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 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.

7. By the lodgement of this report to the insurers, you hereby consaforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	25/09/2019 15:16
Date Of Accident	19/09/2019 16:20
Exact Location Of Accident	BUKIT BATOK WEST AVE 5
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YP8159T
Insured/Policyholder	
Name Of Registered Owner	MONZONE AIR-CONDITIONING PTE LTD
Co Reg No	200102928W
Email Address	YANYIN@MONZONE-AIRCON.COM
Mobile Phone No	
Alternative Phone No	OFFICE-92723669
Vehicle Particulars	
Manufacturer	ISUZU
Model	NPR85UH5A
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?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	

Insurance Company		
Name of Insurance Company	QBE INSURANCE (SINGAPORE) PTE LTD	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	V0023776	
Cover Note Number		
Driver		

Driver	
Name of Driver	SNG WEE SIANG
NRIC No	S7917200F

Date Of Birth 04/06/1979 Occupation **OUTDOOR Date Of Driving Pass** 26/07/2016

Driving Experience 3 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-92723669

Fax Number Contact Number

EMail Address SNGALEX1979@GMAIL.COM Address BLK 533, SERANGOON NORTH AVE 4, #02-235

Postcode 550533

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

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?

YES

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged?

I have been approached by unknown person(s)

nce

soliciting/offering accident claims assistance.

NO

YES

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name NANYANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-7929999 - **FAX NO**: 67912972

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHED POLICE REPORT NO: T/20190920/2170.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC4173Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 20

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SHC4173Y

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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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)

Lunderstand, 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)
 - (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.
- 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

Date & Time:



Policyholder's Signature

Date & Time:

Driver's Signature (If driver is not the policyholder)

Reporting Centre Personnel's Signature Name.

NRIC/FIN No.:

Please note that you might be able to submit an Own Damage Claim under own policy within 14 days. () Claim OD/TP at other workshop (√) Claim Own Damage () Claim TP () Reporting Only

Workshop Name:

Sketch Plan Pg. 2

SKETCH PLAN	
· · · · · · · · · · · · · · · · · · ·	
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT
Pafer to ochice v	eport no: 7/2019 0920/2170.
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	· A
	Tulars are true in every cornect
	culars are true in every respect.
DECLARATION I/We declare the folegoing particular	culars are true in every respect. A 25/9/19



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.: 198401363C

CERTIFICATE OF INSURANCE

Issued at Singapore on 20/09/2019

Account: Tan Insurance Brokers Pte Ltd

The Insured: Monzone Air-Conditioning Pte Ltd

Policy No.: V0023776

Class of Insurance: Commercial Vehicle

Period of Insurance: 29 August 2019 to 28 August 2020

Comprehensive Coverage:

Interest Covered: Vehicle No: YP8159T

> Made/ Model: ISUZU NPR85UH5A Chassis No: JAANPR85HH7100530

Engine No: 4]]12Z6485 Year of Manufacture: 2017

Hire Purchase: Hong Leong Finance Limited

Warranties/ Extensions: As per QBE'S Standard Policy Wordings & Exclusions

Cover Issued Policy Issuance

Pending:

This Certificate is only a summary of the Policy.

Nothing contained in this Certificate shall in any way be held or construed to vary alter or waive any of the terms conditions or provisions of the policy.

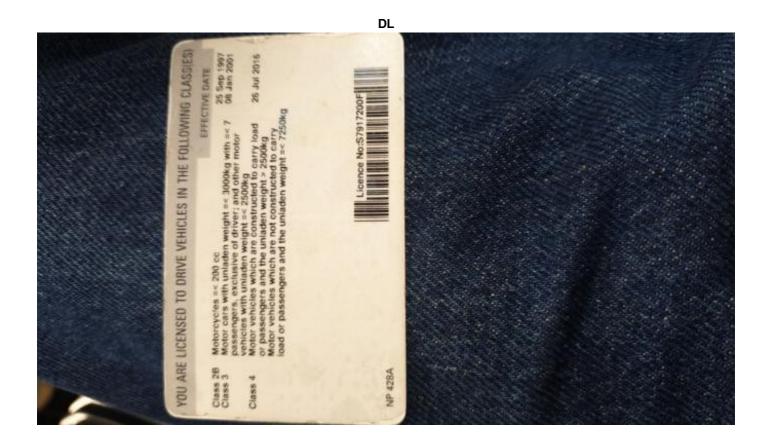
Reference should be made to the Policy for the full terms, conditions and exceptions.

For QBE INSURANCE (SINGAPORE) PTE LTD



Please note that all policies, renewal certificates, cover notes, endorsements carry a Premium Warranty Clause which requires the premium to be paid in full within sixty (60) days from inception date failing which the cover ceases and the company shall be discharged from all liabilities thereafter.

Page 1 of 1







POLICE REPORT Pg. 1





Date of Expiry:

Police Station Of Origin:

Nanyang N.P.C

Occupation:

OPERATION SUPERVISOR

2 Jurong West Avenue 5 SINGAPORE

649482

Tel No: 1800-7929999

Report No. T/20190920/2170

Station Diary No.:

1 of 3

REPORT OF	A	TRAFF	IC	ACCIDEN	
Date/Time	F	Report	M	ade:	

20/09/2019 18:53 J/20190919/0093 342 Informant's Particulars Name of Informant: Address: LEE HONG BENG APT BLK 989A JURONG WEST STREET 93 #13-723 SINGAPORE 641989 ID Type / ID No.: Contact No.: NRIC NO / S7406962B Home/Office: Mobile: 82394449 Nationality: Email: SINGAPORE CITIZEN Sex: Age: Date of Birth: Type of Informant: Male 45 16/02/1974 Informant Race: Institution / School Name: Language: Chinese

Driving Licence Information:

Class:

Vide Report No.:

General Informati	ion of the Accident						
Type of Accident:	Injury Conveyed By Ambulance		Drink Drive: No	Date/Time of Accident: 19/09/2019 16:	20	Type of Location: Roundabout	
Location: Along Road 1 BUKIT BATOK W	/EST AVENUE 5	WARD!	S BRICKI A	ND ROAD			
Weather:			Surface:	1,0,10	Roa	d Speed Limit:	
Clear		Dry					
Traffic Flow:		Traffic	: Control:		Traf	fic Volume:	
One Way Traffic			raffic Light - Working			Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear					, ,	one conveyed by oulance:	

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHC4173Y	Car	ТОУОТА	PRIUS TAXI (SMRT)	Maroon	Seriously Damaged	1
YP8159T	Lorry	ISUZU	NPR85UH5A	White	Seriously	0
					Damaged	

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

POLICE REPORT Pg. 2





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Report No. T/20190920/2170

2 of 3

Tel No: 1800-7929999

CONTINUATION OF REPORT

Driver						
Name	SNG WEE SIANG		ID No.		S7917200F	
Related Vehicle	YP8159T (Lorry)		Contact No.		NIL	
Hospital/Clinic	NIL			Class Driving Licend Expiry	g e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discl	harge	NIL	
No. of Days granted Medical Leave NIL			Degree of	egree of Injury NIL		
Informant		100				100 (100 (100 (100 (100 (100 (100 (100
Name	LEE HONG BENG			ID No	•	S7406962B
Related Vehicle	NIL .			Conta	ct No.	82394449
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Dat			e Discharge NIL		
No. of Days granted Medical Leave NIL			Degree of Injury NIL			

Brief Details.

On 19/09/2019, at about 1700HRS I received a message from my manager, asking if my worker namely: Sng Wee Siang will be contactable. He informed that a lot of people were looking for him but to no avail. I tried to call him but to no avail. However, about 15 minutes later, my manager sent me a photo an accident, saying that Sng Wee Siang is involved in an accident. I took a look at the photo, and realized its Bukit Gombak. Immediately, I went down to the accident scene from Fishery Port Rd

When I arrived, I saw my company's lorry (YP8159T) and a taxi (SHC4173Y) caught in an accident, and the passenger aboard the taxi had already been conveyed to Ng Teng Fong General Hospital. My worker was not injured but was tested by SCDF. Subsequently, the police at scene discovered that there were drugs inside my company's lorry and will be arresting my worker. I was also informed that my lorry will be held for further investigations at scene. I acknowledged and waited at scene.

However, I waited for until 1945HRS, and was informed by the police that my lorry can be towed back to my own company's possession.

POLICE REPORT Pg. 1





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 3 of 3 Report No. T/20190920/2170

Tel No: 1800-7929999

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.

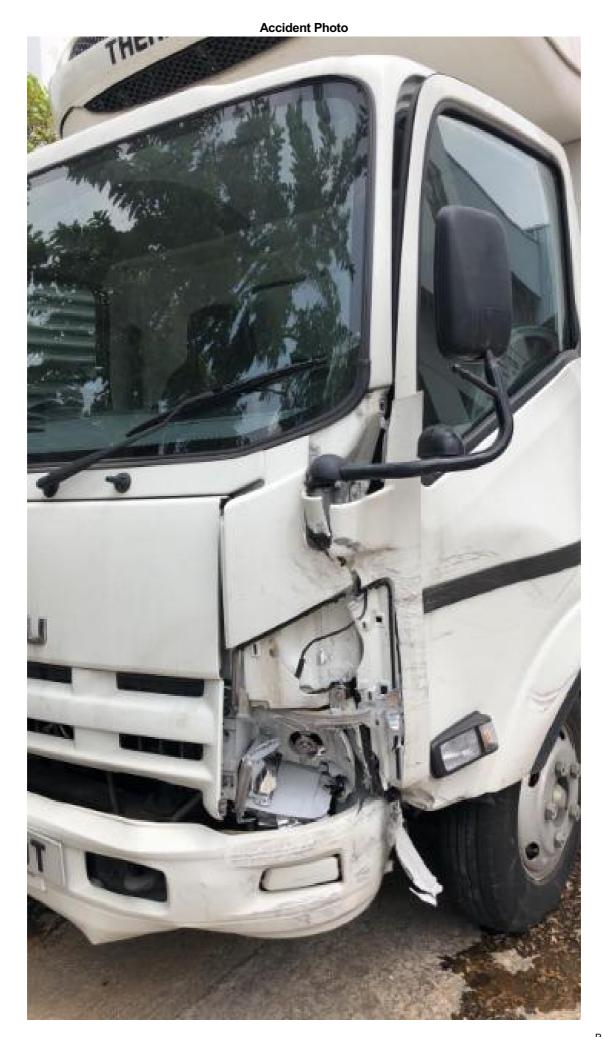
Signature Of Officer Recording The Report:	Signature Of Informant:
Sgt 2 TEO MING EN, RYAN	
Signature Of Interpreter: Not applicable	Date/Time: 20/09/2019 18:53
Officer In Charge Of Case: TP / GIT / Insp TAN CHIN YONG Contact No.: 65476178	Classification Of Case:
Authentication Stamp	

Accident Photo



















Accident Photo





ON-SCENE PHOTOS

