

1

NO

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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 repudiate policy liability.
- 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.
- 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.
- 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 :
 - 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:
 - 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.:

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GIARMC SketchPlanForm_V3

3

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 14-Nov-2020

ACCIDENT TIME: 0825HRS

LOCATION: YISHUN CENTRAL

VEHICLE NUMBER: SFL974E

INSURED NAME: SEAH POH FATT

NRIC / FIN: \$1384927G

CONTACT: 96824574

MAKE: HYUNDAI

MODEL: ACCENT (RB) 1.4 CVT

Are you claiming under your own insurance policy for repair to your vehicle?

) Yes, If No, Pls Select: (\(\sqrt{} \) Third Party (

) Reporting Only

INSURANCE COMPANY: QBE

TYPE OF POLICY: Comprehensive

POLICY NUMBER: 8-V0019838-MVA-R001

EXPIRY DATE: 17-Dec-2020

NAME DRIVER: SEAH POH FATT

NRIC / FIN: S1384927G

CONTACT: 96824574

DATE OF BIRTH: 17-May-1959.

DRIVING PASS DATE: 11-Jul-1980

OCCUPATION: Indoor

GENDER: Male

EMAIL ADDRESS:

ADDRESS OF DRIVER: 788C WOODLANDS CRESCENT #08-172 SINGAPORE 733788

Relationship Of The Driver With The Insured:

Owner

Number Of Passenger Include Driver:

1 Driver

NAME

NRIC/FIN/BC

GENDER

INJURED

SEAH POH FATT

S1384927G

Male

INJURY DETAILS: 1 Driver, 0 Passenger(s)

Insurance Company Of Driver's Own Vehicle:

Weather Conditions: Clear

Road Surface: Dry

Was Any Foreign Vehicle Involved In This Accident?

Was There Accident Reported To The Police?

No

Convey By Ambulance:

Was There Any Video Capture By Car Camera?

Yes

Yes

SD CARD WITH TRAFFIC POLICE. Police Report Number:

T/20201115/2013

Details Of 3rd Party

Name

No

NRIC

Contact

No.of Paxs(Incl' driver)

Veh B SFS5697K

Not Sure





1 of 4 Report No. T/20201115/2013

Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 15/11/2020 08:12		Vide Report No.: L/20201114/0111	Station Diary No.: 20	
Informa	nt's Partice	ulars	***		
	Informant: OH FATT		Address: APT BLK 788C WOODLANDS SINGAPORE 733788	S CRESCENT #08-172	
The second secon	/ ID No.: O / S138492	27G	Contact No.: Home/Office: Mobile: 96824574		
National SINGAP	ity: ORE CITIZ	EN	Email:	HE STORY	
Sex: Male	Age: 61	Date of Birth: 17/05/1959	Type of Informant: Driver		
Race: Chinese		17.10	Language:	Institution / School Name:	
Occupat SPECIA	tion: LIST ASSC	CIATE	Driving Licence Information; Class: 3	Date of Expiry:	

		34		
General Infor	mation of the Accident	THE PARTY OF THE P	AL STREET, ST. E.	A STATE OF LABOUR.
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/11/2020 08:25	Type of Location: X-Junction
Veather:	ITRAL	Road Surface:	*	Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Wo	MINISTER STATE OF THE STATE OF	Traffic Volume;
Type of Collis Between Mov	ion: ring Vehicles - Head To R	ear		Anyone conveyed by ambulance: No

Details of V	ehicle Invo	lved	THE STATE OF		The state of the A	WO SALVESTINE
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SFL974E	Car	HYUNDAI	ACCENT (RB) 1.4 CVT	Grey	Totally Damaged	0
SFS5697K	Car	HONDA	STREAM	White	Seriously Damaged	

nicle Insurance		一种	A A MARINE
Insurance Company	Insurance No	Effective	Expiry Date
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Report No. T/20201115/2013

Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999

CONTINUATION OF REPORT

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SFL974E	QBE Insurance (Singapore) Pte Ltd	V0019838	18/12/2019	17/12/2020	

Details of Perso	n Involved	TO SECURE	DI MESULO SAM	ALL PROPERTY AND ADDRESS.	
Any Pedestrian Ir	nvolved; No	Street Williams		THE PERSON NAMED IN COLUMN	
No. of Pedestrian	ns Injured: NIL	Use of Pedestrian Crossing: NA			
Driver	We suppose the property of the	Mauro	Oka Olive William	AND THE REAL PROPERTY.	
Name	SEAH POH FATT		ID No.	S1384927G	
Related Vehicle	SFL974E (Car)	Car ^{ill}	Contact No.	96824574	
Hospital/Clinic	CENTRAL 24-HR CLINIC (WO	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL		
Date Treatment	14/11/2020	Date Disc	charge 14/1		
No. of Days gran	ted Medical Leave NIL		f Injury Sligh		
Driver		COLUMN TO THE	COLUMN STATE OF	CONTRACTOR WAS ELV	
Name	JARED ANG JUN WEI		ID No.	S9723336E	
Related Vehicle	SFS5697K (Car)		Contact No.	96951685	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL		
Date Treatment	NIL	Date Disc	charge NIL		
No. of Days gran	ited Medical Leave NIL	Degree o	finjury NIL	REPORT OF THE PARTY OF THE PART	

Brief Details.

On 14/11/2020 at around 0824hrs, I was driving along Yishun Central towards Yishun Street 61. As I was at the junction waiting for the green arrow to be flash, all of the sudden a car bang my car hard and my car was moved about a few distance from the junction. Due to the impact, my body moved forward and hit the steering wheel.

I then came out from the car to make a check and noticed that my car was badly damaged. I felt giddy due to the huge impact. I sustained cuts at my left eyebrow and it was bleeding. My rear bumper was dented badly and it dropped. My car boot was opened and dented badly.

The driver of the other car came towards me and checked on me. He also apologized to me. The driver do not have any injuries. His car was slightly damaged. The damaged was the front bonnet was dented and some dented at the bumper. His front car plate was broken. Due to the impact, the car front airbag came out.

Ambulance was along the way and stopped by to ask whether I need any medical assistance. During that





Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999 3 of 4 Report No. T/20201115/2013

CONTINUATION OF REPORT

time, I was unsure of it and I mentioned to them that I do not required. After a few minutes, Traffic Police came to the incident and enquired me regarding the incident.

My car was installed with in-car camera and the SD memory card was taken by Traffic Police. I am not sure whether the other vehicle had in-car camera installed.

After the whole incident, I waited for the tow truck to come and towed my vehicle. I then followed them once they towed to workshop as I need to settle the paperwork. After settling all the admin matter, I went to the clinic near my house as I feel pain at my head. The doctor advised me to monitor my health and if I have any fever or vomiting, I will need to go hospital for further checks.

This is not the first time such incident had happened to me.





Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999

4 of 4 Report No. T/20201115/2013

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:	Signature Of Informant:
Sgt 3 KHADIJAH BINTE AB SAMAD	/ mis
Signature Of Interpreter: Not applicable	Date/Time; 15/11/2020 08:12
	13/11/2020 08:12
Officer In Charge Of Case: P / GIT / SN 130	Classification Of Case:
Contact No.1	
uthentication Stampur:	

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-V0019838-MVA-R001

LID

Index Mark and Registration Number of Vehicle or Chassis No:

SFL974E

2 Name of Policyholder SEAH POH FATT

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

18/12/2019

4 Date of Expiry

17/12/2020

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

Date of Issue: 18/10/2019

Authorized Signature