

# 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 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 (SJS960K) HAD HIT THE REAR PORTION OF MY VEHICLE.

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**

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. 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 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.
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' law yers/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' law yers/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 law yers/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**

Car 1

Car 2

A

A

A

B

A: SKJ 92874

B: SJS 9604

## Describe Circumstances of the Accident

On 07/05/2022 at about 1920hrs, I stopped my vehicle (A: 54392879) on the extreme right lane along Pringet Central towards Pringet way direction as the traffic light was red.

Suddenly, I felt an impact on my vehicle's rear portion and discovered that a vehicle (B: 5359606) had hit the rear portion of my vehicle.

## Declaration

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

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): NEI SOO TWEE 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: 17.30  
 Place of Accident: PUNEROI 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 DETAILS

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 - Licence No. 1004013610

100 Raffles Place, #03-01, Raffles Tower, Singapore 079301

Tel: 65-62248633 Fax: 65-6233 3270

GST Registration No. 1200544019



Page 1 of 2

Date of Issue 23/03/2021

# **PRIVATE CAR POLICY SCHEDULE**

**Renewal**

**CHU YAN YING**  
**81 POH HUAT ROAD**  
**#03-25 FONTAINE PARKY**  
**SINGAPORE 546789**

**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**

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 :** CHU YAN YING

Risk Details		Private Motor	Risk No 0001	
Business/Occupation		GENERAL MANAGER	Cover	Comprehensive
Sum Insured		Market Value	Registration No.	SKJ9287Y
Make & Model		TOYOTA RAV4 PREMIUM AUTO	Cubic Capacity	1987
Type of Body		Stationwagon/Wagon	Chassis No.	JTMDE3EV90D014593
Year of Manufacture		2013	Engine No.	3ZRB137229
			No Claims Discount	50.00
			Safe Driver Discount	5.00
Excess	SGD	1,000	Insured/Named Driver	
		1,500	Unnamed Driver	

**Other Information****NAMED DRIVER**

NG SIO FWE (S1354779C, 16/02/1959)

**M2 EXCESS OWN DAMAGE CLAIMS**

**1ST ACCIDENT:**  
**\$5900.00 ON THE INSURED/NAMED DRIVER**  
**\$31,400.00 ON UNNAMED DRIVER**

**2ND ACCIDENT ONWARDS:**

**\$51,200.00 ON THE INSURED/NAMED DRIVER**  
**\$31,700.00 ON UNNAMED DRIVER**

**M2 EXCESS OWN DAMAGE CLAIMS (NOT APPLICABLE TO YOUNG AND INEXPERIENCED DRIVER EXCESS)**  
**EA162 LOSS OF USE BENEFIT**