

# 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 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	10/08/2022 12:06 (SGT)
Reported by	Both
Date of Accident	08/08/2022 19:30 (SGT)
Exact Location of Accident	Near 5 Jln Papan, Singapore 619396
Additional Location Information	APRI-WESTLITE DORMITORY JALAN PAPAN
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN686B
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	KOK CHANG SCAFFOLDING PTE LTD
Company Reg No	
Email Address	
Mobile Phone No	
Alternative Phone No	

## VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	NPR85UH5A
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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2999

## INSURANCE COMPANY

Name of Insurance Company	QBE Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	8-V0015008-MVA-R004

## DRIVER

Name of Driver	VARATHARAJAN LAKSHMANAN
NRIC No	
Date Of Birth	
Occupation	

Date Of Driving Pass .....  
 Driving experience .....  
 Gender .....  
 Mobile Number .....  
 Alt. Phone Number .....  
 Email 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 .....



No  
 Employee  
 No  
 -  
 -

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....  
 Weather Conditions .....  
 Road Surface .....

Side Swipe  
 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  
 13  
 No  
 -  
 -  
 -  
 -

PASSENGER 1

Name .....  
 Gender .....

KUMAR  
 Male

PASSENGER 2

Name .....  
 Gender .....

LEONG  
 Male

PASSENGER 3

Name .....  
 Gender .....

RAJIEN  
 Male

PASSENGER 4

Name .....  
 Gender .....

RAJAR RAJEN  
 Male

PASSENGER 5

Name .....  
 Gender .....

STALIN  
 Male

PASSENGER 6

Name .....  
 Gender .....

GANESAN  
 Male

PASSENGER 7

Name .....  
 Gender .....

RUBEL  
 Male

PASSENGER 8

Name ..... RAMEE  
Gender ..... Male

PASSENGER 9

Name ..... RAMEN KRISHNAN  
Gender ..... Male

PASSENGER 10

Name ..... MINTON  
Gender ..... Male

PASSENGER 11

Name ..... VENKATESAN  
Gender ..... Male

PASSENGER 12

Name ..... SINGH  
Gender ..... Male

DETAILS OF POLICE ACTION

Was the accident reported to the police? ..... No  
Was notice of intended Prosecution given? ..... No  
If yes, against whom? ..... -

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN AND SUMMARY

ATTACHMENT(S)

Are accident photos available for attachment? ..... Yes  
Was there any video captured by Car Camera? ..... No

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number ..... PC8688H  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Bus  
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) ..... -

**SKETCH PLAN**

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

**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.

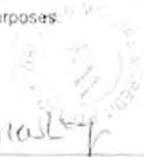
(collectively the "Purposes")

(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

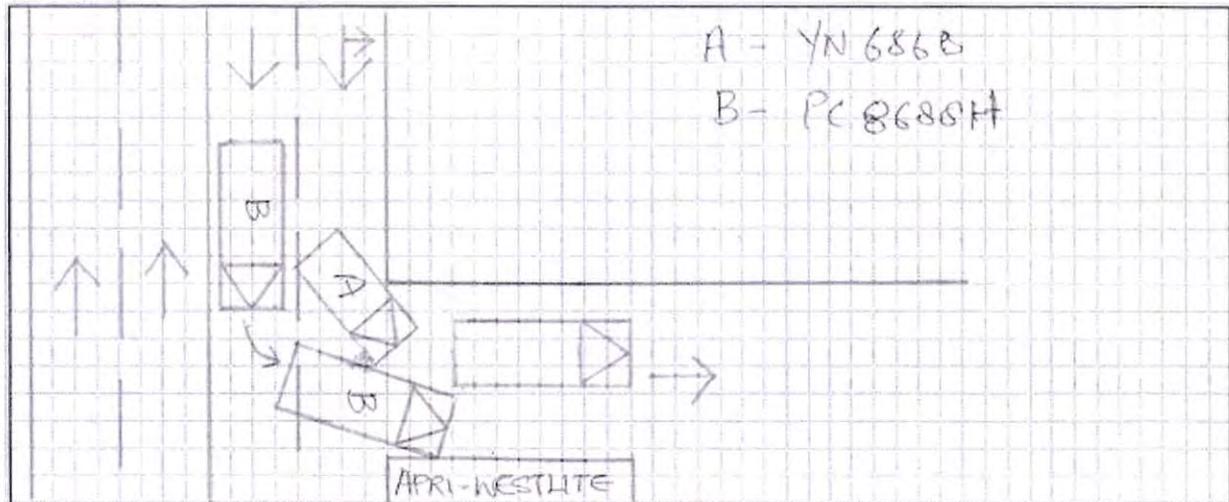
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
 Policyholder's Signature / Date & Time

*v. Loyler*  
 Driver's Signature (if driver is not the policyholder) / Date & Time

  
*Ng Jialin*  
 Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

**Sketch Plan**



Describe Circumstance of the Accident

ON 08/08/2022 @ 1930HRS, MY VEHICLE A (YN686B) WAS STATIONARY QUEUING AT APRI-WESTLITE DORMITORY ENTRANCE AS THERE WERE A FEW BUSES QUEUING IN FRONT OF MY VEHICLE A (YN686B). VEHICLE B (PC8688H) FROM LANE 1 CUT INTO MY LANE AND SQUEEZE INTO THE ONE WAY ENTRANCE AND COLLIDED ONTO THE FRONT RIGHT SIDE PORTION OF MY VEHICLE A (YN686B).

*V. Low*  


Declaration

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



Policyholder's Signature / Date & Time

*V. Low*

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



Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)













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 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. **8-V0015008-MVA-R004** Account Name **ALG INSURANCE AGENCY PTE LTD** MCI Type **MZ300**

- 1 Index Mark and Registration Number of Vehicle or Chassis No: **YN686B**
- 2 Name of Policyholder **KOK CHANG SCAFFOLDING PTE LTD**
- 3 Effective date of Commencement of Insurance for the purpose of the Regulations **26/10/2021**
- 4 Date of Expiry **25/10/2022**
- 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)**

QBE Insurance (Singapore) Pte Ltd

Authorized Signature

Date of Issue: 10/09/2021