

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 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 Submission	24/01/2022 17:33 (SGT)
Date of Accident	23/01/2022 10:30 (SGT)
Exact Location of Accident	Near Tah Ching Rd, Singapore
Additional Location Information	JUNCTION OF YUAN CHING ROAD & CHINESE GARDEN ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX3663H
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MACMARINE SERVICES PTE LTD
Company Reg No	198905482N
Email Address	YWCHOY@MACMARINE.COM.SG
Mobile Phone No	(Phone) +65-96776261
Alternative Phone No	+65-96776261

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Liteace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	1495

INSURANCE COMPANY

Name of Insurance Company	QBE Insurance (Singapore) Pte Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	8-XM108791-MVA-R017
Cover Note Number	-

DRIVER

Name of Driver	SAYED AHMAD BIN OTHMAN
NRIC No	S1388285A

Date Of Birth	09/08/1959
Occupation	Outdoor
Date Of Driving Pass	12/07/1982
Driving experience	39 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96937604
Alt. Phone Number	-
Email Address	YWCHOY@MACMARINE.COM.SG
Address	BLK 729 JURONG WEST AVE 5 #02-222
Address complement	-
Postcode	640729
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
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	Collision - Cross Junction
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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?	Yes
Police Station Name	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

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
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCN8119E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	UNKNOWN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SCN8119E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

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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.
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.



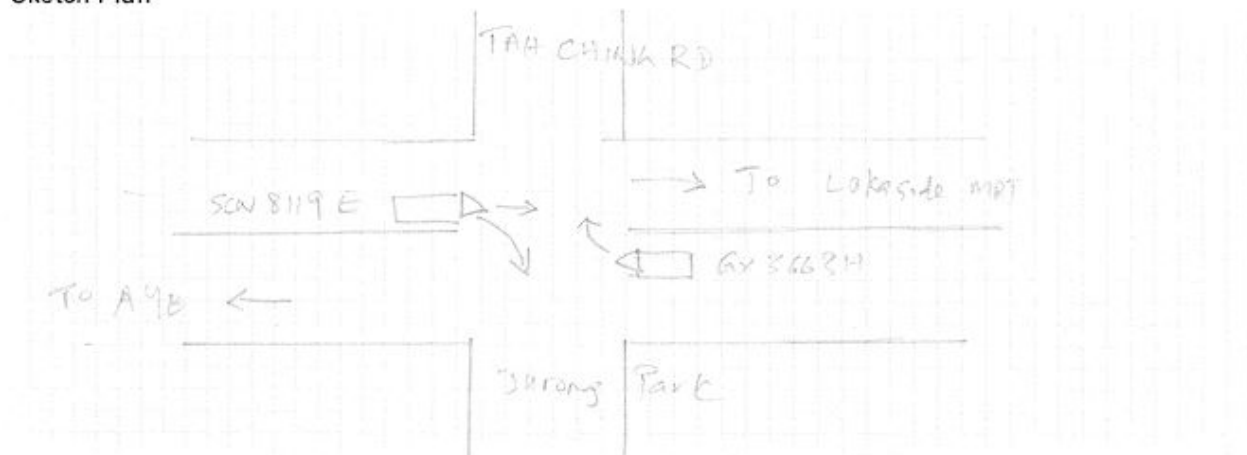
Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to former Report.

T/00020123/2078

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

up

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



Witnessed by Reporting Centre
Personnel

















**SINGAPORE
POLICE FORCE**



T/20220123/2078

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 3

Report No. T/20220123/2078

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/01/2022 22:27			Vide Report No.: J/20220123/0090		Station Diary No.: 105
Informant's Particulars					
Name of Informant: SAYED AHMAD BIN S OTHMAN			Address: APT BLK 729 JURONG WEST AVENUE 5 #02-222 SINGAPORE 640729		
ID Type / ID No.: NRIC NO / S1388285A			Contact No.: Home/Office: Mobile: 96937604		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 62	Date of Birth: 09/08/1959	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: Marine Technician			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 23/01/2022 10:30	Type of Location: T-Junction
Location: YUAN CHING ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GX3663H	Van				Slightly Damaged	1
SCN8119E	Car					1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20220123/2078

2 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20220123/2078

CONTINUATION OF REPORT

Driver			
Name	SAYED AHMAD BIN S OTHMAN		ID No. S1388285A
Related Vehicle	GX3663H (Van)		Contact No. 96937604
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

Brief Details.

On 23/1/2022 at about 10.30am, I was driving my van bearing plate number GX3663H on the right side of 2 lanes towards AYE along Yuan Ching Rd. I then started to slow down and signal right to turn into Tah Ching Rd. I saw a car bearing plate number SCN8119E at the opposite side signaling right to go to Chinese Garden Rd thus, I continued driving however, suddenly, the car decided to go straight instead and collided onto the left side of my van. I have no in car vehicle camera. The passenger of the car, a male Chinese was sent to the hospital.

87784888



**SINGAPORE
POLICE FORCE**



T/20220123/2078

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20220123/2078

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
J /
Sgt 2 NURAQILAH BINTE
ABDUL HAMID

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
23/01/2022 22:27

Officer In Charge Of Case:
TP / GIT
Other NUR ADELINA BINTE MOHAMMAD
FUAT
Contact No.: 65476066

Classification Of Case:

SIGNATURE

QBE Insurance (Singapore) Pte Ltd

Part of QBE Insurance Group - Unique Entity No. 198401363C

1 Wallich Street, #35-01 Guoco Tower, Singapore 078881

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) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate No.

8-XM108791-MVA-R017Account Name **GIDEON INSURANCE AGENCIES****PRIVATE LIMITED**MCI Type **MZ300**1 Index Mark and Registration Number of Vehicle or Chassis No: **GX3663H**2 Name of Policyholder **MACMARINE SERVICES PTE LTD**3 Effective date of Commencement of Insurance for the purpose of the Regulations **15/04/2021**4 Date of Expiry **14/04/2022**

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 : **ABWIN PTE LTD**

QBE Insurance (Singapore) Pte Ltd

Date of Issue: 16/03/2021

Authorized Signature