

## 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	08/01/2018 14:49
Date Of Accident	08/01/2018 08:30
Exact Location Of Accident	ALONG UPPER SERANGOON RD TOWARDS SUNSHINE TERRACE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB3666M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TOK PENG CHENG
NRIC No	S8217027H
Email Address	PA@EZBUZZ.COM.SG
Mobile Phone No	(LOCAL) +65-94599091
Alternative Phone No	OFFICE-94599091

### Vehicle Particulars

Manufacturer	HINO
Model	RK1JSKA
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	DMCFHQ17-000072
Cover Note Number	N.A.

### Driver

Name of Driver	ZUO CHUANSHENG
NRIC No	G2505843M
Date Of Birth	21/09/1992
Occupation	OUTDOOR
Date Of Driving Pass	01/06/2017
Driving Experience	0 YEAR AND 7 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94599091
Fax Number	
Contact Number	
EEmail Address	PA@EZBUZZ.COM.SG

Address	NIL
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - EMPLOYEE
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	RAINING
Road Surface	WET

#### 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?	
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

I WAS DRIVING ALONG UPPER SERANGOON RD TOWARD SUNSHINE TERRACE AND I WAS DRIVING AT THE MOST RIGHT LANE. WHEN I CAME TO THE JUNCTION, I SLOW DOWN MY VEHICLE BUT MY VEHICLE SKIED TOWARDS LEFT DUE TO ROAD SURFACE IS WET AND HIT ONTO VEHICLE B RIGHT SIDE FROM FRONT TO REAR. WE CAME DOWN AND TOOK PHOTO BUT I FORGET TO TAKE 3rd PARTY VEHICLES' DRIVER PARTICULAR. NO INJURIES INVOLVED.

#### 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	SFF8238B
Vehicle Make/Model/Colour	TOYOTA/ PRIUS/ WHITE
Details Of Properties	NA
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	NA
Address	NA
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

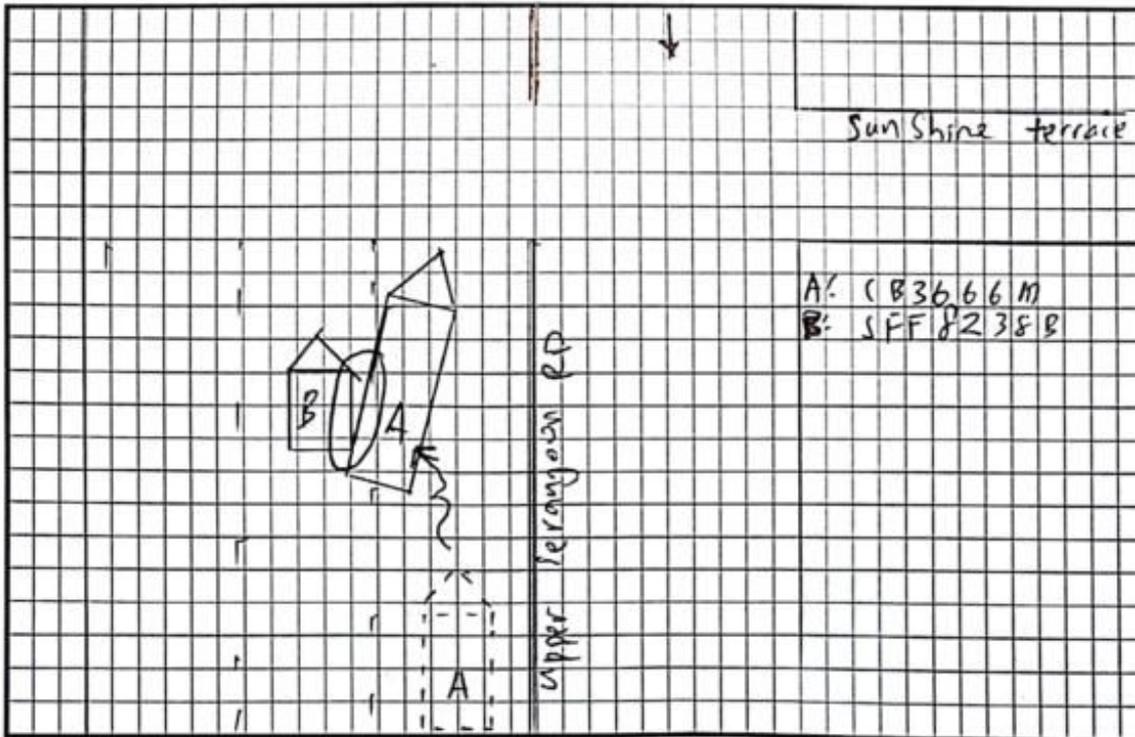
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)  
I understand, 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.

VERIFIED BY AJAX MARS  
REPORTING OFFICER  
THOMAS NG CHIN CHUN

Policyholder's Signature / Date & Time Zuo chun cheng Driver's Signature (If driver is not the policyholder) / Date & Time \_\_\_\_\_  
Witnessed by Reporting Centre Personnel

**Sketch Plan**



A: CB3666M  
B: SF8238B

Sketch Plan #2

ACCIDENT STATEMENT (2000 characters)

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Taxi Voucher No.:

Are you claiming your own insurance policy for the repair of your vehicle?

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER - NG CHIN CHUN

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

8 January 2018 at 12:25 PM

Date/Time:

8 January 2018 at 12:25 PM

Accident Photo



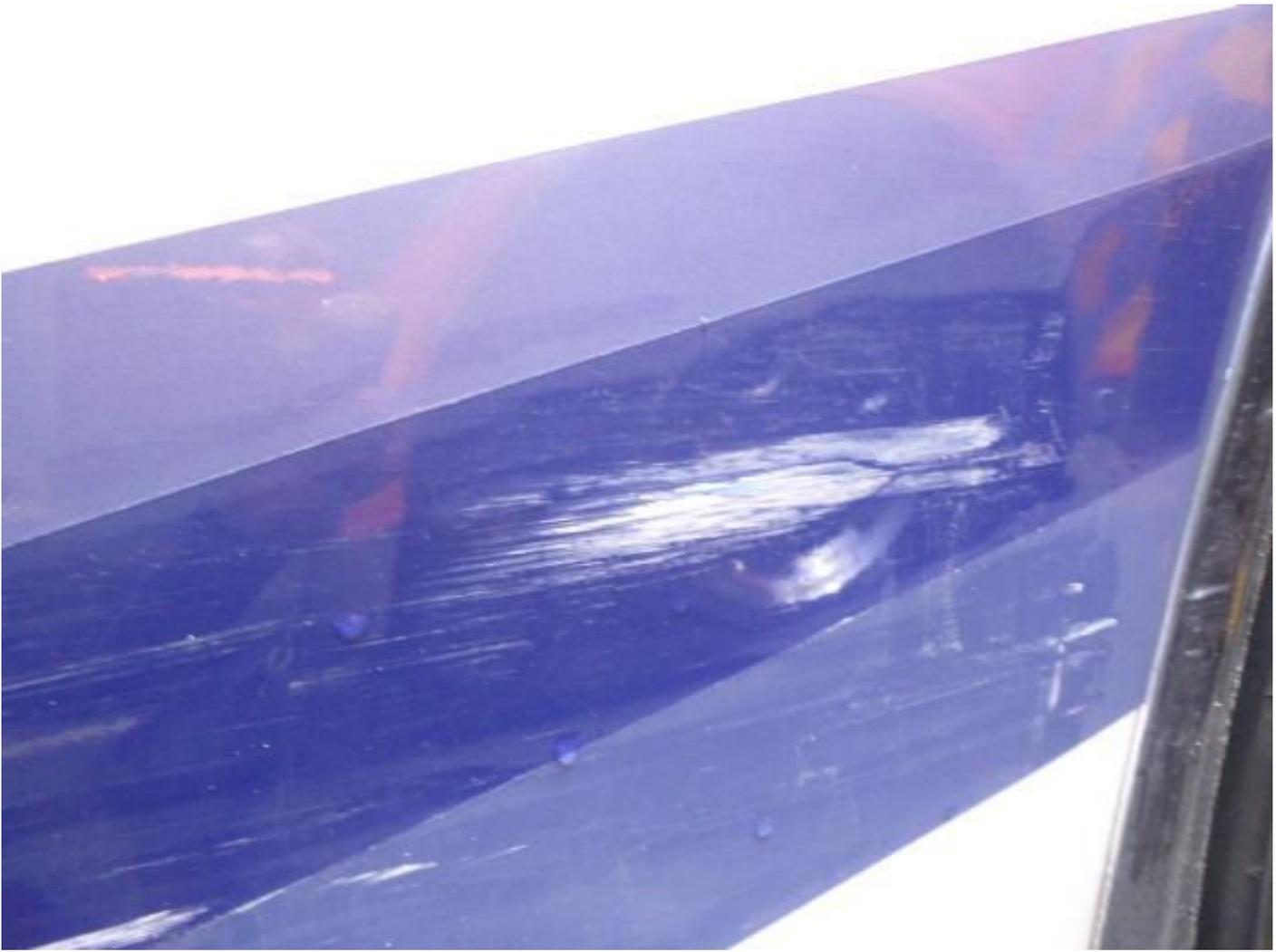
Accident Photo



Accident Photo



Accident Photo



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**Accident Photo**



Accident Photo



Accident Photo



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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



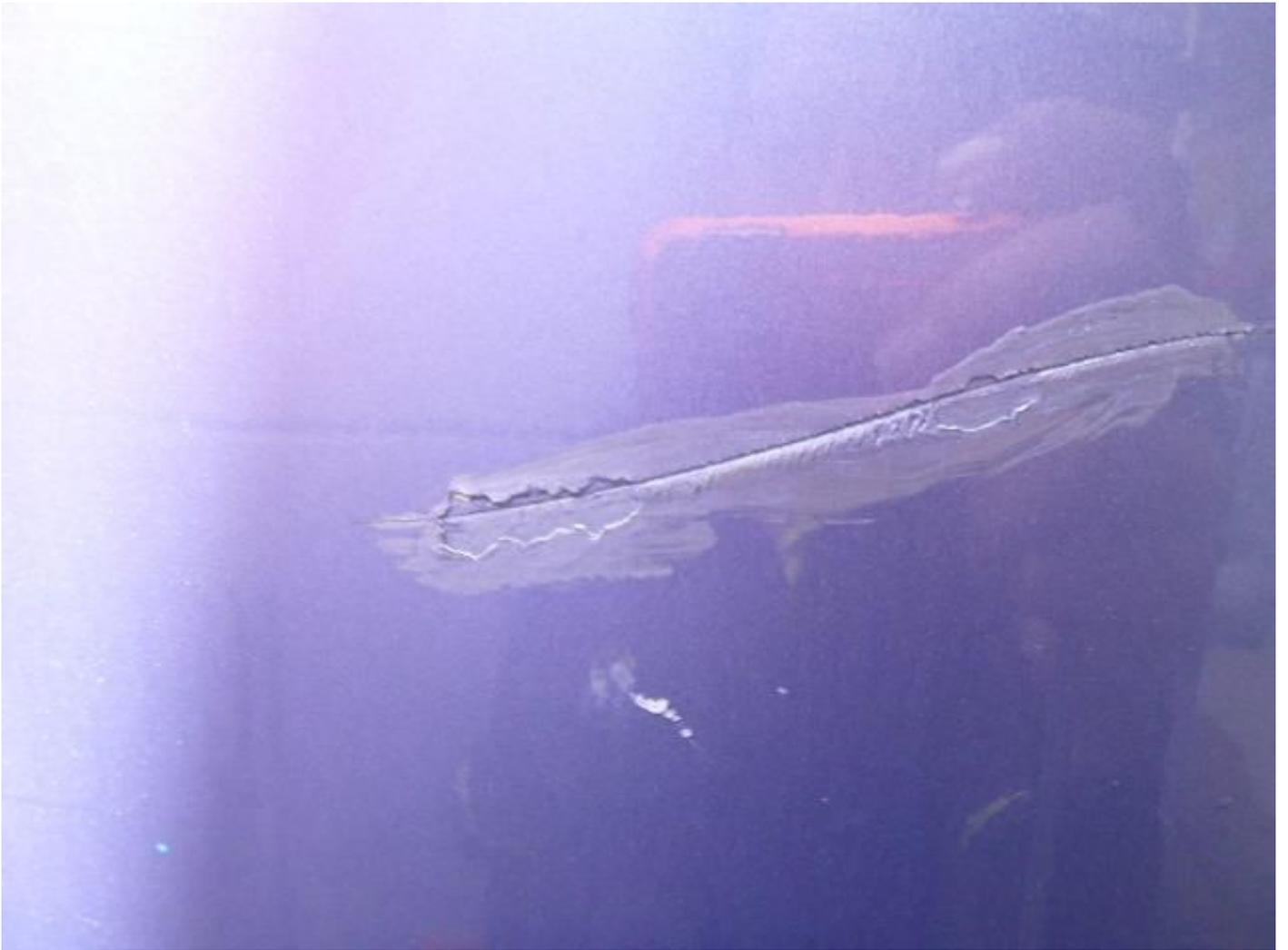
Accident Photo



Accident Photo



Accident Photo



Identification Card

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

		EFFECTIVE DATE
Class 3	Motor cars $\leq$ 3000 kg with $\leq$ 7 passengers, exclusive of the driver; and motor tractors/vehicles $\leq$ 2500 kg	01 Jun 2017
Class 4	Heavy motor cars and motor tractors $>$ 2500 kg	22 Jun 2017

G2505843M

S / No. 9000270935



Licence No: G2505843M

NP 428A

**VISIT PASS**  
Immigration Regulations

Name  
**ZUO CHUANSHENG**



Date of Birth	Sex	Nationality
21-09-1992	M	CHINESE
FIN	Date of Issue	Date of Expiry
G2505843M	05-09-2017	24-08-2019

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.



Identification Card

**REPUBLIC OF SINGAPORE DRIVING LICENCE**



License Number: **G 2505843 M**  
Name: **ZUO CHUANSHENG**  
Birth Date: **21 Sep 1992**  
Issue Date: **18 Nov 2016**  
Valid Till: **17/11/2021**

002630794A



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



Employer: **EZ BUZZ PTE. LTD.**  
Sector: **SERVICE**



Name: **ZUO CHUANSHENG**  
Occupation: **BUS DRIVER**  
Work Permit No.: **Q 76318034**  
Date of Application: **25-08-2017**  
Date of Issue: **05-09-2017**  
Date of Expiry: **24-08-2019**

**Q 76318034**

**LB284222**



Land Transport Authority



**VOCATIONAL LICENCE**

Licence No : G2505843M

Name : ZUO CHUANSHENG

Card Issue Date : 27/11/2017

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence

Driving License

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	27/11/2017

