# **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.

- 4. The issue and acceptance of this is form by instrained 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 Submission 24/06/2021 17:42 (SGT) Date of Accident 23/06/2021 12:34 (SGT) Exact Location of Accident Tuas Bay Dr, Singapore Additional Location Information Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Mitsuhishi

Vehicle Registration Number GBD2984C

#### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner LEONG & LEONG ELECTRICAL SERVICE Company Reg No 47849100W Email Address lianglong64@singnet.com.sg Mobile Phone No (Phone) +65-96269934 Alternative Phone No +65-96269934

### VEHICLE PARTICULARS

Manufacturer

Model Fuso Variant Exact purpose for which vehicle was being used at time of Employment accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Manual CC 3000

### **INSURANCE COMPANY**

Name of Insurance Company QBE Insurance (Singapore) Pte Ltd Type of Coverage ThirdParty Fleet Policy Policy Number 8-V0023243-MVA--R001 Cover Note Number

# DRIVER

Name of Driver TANG CHING YANG NRIC No. S9409407J

Date Of Birth 14/03/1994 Occupation Indoor Date Of Driving Pass 28/05/2018 Driving experience 3 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-81683557 Alt. Phone Number Email Address chingyang100@hotmail.com Address BLK 254 PASIR RIS ST 21 #09-251 Address complement Postcode 510254 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Side Swipe Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No **DETAILS OF POLICE ACTION** Was the accident reported to the police? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT I CHECK THAT TRAFFIC IS CLEAR. THUS I PROCEED TO TURN RIGHT WHEN VEHICLE B FROM MY REAR OVERTAKE MY VEHICLE FROM THE OPPOSITE DIRECTION LANE AND HIT ONTO MY VEHICLE FRONT RIGHT PORTION. 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** Α

Vehicle Registration Number	SHD9462A
Vehicle Manufacturer	-
Vehicle Model	_
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	_

Address complement	-
Postcode	_
nsurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	_

SKETCH PLAN

I hereby authorise SME Motor Pte Ltd to send my accident report to my workshop leans Astomotive via email / fax. leans 2259 @gmail. com

Signature: \_\_\_\_

## IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

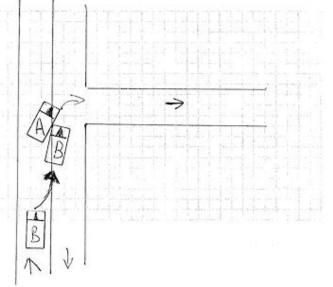


Policyholder's Signature / Date & Time

Driver's Signature (# driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



escribe Circumstances of the Accident								
1 check	that	taffic is	Cleu	-thuy		proceed	to tu	in right
when ve	hich B	from way	ver	overtak	- my	vehich	from	the
Opposite Politicai	direction	lane and	hit	orto	my!	vehicle's	front	right
1							-	
							-	
					-			
					-			
								Victoria de la composição
W-087900-000								
					-			
				20021				
					-			
			2000					
								14.
			111111111					
laration								
destes in a			2002					
	oing particulars	are true in every resp	oect.					
1	(1)	(43)						
(2)	2	$\alpha$						
131	81	9						

Driver's Signature (# driver is not the policyholder) / Date

Policyholder's Signature / Date & Time

Witnessed by Reporting Centre Personnel













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.

Account Name LCH LOCKTON PTE, LTD

MCI Type MZ300

8-V0023243-MVA-R001

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

GBD2984C

2 Name of Policyholder LEONG & LEONG ELECTRICAL SERVICE

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

01/09/2020

4 Date of Expiry

31/08/2021

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)

Hire Purchase : UNITED OVERSEAS BANK LIMITED

QBE Insurance (Singapore) Pte Ltd

Authorized Signature

Date of Issue: 28/07/2020