

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 | 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 |

DETAILS 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 96824574 |

| | |
|---|--|
| Address | BLK 788C WOODLANDS CRESCENT #08-172 |
| Postcode | 733788 |
| 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? | YES |
| 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? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | WOODLANDS EAST N.P.C |
| Police Station Address | ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: - FAX NO: |
| 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 | 96951685 |
| Address | |

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

1

DETAILS OF INJURED PERSON 1

| | |
|---|---------------|
| Name | SEAH POH FATT |
| Approximate Age | |
| Injuries Sustain | SLIGHT INJURY |
| Injured person in which vehicle? | SFL974E |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

SKETCH PLAN

IMPORTANT NOTICE

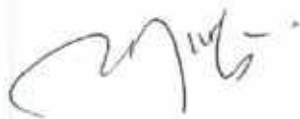
1. Please report **correctly** the details of the accident to speed up the claims process.
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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for 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:



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



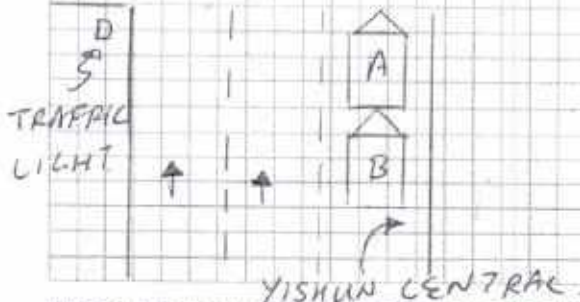
19/11/2020
Reporting Centre Personnel's Signature
Name: *Kesha. Chohan*
NRIC/FIN No.:

SKETCH PLAN

HOSPITAL

(A) SFL 974E

(B) SFS 5697K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REF TO POLICE REPORT T/20201115/2013

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

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

[Signature] 19/11/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 14-Nov-2020

ACCIDENT TIME: 0825HRS

LOCATION: YISHUN CENTRAL

VEHICLE NUMBER: SFL974E

INSURED NAME: SEAH POH FATT

NRIC / FIN: S1384927G

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: (☒) 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 | <input checked="" type="checkbox"/> |

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? No

Convey By Ambulance: No

Was There Any Video Capture By Car Camera? Yes SD CARD WITH TRAFFIC POLICE.

Was There Accident Reported To The Police? Yes Police Report Number: T/20201115/2013

| Details Of 3rd Party | Name | NRIC | Contact | No.of Paxs(Incl' driver) |
|----------------------|------|------|---------|--------------------------|
|----------------------|------|------|---------|--------------------------|

Veh B SFS5697K

Not Sure



SINGAPORE POLICE FORCE



T/20201115/2013

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

1 of 4

Report No. T/20201115/2013

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|-------------------------------------|---|--------------------------|----------------------------|
| Date/Time Report Made: 15/11/2020 08:12 | | Vide Report No.: L/20201114/0111 | | Station Diary No.: 20 | |
| Informant's Particulars | | | | | |
| Name of Informant: SEAH POH FATT | | | Address: APT BLK 788C WOODLANDS CRESCENT #08-172 SINGAPORE 733788 | | |
| ID Type / ID No.: NRIC NO / S1384927G | | | Contact No.: Home/Office: Mobile: 96824574 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 61 | Date of Birth: 17/05/1959 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: | | Institution / School Name: |
| Occupation: SPECIALIST ASSOCIATE | | | Driving Licence Information: Class: 3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|------------------------------|---|---|--|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 14/11/2020 08:25 | Type of Location: X-Junction |
| Location: YISHUN CENTRAL | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: | | Traffic Control: Traffic Light - Working | | Traffic Volume: Light |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | 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 | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|-------------------|--------------|-----------|-------------|
|-------------|-------------------|--------------|-----------|-------------|



SINGAPORE POLICE FORCE



T/20201115/2013

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

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Report No. T/20201115/2013

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 Person Involved | | | | |
|-----------------------------------|----------------------------------|-----|--|-----------------------------------|
| Any Pedestrian Involved: No | | | | |
| No. of Pedestrians Injured: NIL | | | Use of Pedestrian Crossing: NA | |
| Driver | | | | |
| Name | SEAH POH FATT | | ID No. | S1384927G |
| Related Vehicle | SFL974E (Car) | | Contact No. | 96824574 |
| Hospital/Clinic | CENTRAL 24-HR CLINIC (WOODLANDS) | | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | 14/11/2020 | | Date Discharge | 14/11/2020 |
| No. of Days granted Medical Leave | | NIL | Degree of Injury | Slight |
| Driver | | | | |
| 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 Discharge | NIL |
| No. of Days granted Medical Leave | | NIL | Degree of Injury | NIL |

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



**SINGAPORE
POLICE FORCE**



T/20201115/2013

3 of 4

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

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.



**SINGAPORE
POLICE FORCE**



T/20201115/2013

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

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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:

L /

Sgt 3 KHADIJAH BINTE AB SAMAD

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SN 130

Contact No.:

Authentication Stamp:

NP168

Singapore Police Force

Signature Of Informant:

Date/Time:

15/11/2020 08:12

Classification Of Case:

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.
8-V0019838-MVA-R001

Account Name **PANA HARRISON (ASIA) PTE LTD**

MCI Type **MX1**

- 1 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

Authorized Signature

Date of Issue: 18/10/2019