

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 First Submission	16/10/2024 13:47 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	15/10/2024 18:10 (SGT)
Exact Location of Accident	Near 2 Harbourfront Pl, Singapore 098499
Additional Location Information	ALONG WEST COAST HIGHWAY TOWARDS BRANI GATE 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XE7701D

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SPIRAL TRANSPORTATION & SERVICES PTE LTD
Company Reg No	1XXXXX575G
Email Address	FACILITIES@SPIRAL.COM.SG
Mobile Phone No	(Phone) +65-82186669
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	FMX460 42T
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	12777
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	QBE Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	8-V0028420-MVA-R001

DRIVER

Name of Driver	YAN YONGLIN
Work Permit No	GXXXX311N
Date Of Birth	26/06/1979
Occupation	Outdoor
Driving Pass Date	15/09/2015
Driving License Pass Class	4
Driving License Validity	Valid
Driving experience	9 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-89412799
Alt. Phone Number	-
Email Address	YAN133600@SINA.COM
Address	BLK 479 SEMBWANG DRIVE #03-367
Address complement	-
Postcode	750479
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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	-

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

REFER TO SKETCH PLAN AND POLICE REPORT NO. T/20241016/7033

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE1392B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MOHAN SAKTHIVEL
Contact Number	(Phone) +65-87375889
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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

12

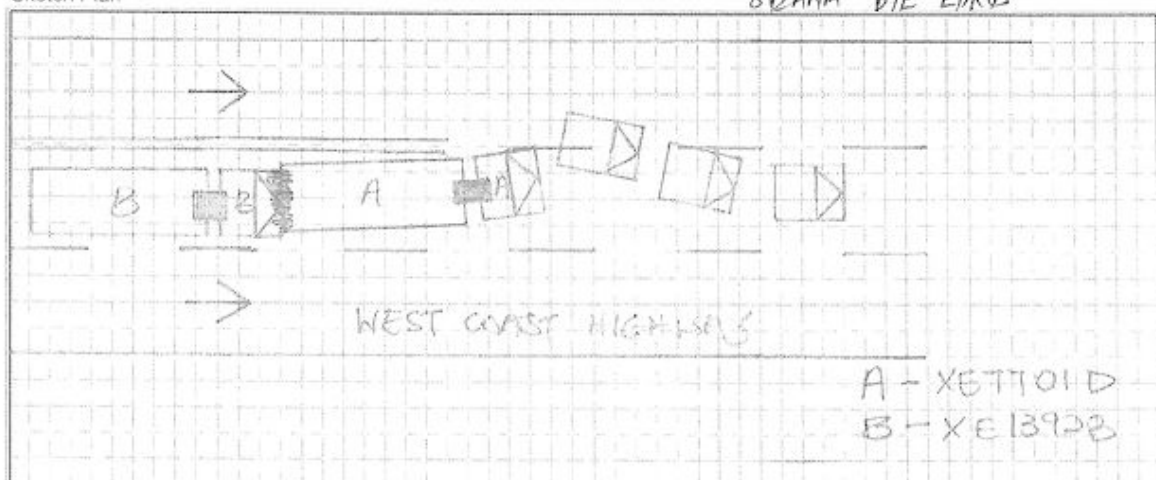
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

(Name as in NRIC/ID card)

SYZANA BTE EDROS

Sketch Plan



Describe Circumstance of the Accident

REFER TO POLICE REPORT NO. 7/20241016/7033.

Declaration

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



Policyholder's Signature / Date & Time

13/ 16/10/24

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



Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)











**SINGAPORE
POLICE FORCE**



T/20241016/7033

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

1 of 3

Report No. T/20241016/7033

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/10/2024 11:36		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: YAN YONG LIN			Address: 479 SEMBAWANG DRIVE #03-367 479 SINGAPORE 750479		
ID Type / ID No.: FIN NO / G2551311N			Contact No.: Home/Office: Mobile: 89412799		
Nationality: CHINESE			Email: YAN133600@SINA.COM		
Sex: Male	Age: 45	Date of Birth: 26/06/1979	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Trailer-truck driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 15/10/2024 20:15	Type of Location: Bridge
Location: WEST COAST HIGHWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
XE7701D	Lorry					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20241016/7033

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

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Report No. T/20241016/7033

CONTINUATION OF REPORT

Driver			
Name	YAN YONG LIN	ID No.	G2551311N
Related Vehicle	XE7701D (Lorry)	Contact No.	89412799
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 (MC)	NIL	Degree of Injury	NIL

Brief Details.

On 15 October 2024 @1810 HRS - 1820HRS, I was on doing a container job trucking job from 1 Buroh Crescent to PSA Gate 2. The accident happen about 1810HR at west coast highway after a sliproad with double white line. I was changing lane from lane 2 to lane 3 while the yellow vehicle in front was changing lane from lane 3 to lane 2. As the traffic was congested, due to the vehicles in front all had to jam brakes resulting in I also have to jam brake. Right after I jam brake, the vehicle(XE1392B) from Al Aik Huat company behind me banged onto my rear chassis TRB1225M, resulting in my chassis dented and damaged.



**SINGAPORE
POLICE FORCE**

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



T/20241016/7033

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Report No. T/20241016/7033

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / DDGVT /
NOR FAIZAL BIN YAHYA
Contact No.: 65476198

NP168

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

Date/Time:
16/10/2024 11:36

Classification Of Case:



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: SW0E24AG0002 Vehicle Registration No: XE7701D
 Name (as shown in NRIC): SPIRAL TRANSPORTATION & SERVICES PTE LTD NRIC/FIN/Passport No: 1XXX XX 575G
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 8218 6669
 Email Address: FACILITIES@SPIRAL.COM.SG
 Date of Accident: 15/10/2024 Time of Accident: 1810HRS
 Place of Accident: ALONG WEST COAST HIGHWAY TOWARDS BRANI GATE 2
 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:

- ① TO AMEND FROM REPORTING ONLY TO THIRD PARTY CLAIM
- ② TO INCLUDE NEW SKETCH PLAN



Robert
Robert

Policyholder / Actual Driver's Signature
Date: 22/10/24



Reporting Centre Personnel's Signature
Name (as in NRIC/ID card): SRANA BJE EDROS
Date: 22.10.2024

QBE Insurance (Singapore) Pte Ltd

Part of QBE Insurance Group - Unique Entity No. 195501363E

1 Wallich Street, #55-01 Gonso Tower, Singapore 078811
 Tel: 65-6224 6033 Fax: 65-6533 3270
 GST Registration No. M200644018

**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-V0028420-MVA-R001Account Name **SIN SEET INSURANCE AGENCY
PRIVATE LIMITED**MCI Type **M2400**1 Index Mark and Registration Number of Vehicle or Chassis No. **XE7701D**2 Name of Policyholder **SPIRAL TRANSPORTATION & SERVICES PTE LTD**3 Effective date of Commencement of Insurance for the purpose of the Regulations **18/10/2023**4 Date of Expiry **17/10/2024**

5 Person or Classes of Person entitled to drive*

Any person who is driving on the Policyholder's order or with their 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 for the carriage of passengers or goods in connection with the Policyholder's business.

Use for social domestic and pleasure purposes and business purposes of any person to whom the vehicle is hired.

The Policy does not cover:-

(1) Use for racing pace-making reliability trial or speed testing.

(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle

(3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

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

Hire Purchase : DBS BANK LTD

QBE Insurance (Singapore) Pte Ltd

Date of Issue: 14/09/2023

Authorized Signature