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 07/04/2022 15:07 (SGT) Date of Accident 07/04/2022 05:00 (SGT) Exact Location of Accident Riverside Rd, Singapore Additional Location Information ALONG RIVERSIDE ROAD L/P NO 30 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XF1702R

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner YONG STEEL (S) PTE LTD Company Reg No 200809005H Email Address yong@yongsteel.com.sg Mobile Phone No (Phone) +65-92725299 Alternative Phone No (Office) +65-68990345

VEHICLE PARTICULARS

Manufacturer

Mitsubishi Model Fuso Variant FS52SS3VDEA Exact purpose for which vehicle was being used at time of accident Employment Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Mobile equipment Transmission Manual CC 11967

INSURANCE COMPANY

Name of Insurance Company QBE Insurance (Singapore) Pte Ltd Type of Coverage Comprehensive Fleet Policy Policy Number 8-V0013065-MVA-R005 Cover Note Number

DRIVER

Name of Driver LIM TSE HENG NRIC No. S1472892I

Date Of Birth 28/04/1961 Occupation Outdoor Date Of Driving Pass 01/09/2000 Driving experience 21 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-92725299 Alt. Phone Number Email Address yong@yongsteel.com.sg Address APT BLK 764A WOODLANDS CIRCLE #08-300 Address complement Postcode 731764 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 Collision - Head to Rear 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? Nο 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 ON 6/4/22 AT ABT 1430HRS MY CAR WAS PARKED OVERNIGHT ALONG RIVERSIDE ROAD L/P NO. 30. AS I WAS WALKING TOWARDS MY VEHICLE TO GO TO WORK ON 7/4/22 @ 500HRS I SAW AN POLICE OFFICER SURROUND MY VEHICLE, I DEN REALIZE THAT VEHICLE B: SH4742Z HAD COLLIDE ONTO MY VEHICLE. *I WISH TO STATE THAT AS THERE WASN'T ANY INJURIES I DID NOT MAKE ANY POLICE REPORT. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number

SH47427

Taxi

Accident report SA1C22470003

Name of Driver

Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category

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

SKETCH PLAN

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.
- 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.
- 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.

MI ALL SES

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.:

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Date & Time: (If driver is not the policyholder) Name:	Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Chata V. Tiesa : AIDIP ICIA ALA :	Date & Time:	(If driver is not the policyholder) Date & Time:	Name: NRIC/FIN No.:

GIARMC SketchPlanForm_V3

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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.abe.com/so



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 GIDEON INSURANCE AGENCIES MCI Type MZ300

8-V0013065-MVA-R005 PRIVATE LIMITED

1 Index Mark and Registration Number of Vehicle or Chassis No: XE1702R

2 Name of Policyholder YONG STEEL (S) PTE LTD

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

4 Date of Expiry 15/05/2022

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.

Date of Issue: 03/05/2021

- (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 : MAYBANK SINGAPORE LIMITED QBE Insurance (Singapore) Pte Ltd

Authorized Signature



































