

## 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             | 25/09/2018 11:21                          |
| Date Of Accident           | 24/09/2018 14:20                          |
| Exact Location Of Accident | ENGKU AMAN ROAD TURNING INTO GEYLANG ROAD |
| Country/State of Loss      | SINGAPORE                                 |

### DETAILS OF OWN VEHICLE

|                             |                                    |
|-----------------------------|------------------------------------|
| Vehicle Registration Number | GZ5270J                            |
| <b>Insured/Policyholder</b> |                                    |
| Name Of Registered Owner    | HIN LEE CONTRACTOR TRADING PTE LTD |
| Co Reg No                   | 199003890D                         |
| Email Address               | HLCT@HINLEE.COM.SG                 |
| Mobile Phone No             |                                    |
| Alternative Phone No        | OFFICE-65150900                    |

### Vehicle Particulars

|                                                                              |                    |
|------------------------------------------------------------------------------|--------------------|
| Manufacturer                                                                 | TOYOTA             |
| Model                                                                        | DYNA 150 D         |
| Exact Purpose for which vehicle was being used at time of accident           |                    |
| 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-V0010657-MVA-R003               |
| Cover Note Number         |                                   |

### Driver

|                      |                      |
|----------------------|----------------------|
| Name of Driver       | HOSSAIN SHOHARAV     |
| Work Permit No       | G2291243M            |
| Date Of Birth        | 05/08/1992           |
| Occupation           | OUTDOOR              |
| Date Of Driving Pass | 16/07/2018           |
| Driving Experience   | 0 YEAR AND 2 MONTH   |
| Gender               | MALE                 |
| Mobile Number        | (LOCAL) +65-94653015 |
| Fax Number           |                      |
| Contact Number       | OFFICE-65150900      |
| Email Address        | HLCT@HINLEE.COM.SG   |

|                                                     |                                |
|-----------------------------------------------------|--------------------------------|
| Address                                             | 10 BUKIT BATOK CRESCENT #12-03 |
| Postcode                                            | 658079                         |
| 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   | SIDE SWIPE |
| 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)                                                     | 2                                  |
| Passenger 1                                                                                 | NAME: : MOHOSHIN<br>GENDER: : MALE |

#### 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 ATTACHED.

#### 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         | YP2473A            |
| Vehicle Make/Model/Colour           |                    |
| Details Of Properties               |                    |
| Vehicle Category                    | COMMERCIAL VEHICLE |
| Name of Driver                      | MO XIANDE          |
| NRIC/Passport Number                | G2304215R          |
| Contact Number                      |                    |
| Address                             |                    |
| Postcode                            |                    |
| Insurance Company Name              |                    |
| Nature Of Damage                    |                    |
| No. Of Passenger (Including Driver) |                    |

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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)**

(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.

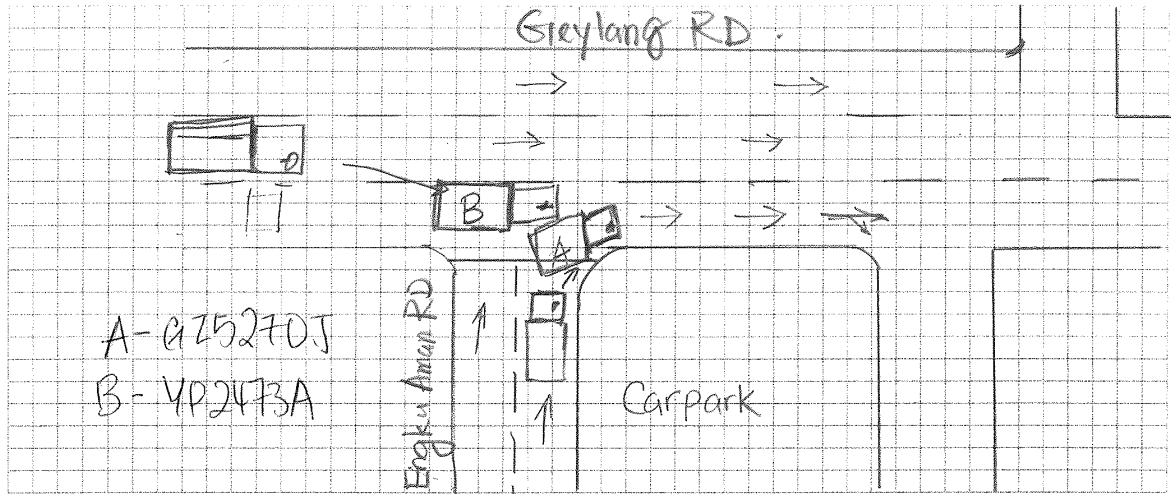


Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

☐ Claim Own Damage    ☐ Claim TP    ☒ Reporting Only    ☐ Claim OD/TP at other workshop

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SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 24/9/18, @ 14:20 hrs, I was driving my vehicle, GZ5270J along Engku Aman Rd towards Greylang Road. As I was turning into Greylang Road, suddenly, I felt an impact and realised that vehicle B, YP2473A had hit into my vehicle's left side door. Vehicle B had switched lane from the second lane to the first lane, intending to turn into the carpark.

DECLARATION

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



Policyholder's Signature  
Date & Time:

*[Signature]*

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

*[Signature]*

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

**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-V0010657-MVA-R003**

Account Name **CHA HUE PENG**

MCI Type **MZ300**

- 1 Index Mark and Registration Number of Vehicle or Chassis No: **GZ5270J**
- 2 Name of Policyholder **HIN LEE CONTRACTOR TRADING PTE LTD**
- 3 Effective date of Commencement of Insurance for the purpose of the Regulations **09/06/2018**
- 4 Date of Expiry **08/06/2019**
- 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

A handwritten signature in black ink, appearing to be "D. P. Lim", written over a horizontal line.

Authorized Signature

Date of Issue: 31/05/2018

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

Employer  
**HIN LEE CONTRACTOR TRDG P/L**

Name  
**HOSSAIN SHO HARAV**

Work Permit No.  
**0 64069012**

Sector:  
**CONSTRUCTION**

**K0429118**

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number: **G2291243M**

Name:  
**HOSSAIN SHO HARAV**

Birth Date: **05 Aug 1992**

Issue Date: **16 Jul 2018**

Valid Till: **15/07/2023**

**002824258C**

**VISIT PASS**  
Immigration Regulations 29-05-2018

Name  
**HOSSAIN SHO HARAV**

FIN  
**G2291243M**

Date of Birth **05-08-1992** Sex **M**

Nationality  
**BANGLADESHI**

**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.

Download SGWorkPass App to check status

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

**EFFECTIVE DATE**

Class 3 Motor cars with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq 2500\text{kg}$  16 Jul 2018

**NP 428A**

Licence No: **G2291243M**

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



**Accident Photo**

