

## 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 ability.
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	15/03/2018 13:52
Date Of Accident	05/12/2017 12:30
Exact Location Of Accident	ALONG ROAD 1 PATERSON ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP198H
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#### Insured/Policyholder

Name Of Registered Owner	SHIPPING WORLD LOGISTICS PTE LTD
Co Reg No	2001000221G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63166316

#### Vehicle Particulars

Manufacturer	HINO
Model	XZU710R 14FT WIDE CAB 7T
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

#### Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCHHQ17-000289
Cover Note Number	

#### Driver

Name of Driver	OMAR BIN YUSOF
NRIC No	S2016897H
Date Of Birth	04/02/1952
Occupation	OUTDOOR
Date Of Driving Pass	11/09/1952
Driving Experience	65 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91829031
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 233 CHOA CHU KANG CENTRAL #09-99
Postcode	
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	NO COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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 [OTHER]	CHOA CHU KANG N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER ATTACHED SKETCH PLAN.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

## Accident Sketch Plan

### SKETCH PLAN

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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:

14-03-18

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

## Accident Sketch Plan

### SKETCH PLAN

No sketch plan.

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

please refer to police report

Q

### DECLARATION

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

Policyholder's Signature  
Date & Time:

GAASAC SketchPlanForm\_V3

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

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

# Accident Sketch Plan Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20171212/2160

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

1 of 3

Report No. T/20171212/2160

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/12/2017 19:18	Vide Report No.:	Station Diary No.: 94
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### Informant's Particulars

Name of Informant: OMAR BIN YUSOF			Address: APT BLK 233 CHOA CHU KANG CENTRAL #09-99 SINGAPORE 680233		
ID Type / ID No.: NRIC NO / S2016897H			Contact No.: Home/Office: Mobile: 91829031		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 65	Date of Birth: 04/02/1952	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: DELIVERY DRIVER			Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

### General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 05/12/2017 12:30	Type of Location: Straight Road
Location: Along Road 1 PATERSON ROAD  Paterson Road towards Grange Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Unsure				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD6332L	Car	TOYOTA		Maroon	Slightly Damaged	0
YP198H	Lorry	HINO		White	Slightly Damaged	1

### Details of Person Involved

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

# Accident Sketch Plan Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20171212/2160

2 of 3

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

Report No. T/20171212/2160

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	OMAR BIN YUSOF		ID No. S2016897H
Related Vehicle	NIL		Contact No. 91829031
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On 05/12/2017 at 1225hrs, I drove off my company lorry, YP198H from Tanglin Shopping loading and unloading area. While along Paterson road (towards Grange Road), one taxi, SHD6332L stopped in front of me before the traffic light. The taxi driver alighted and claimed my lorry rear had collided onto the front left of the taxi. The taxi driver engaged conversation with me while I was in my lorry.

I was unaware if there is any accident involved between my lorry and the taxi. However, I observed that the mentioned taxi was at the rear side of my lorry at some point of time. There was no injury reported and the taxi driver took photograph of the damage before leaving.

Accident Sketch Plan Pg. 1



SINGAPORE  
POLICE FORCE



T/20171212/2160

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

3 of 3

Report No. T/20171212/2160

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:

J /

Sr Staff Sgt YAP HOW TAT

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

12/12/2017 19:18

Classification Of Case:



## Accident Sketch Plan Pg. 1

### EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110  
tel 65 6223 9433 | fax 65 6224 3903 | www.eqinsurance.com.sg  
reg no. 1978-00490-N



### CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA)

THE MOTOR VEHICLES(THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP.189 OF THE REVISED EDITION)  
(REPUBLIC OF SINGAPORE)

THE MOTOR VEHICLES(THIRD-PARTY RISKS AND COMPENSATION) RULES 1996 EDITION(REPUBLIC OF SINGAPORE)  
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

### COMMERCIAL VEHICLE HIRE ( SCH II )

#### Comprehensive

Certificate No. : DMCHHQ17-000289

**1. Index Mark and Registration Number of Vehicles**

YP198H

**2. Name of Policyholder**

Shipping World Logistics Pte Ltd

**3. Effective Date of the Commencement of Insurance for the purpose of the Act**

26/11/2017

**4. Date of Expiry of Insurance**

25/11/2018

**5. Person or Classes of persons entitled to drive\***

Goods Carrying - Hire Type (MZ301).

Any of the following :-

1. The Policyholder
2. Any person on the order or with the permission of the Policyholder

\* Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage.

**6. Limitation as to use\***

- (1) Use in connection with the Insured's business.
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business.
- (3) Use for social domestic and pleasure purposes.

THE POLICY DOES NOT COVER:

- (1) Use for racing, pace-making, reliability trial or speed-testing
- (2) Use whilst drawing a greater number of trailers in all that is permitted by Law
- (3) Use for the carriage of passengers for hire or reward
- (4) Liability arising from or in connection with the carriage of hazardous materials, high explosives, inflammable liquid or gases including LPG in cylinders

\*Limitations rendered inoperative by Section 8 of the Motor vehicles (Third-Party Risks 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 Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or and Amendment, Act or Acts passed in substitution thereof.

Hire Purchase : UNITED OVERSEAS BANK LIMITED

A000007/Astra Assurance Agencies LLP

Date of Issue : 14/11/2017 11:16

Authorised Signatory  
EQ Insurance Company Limited

Exp No. : DMCHHQ16-000495

A Member of Citystate



# Accident Sketch Plan Pg. 1

## YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	06 Jan 1981
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	11 Jul 1981
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	11 Sep 1998
	Motor vehicles which are not constructed to carry load or passengers and the unladen weight =< 7250kg	

NP 428A



5858895



NRIC No: S2016897H



Date of issue  
25-01-2018

Address

APT BLK 233 CHOA CHU KANG CENTRAL  
#09-99  
SINGAPORE 680233

**REPUBLIC OF SINGAPORE DRIVING LICENCE**



Licence Number: **S2016897H**

Name: **OMAR BIN YUSOF**

Birth Date: **04 Feb 1952**

Issue Date: **12 Feb 2018**

002772859E

## REPUBLIC OF SINGAPORE IDENTITY CARD NO. S2016897H



Name

OMAR BIN YUSOF

Race

MALAY

Date of birth

04-02-1952

Country/Place of birth

MALAYSIA

Sex

M

S2016897H



**EQ Insurance Company Limited**

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110  
tel 65 6223 9433 | fax 65 6224 3903 | [www.eqinsurance.com.sg](http://www.eqinsurance.com.sg)  
reg no. 1978-00490-N



14/11/2017 11:16

**Commercial Vehicle Insurance Policy - Renewal**  
**Insured : Shipping World Logistics Pte Ltd**  
**Policy No : DMCHHQ17-000289**

**About Your Insurance**

Thank you for renewing your policy with us.

Enclosed are:

1. Motor Certificate Of Insurance
2. List of EQ's Authorised Workshops

You should read all these documents carefully and keep them in a safe place. Please make sure that your cover meets your requirements and that the details are correct.

If you know or believe that any of this information is incorrect or missing, please inform your insurance adviser immediately.

We have agreed to insure you under the standard terms, conditions and exceptions of the EQ Commercial Vehicle insurance policy.

The full policy document comprising of the Motor Insurance Schedule and a copy of the Commercial Vehicle insurance policy wording will be delivered to you within the next 7 working days.

Your policy is subject to the Premium Warranty conditions.

If you have any questions, please contact your insurance adviser.

Yours sincerely,

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Stephen Chan  
Senior Manager  
Motor Department

Accident Photo



Accident Photo



Accident Photo

