

## 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 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	19/01/2018 11:16
Date Of Accident	20/11/2017 07:10
Exact Location Of Accident	ROCHOR CANAL ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE5515Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ONE LAUNDRY
Co Reg No	53200277J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91851111
Alternative Phone No	OFFICE-NOPHONE

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV350-2.5 D PANEL VAN (M)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ17-000171
Cover Note Number	

### Driver

Name of Driver	CHEN SHUIPING
Passport No/FIN	E87374896
Date Of Birth	06/08/1978
Occupation	OUTDOOR
Date Of Driving Pass	03/09/2016
Driving Experience	1 YEAR AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83355443
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 3 391F WOODLANDS ROAD
Postcode	677969
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO THE ATTACHED REPORT.

#### 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	SHD3896X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

# SKETCH PLAN

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7. 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:
  - (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.
- (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:
  - (i) 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:

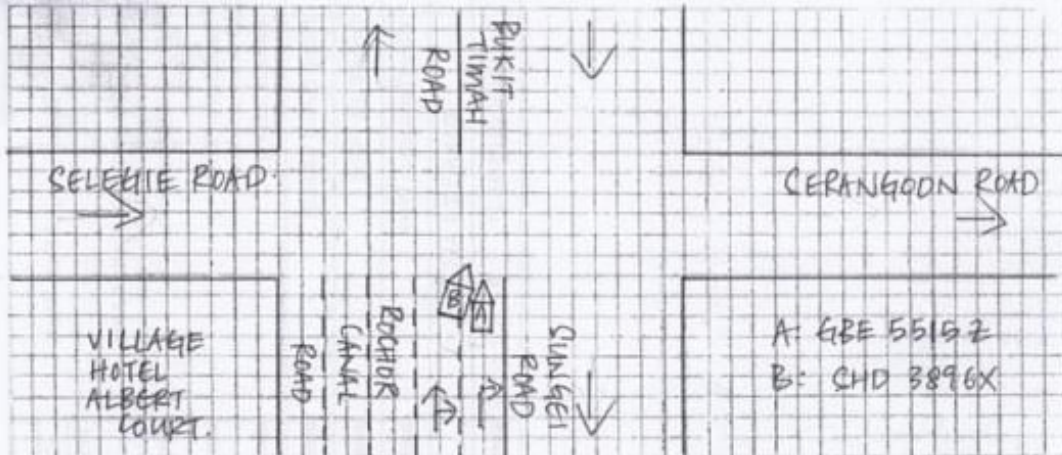
Driver's Signature  
(if driver is not the policyholder)  
Date & Time:



Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Sketch Plan #2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 20/11/17 @ ABOUT 0710HR, I WAS TRAVELLING ALONG  
 ROCHOR CANAL ROAD, IN MY VEHICLE GBE 5515Z. I WAS  
 ON EXTREME RIGHT LANE & INTENDING TO TURN RIGHT  
 ONTO SERANGOON ROAD. SUDDENLY, TAXI VEHICLE  
 SHD 3896X CUT ONTO MY LANE & COLLIDED ONTO  
 MY VEHICLE'S LH FRONT PORTION. NO INJURIES. NO  
 OTHER PASSENGERS ON BOARD MY VEHICLE.

## DECLARATION

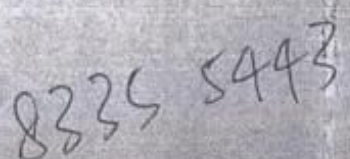
I/We declare the foregoing particulars are true in every respect.

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.:





# Sketch Plan #4

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 Email: info@jc-translation.com

**TRANSLATION**

**THE PEOPLE'S REPUBLIC OF CHINA**  
**DRIVING LICENCE**  
 LICENCE NO. 362228197808064033

Name: Chen Shuping Gender: Male Nationality: Chinese National

Address: No. 1 Chuanchei Jiangnan Village Tieshan Town Shenggan County Jiangxi Province

TRAFFIC MANAGEMENT BUREAU  
 PUBLIC SECURITY BUREAU OF  
 YICHUN CITY  
 JIANGXI PROVINCE

Date of Birth: 06 August 1978

Date When Licence First Obtained: 01 September 2018 [Photograph Affixed]

Licensed to Drive Vehicles in Code(s): C1D

Valid from: 01 September 2018 to 01 September 2026

This is a translation by  
 [Signature]  
 Sworn Interpreter

JC Translation Pte. Ltd.  
 Singapore  
 Date: 15 SEP 2017

**DRIVING LICENCE CLASS CODES**

A1	Large Buses and A3, B1, B2	C4	Tractor-trailers
A2	Towing Vehicles and B1, B2	C5	Small Automatic Cars for Handicapped Only
A3	Urban Public Transport and C1	D	Ordinary 3-wheel motorcycles and E
B1	Medium Buses and C1, M	E	Ordinary 2-wheel motorcycles and F
B2	Large Trucks and C1, M	F	Light Motorcycles
C1	Small Cars and C2, C3	M	Self-propelled Wheeled Machinery
C2	Small Automatic Cars	N	Trolleybuses
C3	Low-speed Goods Vehicles and C4	P	Tramcars

[Barcode] \*3670019957916\* No other unit or person except the public security traffic control authority shall retain this licence

This is a translation by  
 [Signature]  
 Sworn Interpreter

JC Translation Pte. Ltd.  
 Singapore  
 Date: 15 SEP 2017

Accident Photo





Accident Photo





Accident Photo



Accident Photo



