

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	16/08/2018 13:43
Date Of Accident	16/08/2018 07:40
Exact Location Of Accident	OPENCARPARK/DEFU LANE10/BLK5L:NO104NEAR LP7/S2/3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GW2958U
Insured/Policyholder	
Name Of Registered Owner	NKH FLUID ENGINEERING PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85114301
Alternative Phone No	OFFICE-85114301

Vehicle Particulars

Manufacturer	TOYOTA
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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-V0008226-MVA-R003
Cover Note Number	

Driver

Name of Driver	PALANIVELU SILAMBARASAN
Passport No/FIN	G5380773P
Date Of Birth	22/10/1988
Occupation	OUTDOOR
Date Of Driving Pass	09/01/2015
Driving Experience	3 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85114301
Fax Number	
Contact Number	OTHERS-85114301
EMail Address	NOEMAIL

Address NKH FLUID ENGINEERING PTE LTD

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 COLLIDED INTO PARKED VEHICLE

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) 0

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name HOGANG N.P.C

Police Station Address ROAD: 60 HOUGANG AVE 9 SINGAPORE 538775 , POSTCODE: 538775 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180816/2035

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 XD7189M

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)

SKETCH PLAN

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 liability**.
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. 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:

P. S. Man

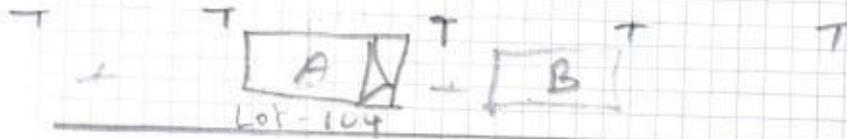
Driver's Signature
(If driver is not the policyholder)
Date & Time:

16/8/2018

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

SKETCH PLAN

Defu Lane 10, open Carpark NEAR BLK5, LOT NO
104 NEAR
LP7/S2/3



A: GW29584
B: XD7189M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text in a large rectangular box: "pls Refer to the Police Report - T/20180816/2035"

DECLARATION

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



Policyholder's Signature
Date & Time:

P. S. Man

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

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

16/8/2018



**SINGAPORE
POLICE FORCE**



T/20180816/2035

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

1 of 3

Report No. T/20180816/2035

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/08/2018 11:07	Vide Report No.:	Station Diary No.: 66
--	------------------	--------------------------

Informant's Particulars

Name of Informant: PALANIVELU SILAMBARASAN		Address: APT BLK 248 HOUGANG AVENUE 3 #04-442 POMEX COURT SINGAPORE 530248	
ID Type / ID No.: FIN NO / G5380773P		Contact No.: Home/Office: Mobile: 85114301	
Nationality: INDIAN		Email:	
Sex: Male	Age: 29	Date of Birth: 22/10/1988	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: ENGINEER		Driving Licence Information: Class: 2B,3,4 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 16/08/2018 07:40	Type of Location: Car Park
Location: Along Road 1 DEFU LANE 10 OPEN CARPARK ALONG DEFU LANE 10, NEAR BLK 5, LOT NO. 104, NEAR LP 7/S2/3				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GW2958U	Lorry					0
XD7189M						0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GW2958U	QBE Insurance (Singapore) Pte Ltd	8-V0008226-MVA-R003	01/10/2017	30/09/2018



**SINGAPORE
POLICE FORCE**



T/20180816/2035

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

2 of 3

Report No. T/20180816/2035

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	PALANIVELU SILAMBARASAN	ID No.	G5380773P
Related Vehicle	NIL	Contact No.	85114301
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 15/08/2018 at about 1830hrs, I parked my vehicle at the mentioned location. Everything was in order.
On 16/08/2018 at about 0740hrs, I returned to my vehicle and discovered that the windshield cracked. I also discovered writings on my vehicle stating 'XD 7189M 7.35'. There was no contact number written. There was no witness who approached me.
I wish to state that there is no camera in my vehicle and there is no CCTV at the location.



**SINGAPORE
POLICE FORCE**



T/20180816/2035

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

3 of 3

Report No. T/20180816/2035

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: F / Staff Sgt MUHAMMAD HELMI BIN SUBAWI 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 16/08/2018 11:07
Officer In Charge Of Case: TP / HRT / SI ABDUL KAREEM BIN ABDUL HAGUE Contact No.: 65476079	Classification Of Case: <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: auto;">SN 085</div>
Authentication Stamp NP168	<div style="border: 1px solid black; padding: 5px; text-align: center;">  Signature  Singapore Police Force </div>

Reported on 16/8/2018 @ 1330HRS

ACCIDENT STATEMENT

ACCIDENT DATE: (16, 8, 2018) (DD/MM/YYYY), TIME: (07:40) (HH:MM) ^{AM}

LOCATION: _____

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GW 29 58 U
- b) INSURANCE COMPANY: _____
- c) POLICY NUMBER: _____
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: _____
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: _____
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: _____ (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
- c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: 85114301
- c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____
b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: XD 71 89 M MODEL: _____
- b) DRIVER'S NAME: _____
- c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
- e) DRIVER'S NAME: _____
- f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passengers (including driver) (0)

No of passengers (including driver)

No of passengers (including driver)

email =

fax =

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

Employer
NKH FLUID ENGINEERING PTE LTD



Name
PALANIVELU SILAMBARASAN

D-Pass No.
0 35873090

Industry
CONSTRUCTION



K0474450

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number
G5380773P

Name
PALANIVELU SILAMBARASAN

Birth Date **22 Oct 1988**

Issue Date **09 Jan 2015**

Valid Till **08 Jan 2020**



002384328F



VISIT PASS
Immigration Regulations

Name
PALANIVELU SILAMBARASAN

FIN
G5380773P

Date of Birth **22-10-1988** Sex **M**

Nationality
INDIAN

MULTIPLE JOURNEY VISA ISSUED

Download SGWorkPass App to check status



YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



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

Class	Vehicle Description	EFFECTIVE DATE
Class 2B	Motorcycles <= 200 CC	09 Jan 2015
Class 3	Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	09 Jan 2015
Class 4	Heavy motor cars and motor tractors > 2500 kg	16 Nov 2016

G5380773P S / No. 9000253788

NP 42BA



License No: G5380773P

QBE Insurance (Singapore) Pte Ltd

A member of the worldwide QBE Insurance Group - Unique Entity No. 1984013

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

**24Hrs Vehicle Accident /
Emergency Hotline**

6453 4730

9670 5031

Gideon Insurance Agencies Pte Ltd

**QBE****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-V0008226-MVA-R003Account Name **GIDEON INSURANCE AGENCIES
PRIVATE LIMITED**MCI Type **MZ300**1 Index Mark and Registration Number of Vehicle or Chassis No: **GW2958U**2 Name of Policyholder **NKH FLUID ENGINEERING PTE LTD**3 Effective date of Commencement of Insurance for the purpose of the Regulations **01/10/2017**4 Date of Expiry **30/09/2018**

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 Vehicles (Third Party Risk and Compensation) Act, Chapter 189 and Part 95 of the Road Transport Act 1987 (Malaysia)

QBE Insurance (Singapore) Pte Ltd

Date of Issue: 06/09/2017

Authorized Signature