

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 Submission 10/05/2022 09:31 (SGT)
Date of Accident 07/05/2022 19:20 (SGT)
Exact Location of Accident Punggol Central, Singapore
Additional Location Information NEAR WATERWAY POINT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKJ9287Y

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHU YANYING
Passport No/FIN G0451713G
Email Address surerleh@healbeau.com
Mobile Phone No (Phone) +65-97773128
Alternative Phone No +65-97773128

VEHICLE PARTICULARS

Manufacturer Toyota
Model Rav4
Variant -
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 - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1987

INSURANCE COMPANY

Name of Insurance Company QBE Insurance (Singapore) Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 8-V0022623-MVA-R002
Cover Note Number -

DRIVER

Name of Driver NG SOO FWEE
NRIC No S1354779C

Date Of Birth 16/02/1959
Occupation Indoor
Date Of Driving Pass 22/12/1976
Driving experience 45 YEARS AND 5 MONTHS
Gender Male
Mobile Number (Phone) +65-96329628
Alt. Phone Number
Email Address surerleh@healbeau.com
Address 81 POH HUAT ROAD #03-25
Address complement
Postcode 546789
Is the driver the policyholder? No
If No, Relationship of the Driver with the Insured Spouse
Does Driver Own Other Vehicles? Yes
Vehicle Registration Number of Other Vehicle Owned by Driver SCL1238B
Insurance Company of Other Vehicle Owned by Driver NTUC Income Insurance Co-operative Ltd

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 the accident? No
Number of vehicles involved in the accident 2
Was anybody injured in the Accident? No
Was any injured conveyed to hospital by ambulance? -
Was any other vehicle or property damaged? Yes
Number of Passengers (Including Driver) 5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name CHU YAN YING
Gender Female

PASSENGER 2

Name CHU JING XUAN
Gender Female

PASSENGER 3

Name CHU JING WEI
Gender Female

PASSENGER 4

Name ELPHOO
Gender Female

DETAILS OF POLICE ACTION

Was the accident reported to the police? No
Was notice of intended Prosecution given? No
If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

ON 07/05/2022 AT ABOUT 1920HRS, I STOPPED MY VEHICLE A (SKJ9287Y) ON THE EXTREME RIGHT LANE ALONG PUNGOL CENTRAL TOWARDS PUNGOL WAY DIRECTION DUE TO TRAFFIC LIGHT WAS RED. SUDDENLY, I FELT AN IMPACT ON MY VEHICLE'S REAR PORTION AND DISCOVERED THAT A VEHICLE B (SJS960K) HAD HIT THE REAR PORTION OF MY VEHICLE.

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 SJS960K
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver AW CHIN HON
Contact Number (Phone) +65-82823035
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident VEHICLE B
No. Of Passenger (Including Driver) 3

SKETCH PLAN**IMPORTANT NOTICE**

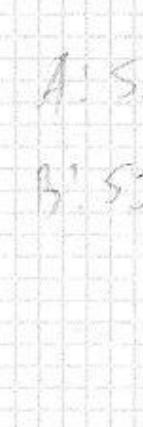
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- 8. Consent under the Personal Data Protection Act (PDPA)**
- I understand, acknowledge, agree and consent that :
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Sketch Plan	Sketch Plan	Sketch Plan
		

Describe Circumstances of the Accident

On 07/08/2022 at about 1920hrs, I stopped my vehicle (A: SUJ92879) on the extreme right lane along Punggol Central towards Punggol Way direction due to traffic light was red. Suddenly, I felt an impact on my vehicle's rear portion and discovered that a vehicle (B: SJS9606) had hit the rear portion of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.

2
m.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SS1Y225A0002 Vehicle Registration No: 8KJ9287Y

Name (as shown in NRIC): NEIL SONG TIAN HEE NRIC/FIN/Passport No: S1354779C

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: 9632 9628

Email Address: _____

Date of Accident: 09/05/22 Time of Accident: 19.20

Place of Accident: PINCHER CENTRAL (NEAR WATERWAY POINT)

Insurance Company: QBE

(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:

— AMEND DRIVER'S DBMIS

Policyholder / Driver's Signature
Date:

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

QBE Insurance (Singapore) Pte Ltd

Part of QBE Insurance Group. Unique Client No. 1080013612

10 Beach Street, #05-01, Suntec Tower, Singapore 079902
 Tel: +65-6224-6601 Fax: +65-6224-3270
 Email: SGXGNA@QBE.COM.SG



Page 1 of 2

Date of Issue 23/03/2021

PRIVATE CAR POLICY SCHEDULE

Renewal

CHU YAN YING
 81 POH HIAT ROAD
 #03-25 FONTAINE PARRY
 SINGAPORE 516789

Policy Number 8-V0022623-MVA-R002	Period of Insurance 28/05/2021 to 27/05/2022 (Both Dates Inclusive)	Account Number 03L00071	Representative SGPXGNA PANA HARRISON (ASIA) PTE. Gina - Pana Harrison (As LTD)
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This policy is issued/renewed from information you have disclosed. If there are any material changes during the period of the cover, please inform us.

The Insured : CHU YAN YING

Risk Details	Private Motor	Risk No. 0001
Business/Occupation	GENERAL MANAGER	Cover
Sum Insured	Market Value	Registration No.
Make & Model	TOYOTA RAV4 PREMIUM AUTO	Cubic Capacity
Type of Body	Stationwagon/Wagon	Chassis No.
Year of Manufacture	2013	Engine No.
		No Claims Discount
		Safe Driver Discount
Excess	SGD 1,000. 1,500	Insured/Named Driver Unnamed Driver

Other Information

NAMED DRIVER

NG SOO FWEE (S1354779C, 16/02/1959)

M2 EXCESS OWN DAMAGE CLAIMS

1ST ACCIDENT:
 SGD 0.00 ON THE INSURED/NAMED DRIVER
 SGD 1,400.00 ON UNNAMED DRIVER

2ND ACCIDENT ONWARDS:

SGD 200.00 ON THE INSURED/NAMED DRIVER
 SGD 1,700.00 ON UNNAMED DRIVER

M2 EXCESS OWN DAMAGE CLAIMS (NOT APPLICABLE TO YOUNG AND INEXPERIENCED DRIVER EXCESS) GA162 LOSS OF USE BENEFIT