

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	04/05/2018 11:44
Date Of Accident	03/05/2018 20:30
Exact Location Of Accident	WOODLANDS AVENUE 12
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD5299S
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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) +65-83366357
Alternative Phone No	OFFICE-68978787

Vehicle Particulars

Manufacturer	SCANIA
Model	P380CB6X4MHZ-11.7 D (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-V0011958-MVA-R002
Cover Note Number	

Driver

Name of Driver	LI PEIGEN
Passport No/FIN	G8391256T
Date Of Birth	14/08/1968
Occupation	OUTDOOR
Date Of Driving Pass	01/06/2009
Driving Experience	8 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83366357
Fax Number	
Contact Number	OFFICE-68978787
EEmail 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 - CHANGE/CROSS LANE
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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKS4901T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	96631400
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.

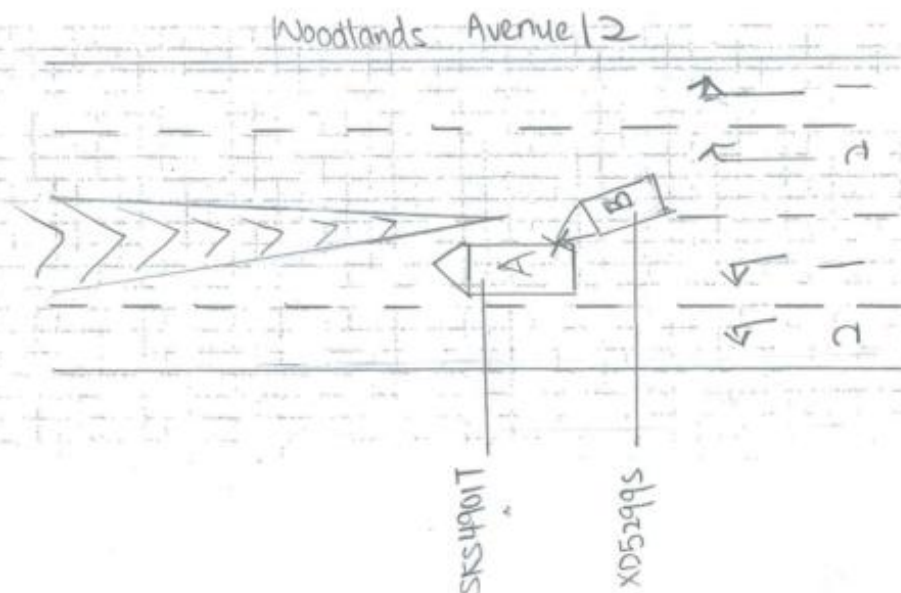


Chir 4/5/18
Policyholder's Signature / Date & Time

L1 P215 CIV
Driver's Signature (If driver is not the policyholder) / Date & Time

Peabody
Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan #2

Describe Circumstances of the Accident

On 3 May 2018 at about 8.30pm I was driving a vehicle
no. XD 5299S from SLE changing lane to Woodlands
Avenue 12. I did not realise the third party vehicle SKS49017
and hit into the right rear bumper.
No one is injured. I do not have any video for
this accident.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

4/5/2018

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

L. P. G. S. V.

Witnessed by Reporting Centre
Personnel

Pedro Lopez

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

QBE Insurance (Singapore) Pte Ltd

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

陳保險經紀私營有限公司

TAN INSURANCE BROKERS PTE LTD

3A/5A Aliwal Street, Chenn Leonn Building

Singapore 199896

www.tib.com.sg

Tel: (65) 6742 6766 Fax: (65) 6742 6669



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-V0011958-MVA-R002

Account Name TAN INSURANCE BROKERS

PRIVATE LIMITED

MCI Type MZ300

1 Index Mark and Registration Number of Vehicle or Chassis No: XD5299S

2 Name of Policyholder KOH KOCK LEONG ENTERPRISE PTE LTD

3 Effective date of Commencement of Insurance for the purpose of the Regulations 05/12/2017

4 Date of Expiry 04/12/2018

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: 21/11/2017



KOH KOCK LEONG ENTERPRISE PTE LTD

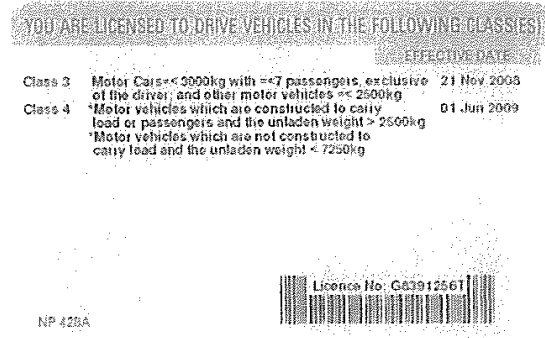
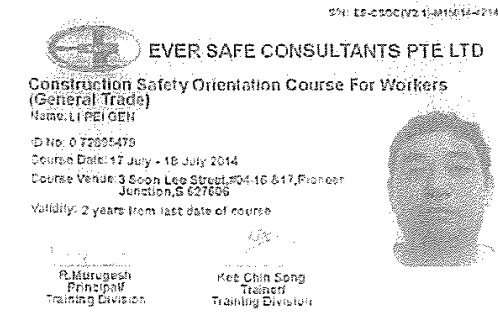
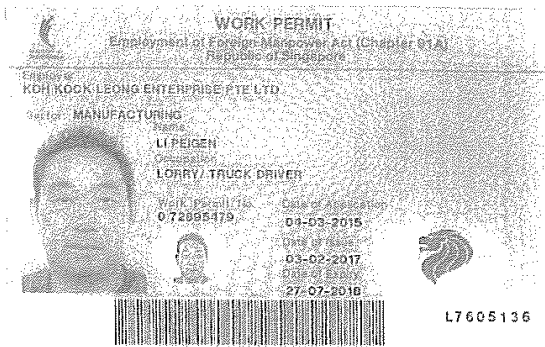
24/26 TUAS AVENUE 2 SINGAPORE 639455

DRIVER'S PARTICULAR

NAME : LI PEIGEN
 KKL NO. :
 NATIONALITY : CHINA
 NRIC/FIN NO. : G8391256T
 LORRY NO : XB9748
 TEL NO. : 8336 6357 (HP/HOME)
 DATE OF ENTRY : 19.03.2015
 JOINING DATE : 24.03.2015
 RESIGN DATE :
 MARITAL STATUS : ☒ MARRIED / ☐ SINGLE / ☐ DIVORCED
 EMERGENCY CONTACT NO. /PERSON :
 ADDRESS : 23 WOODLANDS SECTOR 1
 SINGAPORE 738250

EMPLOYEE CODE : L1066

REMARK: ☒ WP / ☐ SP / ☐ EP / ☐ LTVP / ☐ PR



Accident Photo



Accident Photo



Accident Photo

