Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 11/02/2019 10:40

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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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. 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	11/02/2019 10:30
Date Of Accident	01/02/2019 17:00
Exact Location Of Accident	AYE TOWARDS TUAS
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YK2212M
Insured/Policyholder	
Name Of Registered Owner	PIPELINE SERVICES PTE LTD
Co Reg No	A04705/1999W
Email Address	KONG@PIPELINESERVICES.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62626253
Vehicle Particulars	
Manufacturer	ISUZU
Model	NPR66L-4.3 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
- 010	TURE BARTY

Type Of Coverage THIRD PARTY

Fleet Policy NO

Policy Number 8-V0006768-MVA-R005

Cover Note Number

Driver

Name of Driver PRABU MUNIANDY

Passport No/FIN F8236791T
Date Of Birth 19/08/1977
Occupation OUTDOOR
Date Of Driving Pass 13/02/2009

Driving Experience 9 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-84134965

Fax Number

Contact Number

EMail Address NOEMAIL

20 KIAN TECK DRIVE Address

628832 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 **COLLISION - HEAD TO REAR**

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

3

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NAME:

: COLLEAGUE

GENDER: : MALE

Passenger 2

Passenger 1

NAME: : COLLEAGUE

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

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 NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YP275T

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

Name of Driver MARUTHAMUTHU GAVASKAR

NRIC/Passport Number G6330107N

Contact Number

Address Postcode

Page 2 of 13

Insurance Company Name Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 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.
- 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:
 - 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:
 - 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.:

KETCH PLAN	towards
SP 2	757
	1 12
3315m	P P PSE
	(towards
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT
Traffic	was treavy, so all vehicles are
alow w	noving. Vehicle No YP 275 T which
was d	ising infront of me suddenly e-broke.
I ws	unable to broke in time & Pit and the
back	eg 48 275 T.
DECLARATION	
I/We declare the foregoing par	Kory JR Dalans
Policyholder's Signature	Driver's Signature (If driver is not the policyholder) Name: Name:

Date & Time:

NRIC/FIN No.:

Sketch Plan #3 Pg. 1

92338824

Mis statuda call on 12/19 15

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.dbe.com.sd



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.

Account Name MARSH (SINGAPORE) PTE LTD

MCI Type MZ300

8-V0006768-MVA-R005

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

YK2212M

2 Name of Policyholder PIPELINE SERVICES PTE LTD

3 Effective date of Commencement of Insurance for the purpose of the Regulations

01/07/2018

4 Date of Expiry

30/06/2020

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:-

Date of Issue: 20/07/2018

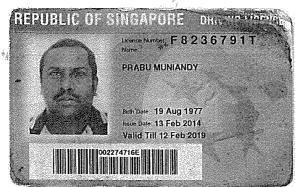
- (1) Use for hire or reward or for racing, pace-making, reliability trial or speed testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- 7 Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risk and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia) are not to be included under these headings

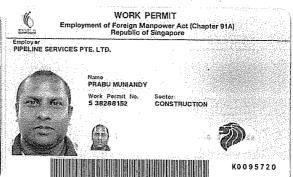
I/WE HEREBY CERTIFY that the Policy to which this certificate relates is issued in accordance with the provisions of the Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act. 1987 (Malaysia)

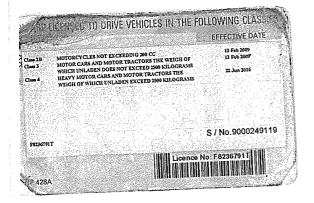
QBE Insurance (Singapore) Pte Ltd

Authorized Signature

Sketch Plan #4 Pg. 1



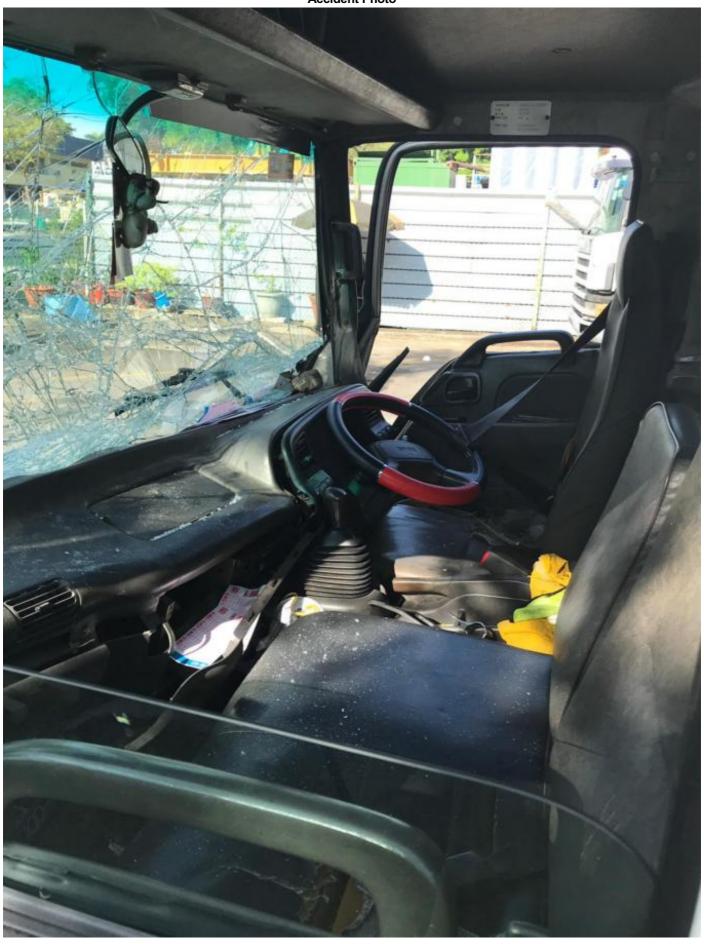






Accident Photo













TP Damaged Photo

