

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	31/07/2018 16:38
Date Of Accident	30/07/2018 11:05
Exact Location Of Accident	INTERNATIONAL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC7757P
Insured/Policyholder	
Name Of Registered Owner	BENG HUI MARINE ELECTRICAL PTE LTD
Co Reg No	199900682G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62914444

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 MANUAL
Exact Purpose for which vehicle was being used at time of accident	WORK USED
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
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-V0010954-MVA-R003
Cover Note Number	

Driver

Name of Driver	ONG POH CHENG
NRIC No	S1644490A
Date Of Birth	07/10/1964
Occupation	OUTDOOR
Date Of Driving Pass	18/05/1982
Driving Experience	36 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94563760
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	NIL
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN 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?	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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN5875P-B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	YP429S-C
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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5. **Any false reporting may be referred to the Police for investigation.**
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:

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

Accident Sketch Plan

SKETCH PLAN

A ⇒ GBC 7757P B ⇒ YN587SP C ⇒ YP429S



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Report

10/1/18

DECLARATION

I/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:

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

Common Statement

☐ Owner
☐ Driver

ACCIDENT STATEMENT

Date of Accident

30/07/18

Time

11:05

Location of Accident

International RD.

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number

Name of Policyholder

NRIC/ FIN/ Passport/ ROC (if Policyholder is company)

Address

Contact Number

Occupation

Tel

Hp

GRC 7757P.

Beng Hui Manthe Electrical Pktd.

199900682G

6291 4444.

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model

Type of Vehicle

Exact Purpose for which vehicle was being used at the time of accident

Are you claiming under your own insurance policy?

Vehicle category

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company

Type of Policy

Fleet Policy

Policy Number

Saloon, MPV, CRV, Van, Lorry, Bus, Motorcycle, Others

private used

☐ Yes

☐ Private

☒ No

☒ Commercial

Remarks

TP

☐ Motorcycle

☒ Comprehensive

☐ Yes

☐ TP Fire & Theft

☒ No

☐ Third party

8 - V0010954 - MVA-R003.

DRIVER

Name of Driver

NRIC/ FIN/ Passport

Date of Birth

Occupation

Driving Pass Date

Gender

Contact Number

Address

Email Address

Was driver an employee of the Insured's Company?

If No, relationship of Driver with the Insured

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)

Weather Conditions

Road Surface

Damage Area

☒ Male

Tel

☐ Female

Hp

9456 3760

☒ Yes

☐ No

☐ No

☐ No

☐ No

☐ No

☐ No

☐ No

☐ No

☐ No

☐ No

☐ No

☐ No

☐ No

☐ No

☐ No

☐ No

☐ No

☐ No

☐ No

☐ No

☐ No

☐ No

☐ No

☐ No

☐ No

☐ No

☐ No

☐ No

☐ No

☐ No

☐ No

☐ No

☐ No

☐ No

☐ No

☐ No

OTHER INFORMATION

Was there any foreign vehicle(s) involved?

Was anybody injured in the accident? (including Witness)

Was any other vehicle(s) or property damaged?

Was there any camera video footage (in car)?

DETAILS OF POLICE ACTION

Was the accident reported to the Police?

If Yes, please state which police station & Report No.

Was notice of intended Prosecution given?

If Yes, against whom?

☒ No

☐ Yes

☐ No

☐ Yes

☒ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ No

1 pax.

cloudy.

Common Statement

OWN VEHICLE REGISTRATION NUMBER _____

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

①

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

YP429S

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

③

Other Vehicle or Property 2

Vehicle Registration Number

YN 5875P

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 Chop if applicable)

ang pek cheng

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

Date & Time

Date & Time

As per request, please find the screenshot for motor insurance of carplate QBC7757P.
If you needed any clarification do informed me.

QBE Insurance (Singapore) Pte Ltd

A member of the worldwide QBE Insurance Group - a leading insurer in

1 Raffles Quay, #20-10 South Tower, Singapore 04861
Tel: 65-6734 6633 Fax: 65-6734 6733
QBE Registration No.: M000049794
www.qbe.com.sg

陳保隆經紀執業有限公司

QBE INSURANCE BROKERS PTE LTD

300A Aljunied Street, Ocean Link Building
Singapore 380000
VVAW30 Building
Tel: 65-6742 0700 Fax: 65-6742 8669



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, 1967 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1969 (MALAYSIA)

- Certificate No: **8-9909954-MYARD02** Agent Name: **FAN INSURANCE BROKERS PTE LTD** HQ Type: **82300**
1. Index Mark and Registration Number of Vehicle or Chassis No: **QBC7757P**
 2. Name of Policyholder: **BENG HUI MARINE ELECTRICAL PTE LTD**
 3. Effective date of Commencement of Insurance for the purpose of the Regulations: **01/07/2018**
 4. Date of Expiry: **30/06/2019**
 5. Person or Class(es) 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 so 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.
(b) Use in connection with the Policyholder's business.
(c) Use for the carriage of passengers (other than for hire or reward)
(d) 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 towing a trailer except the towing of any one disabled mechanically propelled vehicle.
 6. Limitations or Exclusions
Limitations provided inoperative by Section 8 of the Motor Vehicles (Third Party Risk and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1967 (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, 1967 (Malaysia).

Hi-Purchase: **MRS. ARAND MONG SITIHAD**

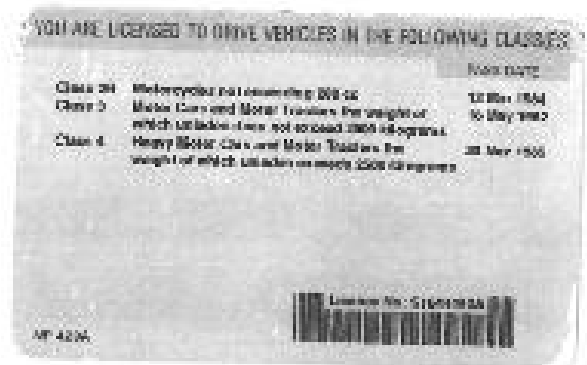
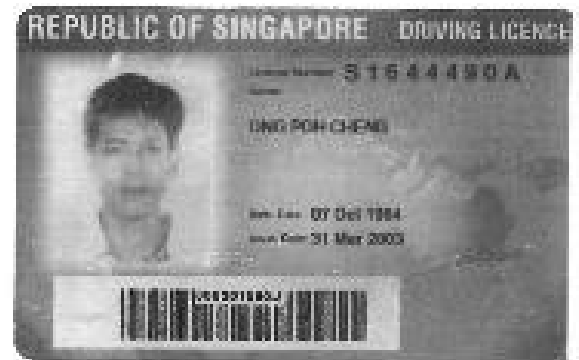
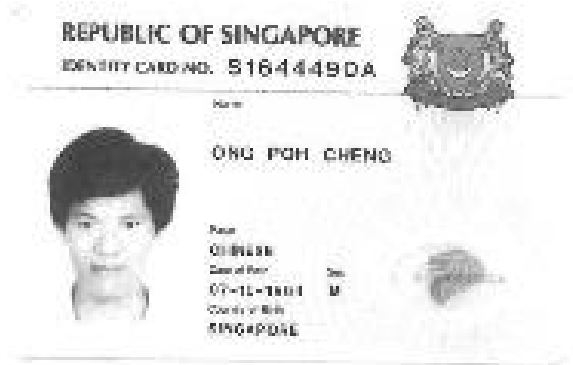
QBE Insurance (Singapore) Pte Ltd

Date of Issue: **29/05/2018**

Authorized Signature

Thanks.

Driving License



Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408685
Tel No: 65470000



T/20180730/7007

3 of 3

Report No: T/20180730/7007

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPID /
KASMAWATI BTE SAMIAN
Contact No: 65478179

Authentication Stamp
NP/08

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:
30/07/2018 14:30

Classification Of Case:

Police Report



**SINGAPORE
POLICE FORCE**



T/20180730/0007

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

1 of 3

Report No: T/20180730/0007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/07/2018 14:30			Vide Report No.:		Station Diary No.:
Informant's Particulars					
Name of Informant: ONG POH CHENG			Address: APT BLK 213 CHOA CHU KANG CENTRAL #07-108 SINGAPORE 680213		
ID Type / ID No.: NRIC NO / S1044480A			Contact No.: Home/Office: Mobile: 94583760		
Nationality: SINGAPORE CITIZEN			Email: ren22289@hotmail.com		
Sex: Male	Age: 53	Date of Birth: 04/10/1954	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Lorry driver			Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident	Injury Others	Drink Drive: No	Date/Time of Accident 30/07/2018 11:05	Type of Location: T-Junction
Location: INTERNATIONAL ROAD				
Weather Cloudy		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	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
GBC7757P	Lorry					0

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



1/20180730/7007

2 of 3

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

Report No: 1/20180730/7007

CONTINUATION OF REPORT

Driver			
Name	ONG POH CHENG	ID No.	S1544450A
Related Vehicle	GBC7757P (Lorry)	Contact No.	94563760
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	30/07/2018	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details:

While travelling on the International Road toward Tuas turning into Pan Young Road around 1105 hours at 30 July 2018 I met with an accident involving YP429S Mr Mohamed Sani Bin Jamsuri NRIC: S7408843J HP: 81738010 from PEC LTD (first stationary vehicle waiting at traffic light) follow by GBC7757P (Second stationary vehicle < The vehicle I am driving >) follow by YN8975P Mr Zailan Bin Mohd Som NIRC: S7100858Z HP: 94518059 from SEA 2 SEA (Third vehicle that hit onto my vehicle) . No pedestrian and other road user was involve during the accident other then the stated .

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

