

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	02/04/2018 10:58
Date Of Accident	31/03/2018 23:05
Exact Location Of Accident	MARINE PARADE ROUNDABOUT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD6287U
Insured/Policyholder	
Name Of Registered Owner	KOH KOCK LEONG ENTERPRISE PTE LTD
Co Reg No	199104084W
Email Address	ADMIN@KKLE.COM.SG
Mobile Phone No	(LOCAL) +65-82202140
Alternative Phone No	OFFICE-68978787

Vehicle Particulars

Manufacturer	SCANIA
Model	P380 CB-11.7 D 6X4 MHZ (M)
Exact Purpose for which vehicle was being used at time of accident	WORKS
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	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	8-V0016296-MVA
Cover Note Number	

Driver

Name of Driver	PERIYASAMY MEYYAPPAN
Passport No/FIN	G8021353R
Date Of Birth	20/05/1983
Occupation	INDOOR
Date Of Driving Pass	14/08/2014
Driving Experience	3 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82202140
Fax Number	
Contact Number	OFFICE-68978787
E-Mail Address	NOEMAIL

Address	24 TUAS AVENUE 2
Postcode	639455
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO NOT PRESENTED DURING REPORTING
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA4335H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

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.

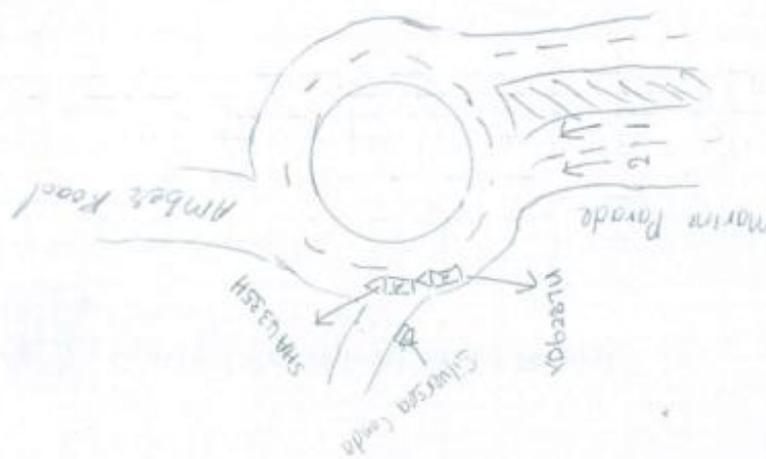


Wij 2/4/18
Policyholder's Signature / Date & Time

P. Moggall 02/04/18
Driver's Signature (If driver is not the policyholder) / Date & Time

Pelindaba
Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan #2

Describe Circumstances of the Accident

On 31 March 2018 at about 11:05pm, I was driving vehicle X0608TU at roundabout Marine Parade toward Amber Road on lane 2. The third party vehicle (SHA4335H) stopped at the road side alighting his passenger. I did not aware and hit into his rear right bumper. No one injured. I have video recorded for your reference.

Declaration

We declare the foregoing particulars are true in every respect.

Claim own policy
 Claim third party
 Claim OD / TP at other workshop
 For record purpose only
Policy No _____ Veh No _____
Insurer _____



[Signature] 21/4/18
Policyholder's Signature / Date & Time

[Signature] 02/04/18
Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature]
Witnessed by Reporting Centre Personnel

Sketch Plan #3

QBE Insurance (Singapore) Pte Ltd

A member of the worldwide QBE Insurance Group - Unique Entity No. 198401363C

1 Raffles Quay, #29-10 South Tower, Singapore 048583
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-V0016296-MVA** Account Name **TAN INSURANCE BROKERS PRIVATE LIMITED** MCI Type **MZ300**

- 1 Index Mark and Registration Number of Vehicle or Chassis No: **XD6287U**
2 Name of Policyholder **KOH KOCK LEONG ENTERPRISE PTE LTD**
3 Effective date of Commencement of Insurance for the purpose of the Regulations **15/11/2017**
4 Date of Expiry **14/11/2018**
5 Person or Classes of Person entitled to drive*

(a) 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*
- (a) Use in connection with the Policyholder's business.**
 - (b) Use for the carriage of passengers (other than for hire or reward)**
 - (c) Use for social, domestic and pleasure purposes.**
- The Policy does not cover:-
- (1) Use for hire or reward or for racing, pace-making, reliability trial or speed testing.**
 - (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.**
- 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)

QBE Insurance (Singapore) Pte Ltd

Authorized Signature

Date of Issue: 24/10/2017

Sketch Plan #4

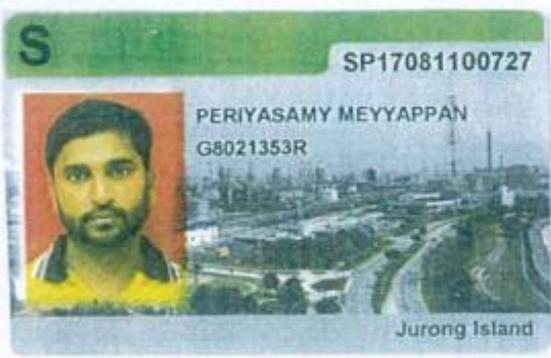
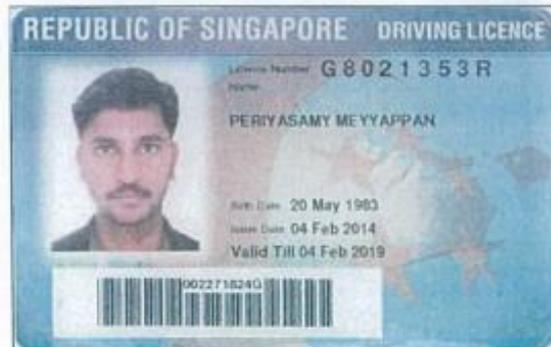
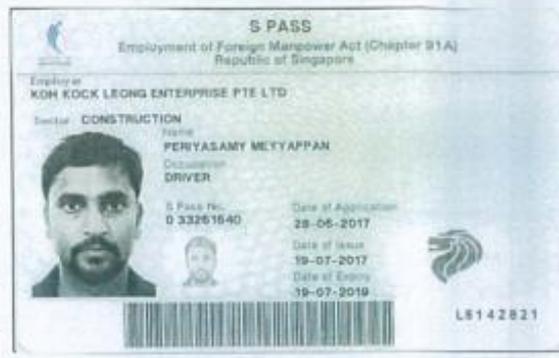


KOH KOCK LEONG ENTERPRISE PTE LTD
24/26 TUAS AVENUE 2 SINGAPORE 639455

DRIVER'S PARTICULAR

NAME : PERIYASAMY MEYYAPPAN
 KKL NO. : KKL 1500
 NATIONALITY : INDIAN
 NRIC/FIN NO. : G8021353R
 LORRY NO : XD6287
 TEL NO. : 8220 2140 (HP/HOME)
 DATE OF ENTRY : 19.07.2017
 JOINING DATE : 19.07.2017
 RESIGN DATE : _____
 MARITAL STATUS : MARRIED / SINGLE / DIVORCED
 EMERGENCY CONTACT NO. /PERSON : PERIYASAMY
 : +919655442493
 ADDRESS : BLK 11 TUAS SOUTH STREET 12
SINGAPORE 636951

EMPLOYEE CODE : P1044
 REMARK: WP / SP / EP / LTVP / PR



Accident Photo



Accident Photo



Accident Photo



Accident Photo

