

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 ability
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 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 Report	16/11/2015 17:21
Date Of Accident	14/11/2015 06:10
Exact Location Of Accident	SUNGEI KADUT DRIVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD32C
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Insured/Policyholder

Name Of Registered Owner	KOH KOCK LEONG ENTERPRISE PTE LTD
Co Reg No	199104084W
Email Address	ADMIN@KKLE.COM.SG
Mobile Phone No	
Alternative Phone No	Office-68978787

Vehicle Particulars

Manufacturer	NISSAN
Model	CWB45AHTN2-12.5 D (M)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Third Party
Vehicle Category	Commercial Vehicle

Insurance Company

Name of Insurance Company	EQ Insurance Company Ltd
Type Of Coverage	Third Party Fire and/or Theft
Fleet Policy	No
Policy Number	DMCPHQ14-004296
Cover Note Number	

Driver

Name of Driver	SHAO MINGQING
Passport No/FIN	G8005248R
Date Of Birth	09/10/1984
Occupation	Outdoor
Date Of Driving Pass	28/09/2009
Driving Experience	6 Years And 1 Month
Gender	Male
Mobile Number	
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address

Postcode

Was driver an employee of the Insured's Company Yes

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident Unknown - REFER TO THE SKETCH PLAN

Weather Conditions Clear

Road Surface Dry

Other Information

Was any foreign vehicle involved in this accident? No

Was any body injured in the Accident? No

Was any other material or property damaged? Yes

Was there any video captured by Car Camera? No

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? Yes

If Yes, Please state which Police Station

Police Station Name 10 Ubi Avenue 3

Police Station Address **ROAD:** 10 UBI AVENUE 3 , **POSTCODE:** 408865 , **COUNTRY:** Singapore

Police Station Contact **TEL NO:** - **FAX NO:**

Was notice of intended Prosecution given? No

If Yes, against whom?

Circumstances of Accident

REFER TO THE POLICE REPORT T/20151114/2054

Are accident photos available for attachment? Not available due to circumstances of accident

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number XD2071B

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

Sketch Plan Pg.1

SKETCH PLAN

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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.
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.

I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE INFORMATION.

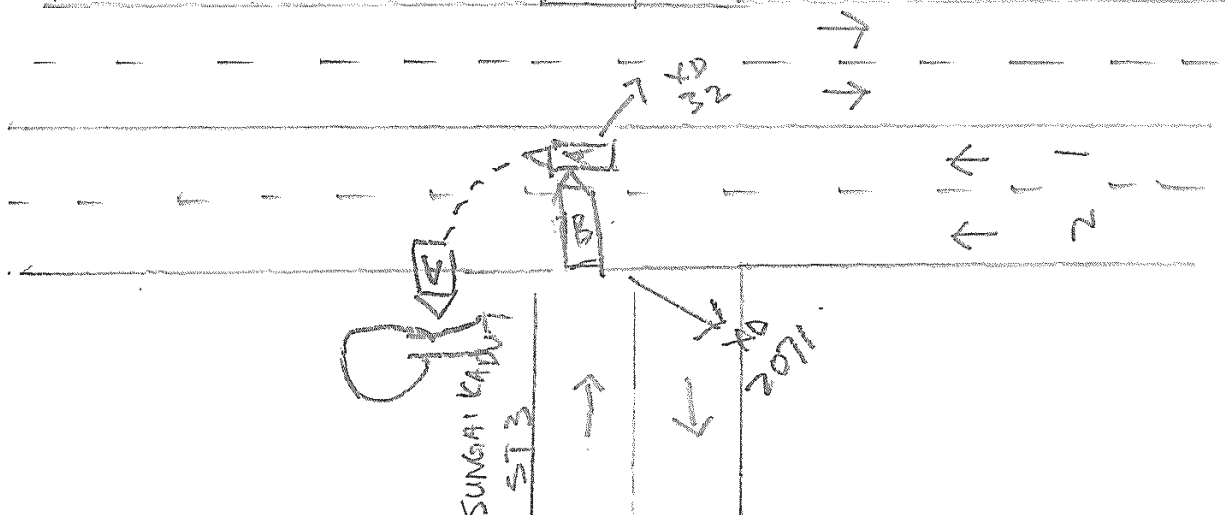
Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

SUNGAI KAPUT DR.



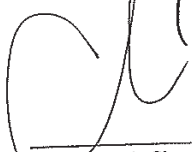
Describe Circumstances of the Accident

Please Refer to Police Report.

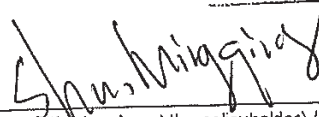
Declaration

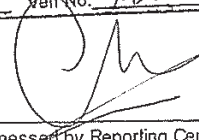
We declare the foregoing particulars are true in every respect.

<input type="checkbox"/> Claim own policy
<input type="checkbox"/> Claim third party
<input type="checkbox"/> Claim OD / TP at other workshop
<input type="checkbox"/> For record purpose only
Policy No. <u>DMPH214-004296</u>
Insurer <u>Van No. XD32C</u>


 Policyholder's Signature / Date & Time




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


 Witnessed by Reporting Centre Personnel

POICE REPORT Pg.1

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20151114/2054

1 of 2

Report No. T/20151114/2054

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/11/2015 11:58		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SHAO MINGQING			Address: APT BLK 4 TUAS DR 2 #24-26 SINGAPORE 638638		
ID Type / ID No.: FIN NO / G8005248R			Contact No.: Home/Office: Mobile: 90508978		
Nationality: CHINESE			Email:		
Sex: Male	Age: 31	Date of Birth: 09/10/1984	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: LORRY/ TRUCK DRIVER			Driving Licence Information: Class: 3,4		Date of Expiry:

General Information of the Accident					
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 14/11/2015 06:10	Type of Location:	
Location: Along Road 1 SUNGEI KADUT DRIVE					
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume: No Traffic	
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
XD32C	Lorry					1

Brief Details.

AS THE ABOVE MENTIONED INFORMATION,

1020718 I WAS TRAVELLING ALONG THE SAID LOCATION AND WAS GOING STRAIGHT WHEN SUDDENLY A VEHICLE FROM THE SMALL ROAD (SUNGEI KADUT ST3) JUST CAME CHARGING OUT AND A FAST SPEED AND CRASHED INTO MY FRONT SIDE TIRE. I STOPPED THE VEHICLE AND HELPED HIM AS HE WAS INJURED. HE WAS THEN CONVEYED TO THE HOSPITAL. I HAVE NO IN CAR CAM RECORDING OF THE FOOTAGE.

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20151114/2054

2 of 2

Report No. T/20151114/2054

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: TP / TEOH ZHI MING	Signature Of Informant: <i>Shaw Ming qing</i>
Signature Of Interpreter: Not applicable	Date/Time: 14/11/2015 11:58
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Contact No.:	
Authentication Stamp NP168	



Signature:
POLICE FORCE



KOH KOCK LEONG ENTERPRISE PTE LTD
NO 4 TUAS DRIVE 2 SINGAPORE 638638

DRIVER'S PARTICULAR
NAME : Shao Ming Qing
KKL NO. : _____
NRIC/FIN NO. : G8005248R
LORRY NO. : XD32C
TEL NO. : 9050 8978 (HP/HOME)
JOINING DATE : 15.8.2014 11:30am
RESIGN DATE : _____
MARITAL STATUS : ☐ MARRIED / ☒ SINGLE / ☐ DIVORCED

CHECKLIST

	YES
SAFETY INSTRUCTIONS	<input checked="" type="checkbox"/>
VEHICLE DELIVERY SATISFACTORY CHECKLIST	<input checked="" type="checkbox"/>
COMPANY ISSUED MATERIALS CHECKLIST	<input checked="" type="checkbox"/>
YOUNG AND/OR INEXPERIENCE DRIVER AGREEMENT	<input checked="" type="checkbox"/>

NEW

	YES	NO
DRIVER'S CONTRACT	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DRIVER'S PARTICULAR	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SAP SYSTEM	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A COPY TO OPERATION DEPT	<input checked="" type="checkbox"/>	<input type="checkbox"/>

RESIGN

	YES	NO
RESIGNATION LETTER	<input type="checkbox"/>	<input type="checkbox"/>
SEASON PARKING	<input type="checkbox"/>	<input type="checkbox"/>
FINE/SUMMON/COURT CASE	<input type="checkbox"/>	<input type="checkbox"/>

ACKNOWLEDGED BY
INVOICING DEPT

ACKNOWLEDGED BY HR &
ADMIN DEPT

(SIGNATURE)

(SIGNATURE)



TAT HONG TRAINING SERVICES PTE LTD
TAT HONG: MOMATO (Approved Training Provider)
TAT HONG: WDAATO (Approved Training Organisation)

WSQ Course Title: WSQ Operate Lorry Crane

Name : Shao Mingqing
ID : G8005248R
Serial Number : THT-MF-LOG107-0208
Issued Date : 20/06/2014

Jonathan Lee
Jonathan Lee
General Manager / Principal
TAT HONG TRAINING CENTRE

**DRIVER'S DECLARATION**

I DECLARE THAT ALL THE ABOVE INFORMATION ARE TRUE AND CORRECT.
本人确保以上资料真实与正确，绝无虚实。

EMPLOYEE CODE: S1077 REMARK: Basic



WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
KOH KOCK LEONG ENTERPRISE PTE LTD

Sector: MANUFACTURING
Name

SHAO MINGQING
Occupation
LORRY/ TRUCK DRIVER



Work Permit No. 057536772
Date of Application 05-08-2014
Date of Issue 18-08-2014
Date of Expiry 05-08-2016



L4784596

VISIT PASS
Immigration Regulations

Name
SHAO MINGQING



Date of Birth 09-10-1984 Sex M Nationality CHINESE
FIN G8005248R Date of Issue 18-08-2014 Date of Expiry 05-08-2016

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: G8005248R

Name:
SHAO MINGQING



Birth Date 09 Oct 1984
Issue Date 08 Oct 2014
Valid Till 07 Oct 2019

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

	EFFECTIVE DATE
Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg	28 Sep 2009
Class 4 Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	14 Feb 2014
Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg	



NP 428A

ACKNOWLEDGED BY DRIVER

Shao Mingqing

(SIGNATURE)

EQ Insurance

EQ Insurance Company Limited
22 Gemmill Lane, Singapore 069257
tel: (65) 6223 9433 • fax: (65) 6224 3903
www.eqinsurance.com.sg (Co. Regn. 1978-00490-N)

CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
(REPUBLIC OF SINGAPORE)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

COMMERCIAL VEHICLE PRIVATE (SCH I) Third Party, Fire & Theft

Certificate No.: DMCPHQ14-004296/

Form: LCVF1
Excess:
YEIWPNE Additional SGD3,000.00
ExcessTPWR-AllClaims SGD2,000.00
TPPD by Crane SGD20,000.00

1. Index Mark and Registration Number of Vehicles

XD32C

2. Name of Policyholder

Koh Kock Leong Enterprise Pte Ltd

3. Effective Date of the Commencement of Insurance for the purpose of the Act

06/12/2014

4. Date of Expiry of Insurance

05/12/2015/

5. Person or Classes of Persons entitled to drive*

Goods carrying - (MZ300) Authorised Driver. Any of the following :-

1. The Policyholder
2. Any person on the order or with the permission of the Policyholder

*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 permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage.

6. Limitations as to use*

1)Use in connection with the Insured's business. 2)Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business. 3)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 greater number of trailers in all than is permitted by Law. 3)Use for the carriage of passengers for hire or reward. 4)Liability arising from or in connection with the carriage of hazardous materials, high explosives, inflammable liquid or gases including LPG in cylinders.

*Limitations rendered inoperative by Section 8 of the Motor vehicles (Third-Party Risks 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 Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or and Amendment, Act or Acts passed in substitution thereof.

unwjt/HO/B000036/TAN INSURANCE BROKER

For EQ Insurance Company Limited

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



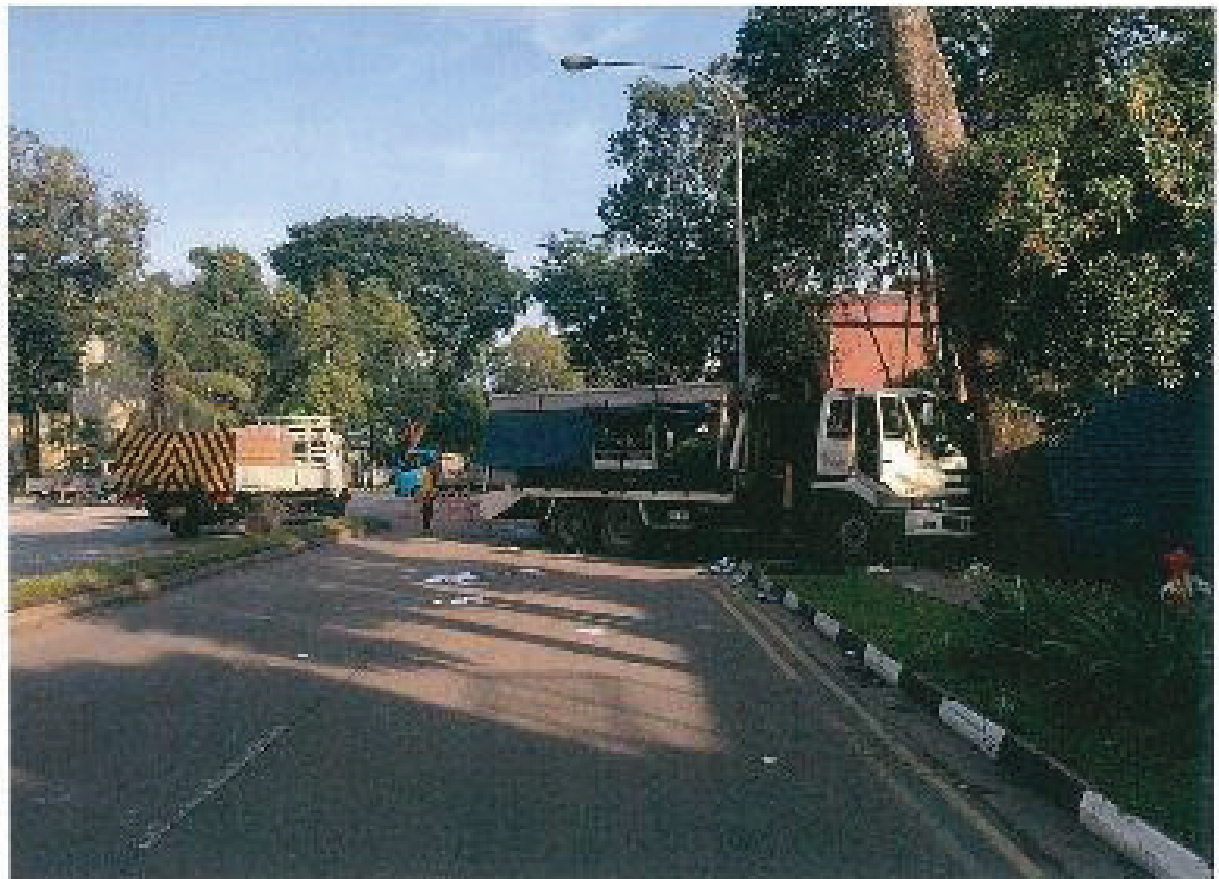
Accident Photo



Accident Photo



Accident Photo



Accident Photo

