# **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 Actual 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.

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   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 02/08/2022 15:59 (SGT) Reported by Driver Date of Accident 01/08/2022 16:10 (SGT) Exact Location of Accident Gul Ave, Singapore Additional Location Information ALONG GUL AVENUE Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number XF2923M

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner WATT WAH PETROLEUM HAULAGE PTE LTD Company Reg No 199803115D Email Address SEBASTIANCHUA@WATTWAHGROUP.COM Mobile Phone No (Phone) +65-68632033 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer Man Model Tas Variant 18.360 4X2 BLS 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 Auto CC 10518

**INSURANCE COMPANY** 

Name of Insurance Company QBE Insurance (Singapore) Pte Ltd Policy Number / Cover Note Number 8-V0025364-MVA-R002

DRIVER

Name of Driver AHAMD HILMI BIN RAZALI NRIC No S9120601C Date Of Birth 14/06/1991 Occupation Outdoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	05/03/2014 8 YEARS AND 5 MONTHS Male (Phone) +65-96746297 - SEBASTIANCHUA@WATTWAHGROUP.COM APT BLK 251 YISHUN RING ROAD #03-1057 - 760251 No Employee No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Change/cross lane Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other vehicle or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?  Translator's name  Translator's ID  Translator's phone number  Translator's email  Original language used in the statement	No 2 No - Yes 1 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?  CIRCUMSTANCES OF ACCIDENT	No No -
PLS REFER TO ATTACH STATEMENT.	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes Yes
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver	YL2842P Commercial vehicle -
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

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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.

Policyholder's Signature Date & Time: Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

TCH PLAN		B H H
	A-XE2923M B>YL2842P	B
	NCES OF THE ACCIDENT  attach statement	ot.
2 rates 10	VIIIVION 3 WITCHEN	
CLARATION		
Ve declare the foregoin	g particulars are true in every respect	9.
727	Driver's Signature	Reporting Centre Personnel's Signature

On 1/8/22 at about 1610hrs, I am driving trailer fuel tanker XE2923M. After making a right turn into Gul Ave from Benoi Road, I kept to the right lane as this lane is for going straight and turning right (I intend to go straight), whereas the left lane is for vehicles turning left into Gul circle.

Just before the junction of Gul Ave and Gul circle(outside 2 gul ave), a lorry YL2842P suddenly cut into my lane from the left lane and graze onto the left fender of my trailer. I tried to stop while the lorry was cutting in but was unable to avoid the collision. The lorry cut into my lane abruptly without signalling, and without sufficient space. I will submit the video evidence.

I got down to check on the lorry driver and the extend of the damage to my trailer. He was not injured and we exchanged particulars. He admitted he was at fault. There are slight damages to the right side of his lorry and damages to my trailer left fender.

I am lodging this report to claim insurance.

C Accident report SA1N22820004

### 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



#### 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 INS HUB AGENCY

MCI Type MZ312

8-V0025364-MVA-R002

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

XE2923M

2 Name of Policyholder WATT WAH PETROLEUM HAULAGE PTE LTD

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

01/01/2022

4 Date of Expiry

31/12/2024

5 Person or Classes of Person entitled to drive\*

Any person provided he is in the Policyholder's employ and is driving on their 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\*

Use in connection with the Policyholder's business.
Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
The Policy does not cover:-

(1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.

(2) Use whilst drawing a greater number of trailers in all than is permitted by law.

(3) Use for the carriage of passengers for hire or reward.

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)

QBE Insurance (Singapore) Pte Ltd

Authorized Signature

Date of Issue: 04/01/2022















