

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 Actual 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 06/08/2022 14:19 (SGT)
Reported by Both
Date of Accident 05/08/2022 18:45 (SGT)
Exact Location of Accident Bras Basah Rd, Singapore
Additional Location Information BRAS BASAH ROAD TOWARDS NICOLL HIGHWAY.
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLA1120H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner KHOO KAY JOO
NRIC No S1317020G
Email Address ROLANDKHOO58@GMAIL.COM
Mobile Phone No (Phone) +65-96654138
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Audi
Model A6
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 1800

INSURANCE COMPANY

Name of Insurance Company QBE Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number 8-V0012329-MVA-R006

DRIVER

Name of Driver KHOO KAY JOO
NRIC No S1317020G
Date Of Birth 11/03/1958
Occupation Indoor

Date Of Driving Pass	26/01/1979
Driving experience	43 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96654138
Alt. Phone Number	-
Email Address	ROLANDKHOO58@GMAIL.COM
Address	BLK 191 MEYER ROAD #19-02
Address complement	-
Postcode	437980
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	CHIA KWEE ENG
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO POLCE REFER NO.T/20220806/7011.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	AT TRAFFIC POLICE.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC5186D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KHOO KAY JOO
Gender	-
Phone No	(Phone) +65-96654138
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLA1120H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 2

Name of injured person	CHIA KWEE ENG
Gender	-
Phone No	(Phone) +65-97763348
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLA1120H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

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")

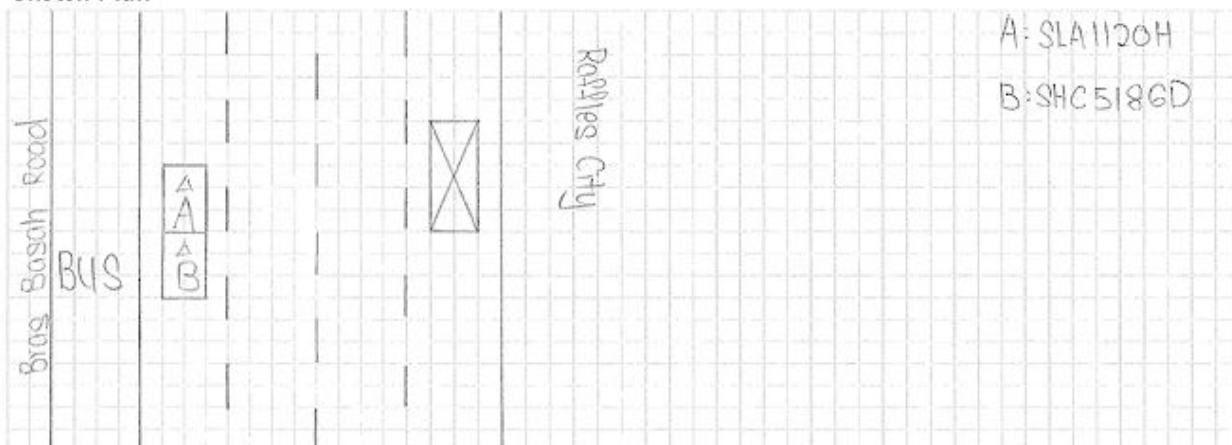
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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

Describe Circumstances of the Accident

Refer to the police report (T/20220806/7011)

Declaration

We declare the foregoing particulars are true in every respect.

We declare the f

Policyholder's Signature / Date &
Time

s are true in every

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

Witnessed by Reporting Centre
Personnel









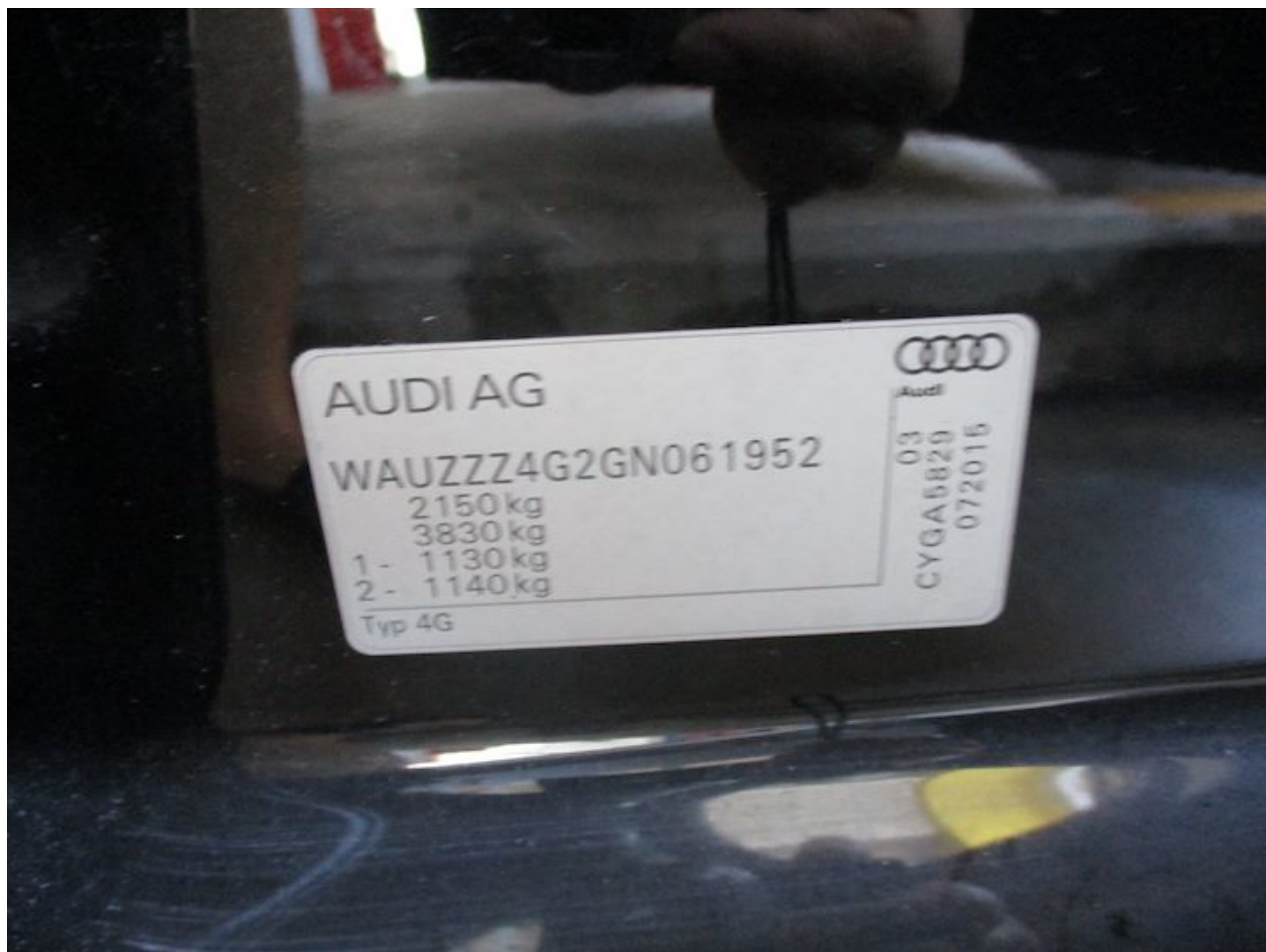














**SINGAPORE
POLICE FORCE**



T/20220806/7011

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20220806/7011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/08/2022 11:36		Vide Report No.: A/20220805/0112		Station Diary No.:	
Informant's Particulars					
Name of Informant: KHOO KAY JOO			Address: 191 MEYER ROAD #19-02 SINGAPORE 437980		
ID Type / ID No.: NRIC NO / S1317020G			Contact No.: Home/Office: Mobile: 96654138		
Nationality: SINGAPORE CITIZEN			Email: ROLANDKHOO58@GMAIL.COM		
Sex: Male	Age: 64	Date of Birth: 11/03/1958	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			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: 05/08/2022 18:45	Type of Location: Straight Road
Location: BRAS BASAH ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHC5186D	TRANS CAB					0
SLA1120H	Car	AUDI	A6 1.8 TFSI ULTRA (PI) (NAV)	Black	Seriously Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20220806/7011

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20220806/7011

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLA1120H	QBE Insurance (Singapore) Pte Ltd	V0012329	15/01/2022	14/01/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	CHIA KWEE ENG		ID No.	S1420664G
Related Vehicle	SLA1120H (Car)		Contact No.	97763348
Hospital/Clinic	RAFFLES HOSPITAL		Class of Driving Licence & Expiry	Class: ,3 Date of Expiry: NIL
Date	05/08/2022		Date	05/08/2022
No. of Days granted Medical Leave		05	Degree of	Serious
Driver				
Name	KHOO KAY JOO		ID No.	S1317020G
Related Vehicle	SLA1120H (Car)		Contact No.	96654138
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	Serious

Brief Details.

ON 05.08.2022 AT ABOUT 18:45PM. I WAS TRAVELLING ALONG BRAS BASAH ROAD TOWARDS NICOLL HIGHWAY. I WAS STATIONERY DUE TO THE FRONT TRAFFIC. SUDDENLY, VEHICLE SHC 5186D HIT THE REAR PORTION OF MY VEHICLE SLA 1120H.

MY WIFE (CHIA KWEE ENG) WAS CONVEYED TO THE HOSPITAL (RAFFLES HOSPITAL) BY AMBULANCE AND GIVEN 5 DAYS MC.
I FELT DISCOMFORT TO MY BODY DUE TO THE ACCIDENT AND WILL BE SEEING A DOCTOR SOON.



**SINGAPORE
POLICE FORCE**



T/20220806/7011

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20220806/7011

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
KOH WEI JIE
Contact No.: 97303412

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
06/08/2022 11:36

Classification Of Case:

NP168

QBE Insurance (Singapore) Pte Ltd

Part of QBE Insurance Group - Unique Entity No. 198401363C

1 Wallich Street, #35-01 Guoco Tower, Singapore 078881

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-V0012329-MVA-R006

Account Name **GIDEON INSURANCE AGENCIES
 PRIVATE LIMITED**

MCI Type **MX1**

- 1 Index Mark and Registration Number of Vehicle or Chassis No: **SLA1120H**
- 2 Name of Policyholder **KHOO KAY JOO**
- 3 Effective date of Commencement of Insurance for the purpose of the Regulations **15/01/2022**
- 4 Date of Expiry **14/01/2023**
- 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)

Hire Purchase : UNITED OVERSEAS BANK LIMITED

QBE Insurance (Singapore) Pte Ltd

Date of Issue: 29/12/2021

Authorized Signature