

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 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	10/02/2017 09:42
Date Of Accident	25/01/2017 17:30
Exact Location Of Accident	ALONG PIONEER SECTOR 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XB4885S
Insured/Policyholder	
Name Of Registered Owner	LEE HUAT YAP KEE & CO PTE LTD
Co Reg No	200615677M
Email Address	SRACE@LHYK.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-81154143

Vehicle Particulars

Manufacturer	HINO
Model	FC3JLKA-6.6 D (M)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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-V0009178-MVA-R001
Cover Note Number	

Driver

Name of Driver	PONNUSAMY KOLANCHI
NRIC No	F8160905P
Date Of Birth	12/07/1974
Occupation	OUTDOOR
Date Of Driving Pass	05/04/2012
Driving Experience	4 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81154143
Fax Number	
Contact Number	OFFICE-65010599
Email Address	GRACE@LHYK.COM.SG

Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

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 (INSURED HIT TP)

Weather Conditions RAINING

Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Was any body injured in the Accident? 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

PLEASE REFER TO STATEMENT

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: FILE TOO BIG

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number MOTORCYCLE

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

SKETCH PLAN

Policyholder's Signature / Date & Time
Driver's Signature (If driver is not the policyholder) / Date & Time
Witnessed by Reporting Centre Personnel

Sketch Plan

① XB 48855
② ?

Common Statement

☐ Owner
☐ Driver

ACCIDENT STATEMENT

Date of Accident	Time	Location of Accident
25/01/2017	17:30pm	ALONG PIONEER SECTOR 1
INSURED/ POLICY HOLDER (VEHICLE A)		
Vehicle Registration Number		LFE HUAT YAP KEE R10 PTE LTD
Name of Policyholder		XB46855 / 1-00615677M
NRIC/ FIN/ Passport/ ROC (if Policyholder is company)		
Address		
Contact Number	Tel.	Hp. 65010599
Occupation		outdoor 65010573
VEHICLE PARTICULARS (VEHICLE A)		
Vehicle Make / Model		
Type of Vehicle	Saloon, MPV, CRV, Van, <input checked="" type="radio"/> Lorry, Bus, M/cycle, Others	
Exact Purpose for which vehicle was being used at the time of accident.		
WORKING PURPOSE		
Are you claiming under your own insurance policy?		<input type="radio"/> Yes <input checked="" type="radio"/> No Remarks REPORTING
Vehicle category		<input type="radio"/> Private <input checked="" type="radio"/> Commercial <input type="radio"/> Motorcycle
INSURANCE COMPANY (VEHICLE A)		
Name of Insurance Company		QBE
Type of Policy	<input checked="" type="radio"/> Comprehensive <input type="radio"/> TP Fire & Theft <input type="radio"/> Third party	
Fleet Policy	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Policy Number	8-V0009718-MUA-R001	
DRIVER		
Name of Driver		PONNUSAMY KOLANCHI
NRIC/ FIN/ Passport		F8160905P
Date of Birth		12-07-1974
Occupation		outdoor
Driving Pass Date		05-04-2012
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female	
Contact Number	Tel.	Hp. 81154143
Address	BKI 6 BUKIT BATOK WEST AVE 6 #06-359 (C650146)	
Email Address	Grace @ hyl.com.sg	
Was driver an employee of the Insured's Company?		<input type="radio"/> Yes <input checked="" type="radio"/> No
If No, relationship of Driver with the Insured.		PAID DRIVE
Vehicle Number of Driver's Own Vehicle (if applicable)		
Insurance of Driver's Own Vehicle (if applicable)		
GENERAL INFORMATION OF THE ACCIDENT		
Type of Collision (E.g. Chain Collision/ Head-On etc)		INSURED HIT TP
Weather Conditions	<input checked="" type="radio"/> Clear <input checked="" type="radio"/> Raining <input type="radio"/> Others	
Road Surface	<input checked="" type="radio"/> Wet <input checked="" type="radio"/> Dry <input type="radio"/> Others	
Damage Area		
OTHER INFORMATION		
Was there any foreign vehicle(s) involved?		<input checked="" type="radio"/> No <input type="radio"/> Yes
Was anybody injured in the accident? (Including Witness)		<input checked="" type="radio"/> No <input type="radio"/> Yes
Was any other vehicle(s) or property damaged?		<input type="radio"/> No <input checked="" type="radio"/> Yes
Was there any camera video footage (in car)?		<input type="radio"/> No <input checked="" type="radio"/> Yes
DETAILS OF POLICE ACTION		
Was the accident reported to the Police?		<input checked="" type="radio"/> No <input type="radio"/> Yes
If Yes, please state which police station & Report No.		
Was notice of intended Prosecution given?		<input checked="" type="radio"/> No <input type="radio"/> Yes
If Yes, against whom?		

Common Statement

OWN VEHICLE REGISTRATION NUMBER _____

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number _____

Vehicle Make/ Model/ Colour _____

motorcycle

Details of Properties (If Other Party is not a Vehicle) _____

Damage Area _____

Name of Driver _____

NRIC/ FIN/ Passport _____

Contact Number / Email Address _____

Address _____

Name of Insurance Company _____

Other Vehicle or Property 2

Vehicle Registration Number _____

Vehicle Make/ Model/ Colour _____

Details of Properties (If Other Party is not a Vehicle) _____

Damage Area _____

Name of Driver _____

NRIC/ FIN/ Passport _____

Contact Number / Email Address _____

Address _____

Name of Insurance Company _____

DETAILS OF WITNESS

Name _____

Phone / Email Address _____

Address _____

NRIC/ FIN/ Passport _____

DETAILS OF INJURED PERSON 1

Name _____

NRIC/ FIN/ Passport _____

Address _____

Approximate Age _____

Injuries Sustained _____

If Vehicle Occupants, state in which vehicle? _____

Were Seat Belts Worn? _____

☐

Yes

☐

No

Was Injured conveyed to hospital by ambulance? _____

☐

Yes

☐

No

DETAILS OF INJURED PERSON 2

Name _____

NRIC/ FIN/ Passport _____

Address _____

Approximate Age _____

Injuries Sustained _____

If Vehicle Occupants, state in which vehicle? _____

Were Seat Belts Worn? _____

☐

Yes

☐

No

Was Injured conveyed to Hospital by Ambulance? _____

☐

Yes

☐

No

Declaration

I/We declare that the above particulars & information provided above are true in every aspect.

Signature of Policy Holder
(Company Check if applicable)

[Signature]

Signature of Driver / Date & Time
(If Driver is not the Policy Holder)

Date & Time

Date & Time

Individual Statement

Describe Circumstances of the Accident

please refer to police report

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20170206/2171

Police Station Of Origin:
Ayer Rajah NPP
43 Teban Gardens Road #01-388
SINGAPORE 600043
Tel No: 1800-5659999

1 of 3

Report No. T/20170206/2171

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/02/2017 20:56	Vide Report No.:	Station Diary No.: 51
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Informant's Particulars

Name of Informant: PONNUSAMY KOLANCHI			Address: APT BLK 146 BUKIT BATOK WEST AVENUE 6 #06-359 SINGAPORE 650146		
ID Type / ID No.: FIN NO / F8160905P			Contact No.: Home/Office: Mobile: 81154143		
Nationality: INDIAN			Email:		
Sex: Male	Age: 42	Date of Birth: 12/07/1974	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Driver			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 25/01/2017 17:30	Type of Location: Straight Road
Location: Along Road 1 PIONEER ROAD				
Along Pioneer Sector 1				
Weather: Heavy rain		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
XB4885S	Lorry				No Damage	0

Details of Person Involved

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20170206/2171

Police Station Of Origin:
Ayer Rajah NPP
43 Teban Gardens Road #01-388
SINGAPORE 600043
Tel No: 1800-5659999

2 of 3

Report No, T/20170206/2171

CONTINUATION OF REPORT

Driver			
Name	PONNUSAMY KOLANCHI	ID No.	F8160905P
Related Vehicle	XB4885S (Lorry)	Contact No.	81154143
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 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 25/1/2017 at about 1730hrs, I was driving my green Hino Lorry(Reg no. XB4885S) along Pioneer Sector 1. Afterwhich, I wanted to park at the side of the main road as I wanted to go to the nearby canteen to buy food. While I was parking and reversing, I had accidentally hit onto the motorcycle which was behind my motorcycle.

I wish to inform that at that time, it was heavy rain therefore I did not see the motorcycle which was behind my lorry.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20170206/2171

Police Station Of Origin:
Ayer Rajah NPP
43 Teban Gardens Road #01-388
SINGAPORE 600043
Tel No: 1800-5659999

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Report No, T/20170206/2171

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:

D /

Cpl HARVEY LAU WEI REN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

06/02/2017 20:56

Officer In Charge Of Case:

TP / GIA /

Sr Staff Sgt ESTHER CHONG

Contact No.: 65476368

Classification Of Case:

Authentication Stamp

NP168



Signature:

SN 035

Singapore Police Force

INSURANCE

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

for kolavali



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-V0009718-MVA-R001

Account Name **AB LIM & SONS ENTERPRISES**

MCI Type **MZ300**

- 1 Index Mark and Registration Number of Vehicle or Chassis No: **XB4885S**
- 2 Name of Policyholder **LEE HUAT YAP KEE & CO PTE LTD**
- 3 Effective date of Commencement of Insurance for the purpose of the Regulations **02/02/2016**
- 4 Date of Expiry **01/02/2017**

- 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: 19/01/2016

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Identification Card

Name of Insurance Company		
Other Vehicle or Property 2		
Vehicle Registration - 11		
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)		
Class 3	Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	
	Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg	
EFFECTIVE DATE		
27 Aug 2009		
05 Apr 2012		
Licence No: F8160905P		
NP 428A		
VISA PASS		
Immigration Regulations		
Name		
PONNUSAMY KOLANCHI		
Date of Birth	Sex	Nationality
12-07-1974	M	INDIAN
FIN	Date of Issue	Date of Expiry
F8160905P	27-08-2015	27-08-2017
MULTIPLE JOURNEY VISA ISSUED		
YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.		
Barcode		

Identification Card

Contact Number / Email Address

Address

Name of Insurance Company

Other Vehicle or Property 2

Vehicle Registration Number

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of Ponnusamy Kolanchi

Licence Number: **F8160905P**

Name: **PONNUSAMY KOLANCHI**

Birth Date: **12 Jul 1974**

Issue Date: **25 Aug 2014**

Valid Till **26 Aug 2019**

Barcode: 002338625K

S PASS

Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer: **LEE HUAT YAP KEE & CO PTE. LTD.**

Sector: **HARBOURCRAFT**

Portrait photo of Ponnusamy Kolanchi

Name: **PONNUSAMY KOLANCHI**

Occupation: **DRIVER**

S Pass No.: **O 31758297**

Date of Application: **13-08-2015**

Date of Issue: **27-08-2015**

Date of Expiry: **27-08-2017**

Barcode: L5977480

Were Seat Belts Worn?

Was Injured conveyed to Hospital by Ambulance?

Declaration

I/We declare that the above particulars & information provided above are