### 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

aforesaid.		
	ACCIDENT STATEMENT	
Date Of Report	06/12/2019 15:42	
Date Of Accident	05/12/2019 16:20	
Exact Location Of Accident	BUKIT BATOK EAST AVE 3	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	GBA7151Y	
Insured/Policyholder		
Name Of Registered Owner	LIFT HUB ENGINEERING PTE LTD	
Co Reg No	200508734K	
Email Address	ENQUIRY@LIFT-HUB.COM	
Mobile Phone No		
Alternative Phone No	OFFICE-68467763	
Vehicle Particulars		
Manufacturer	TOYOTA	
Model	HILUX-2.8 D G DOUBLE CAB (A)	
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE	
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	THIRD PARTY FIRE AND/OR THEFT	
Fleet Policy	NO	
Policy Number	8-V0019888-MVA-R001	
Cover Note Number		
Driver		
Name of Driver	WANG LIANG	

Passport No/FIN G3222278T Date Of Birth 02/07/1984 Occupation **OUTDOOR** 14/07/2016 Date Of Driving Pass

**Driving Experience** 3 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96434906

Fax Number **Contact Number** 

**EMail Address NOEMAIL** 

46 SIMS PLACE #01-195 Address

380046 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?

YES

NO

2

NO

NO

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)

Passenger 1

NAME: : KOK JIN FOH

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?

# **Circumstances of Accident**

TRAFFIC LIGHT RED. TAXI (SH 9045 U) INFRONT. UNAWARE THAT PICKUP HAD ROLLED FORWARD HITTING THE TAXI IN FRONT. NO ACCELERATION. NEUTRAL GEAR. \*LATE REPORT ,BECAUSE IN WORKSHOP REPAIR, PICKUP DUE TO FAULT NOT RELATED TO ACCIDENT.

### 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 SH9045U Vehicle Make/Model/Colour **TAXI Details Of Properties** CAR B **TAXI** Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan Pg. 1

#### **SKETCH PLAN**

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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)

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:

2019-12-06

Name:

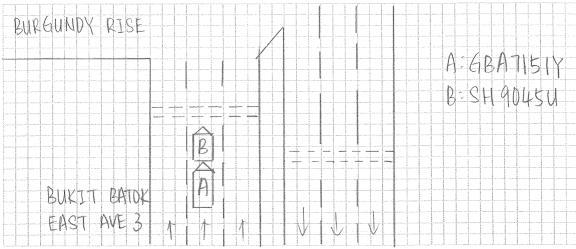
NRIC/FIN No.:

Reporting Centre Personnel's Signature

sianuse sherelistical care, V.

## Sketch Plan #2 Pg. 1

SKETCH PLAN



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCOWISTANCES OF THE ACCIDENT		
Traffic light red - Taxi CSH 9045 U) infront Unaware that prokup had rolled		
Sorward hitting the tax in Sont. No acceleration. Mential gear.		
* Late report, because in workshop repair, pick up due to fault not induted to		
accident.		

DECLARATION

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

Policyholder's Signature Date & Time:

GIARMC SketchPlanForm\_V3

五卷卷

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

Date & Time: 2019-12-06

ESPUIS 7.3 P

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

### **CERTIFICATE OF INSURANCE Pg. 1**

### 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)

MCI Type MZ300 Account Name WIS SERVICES Certificate No.

8-V0019888-MVA-R001

1 Index Mark and Registration Number of Vehicle or Chassis No: **GBA7151Y** 

2 Name of Policyholder LIFT HUB ENGINEERING PTE LTD

Effective date of Commencement of Insurance for the purpose of 23/10/2019 the Regulations

4 Date of Expiry 22/10/2020

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:-

(1) Use for hire or reward or for racing, pace-making, reliability

trial or speed testing.

Date of Issue: 30/09/2019

- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- 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

## DRIVER NRIC AND DRIVING LICENSE Pg. 1

