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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.		
	ACCIDENT STATEMENT	
Date Of Report	30/01/2018 16:01	
Date Of Accident	29/01/2018 13:00	
Exact Location Of Accident	BEDOK FOOD CENTRE	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBF2855G	
Insured/Policyholder		
Name Of Registered Owner	APRISIN SINGAPORE PTE LTD	
Co Reg No	199102150W	
Email Address	FELICIA@APRISIN.COM.SG	
Mobile Phone No		
Alternative Phone No	OFFICE-63368311	
Vehicle Particulars		
Manufacturer	NISSAN	
Model	NV350	
Exact Purpose for which vehicle was being used at time of accident	t .	
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	QBE INSURANCE (SINGAPORE) PTE LTD	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
5 U N I	0.1/0045700.10/4	

Policy Number 8-V0015790-MVA

Cover Note Number

Driver

Name of Driver WILGUS TAN YAN MING

NRIC No S9404401D

Date Of Birth 05/02/1994

Occupation OUTDOOR

Date Of Driving Pass 12/03/2014

Driving Experience 3 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98385520

Fax Number

Contact Number

EMail Address NOEMAIL

Address 89 YISHUN ST 81 #03-07

Postcode 768449

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 COLLISION - HEAD TO REAR

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?

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

NO

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

: CHEN LI MING

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

rica to the police:

If Yes,Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

I WAS DRIVING TOWARDS EXIT. VEHICLE B FROM LEFT DID NOT STOP AND HIT ONTO MY VEHICLE LEFT SIDE.

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 GBE7365B

Vehicle Make/Model/Colour

VEHICLE B

Vehicle Category COMMERCIAL VEHICLE

vernole eutogery

Name of Driver

NRIC/Passport Number

Details Of Properties

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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Sketch Plan Pg. 1

SKETCH PLAN

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- 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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- 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 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 Si Date & Time:

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

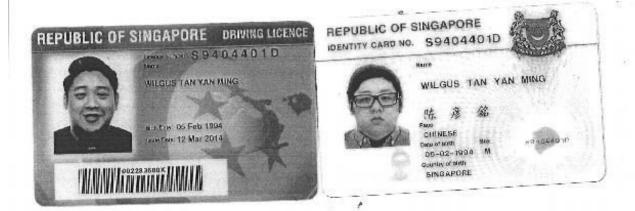
NRIC/FIN No.

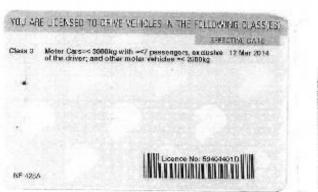
Sketch Plan #2 Pg. 1

SKETCH PLAN		
SIGN CONTRACTOR		
DESCRIBE CIRCUMSTANCES OF TH	IE ACCIDENT	
WAS DRIVING TOU	WARD EXIL , VEHILLE	B FROM LEFT
WIN DEMING (O)	Unity Call Verior	CT (MINN) CL
DID WAS 8701 AM	> 411 0mo ruy vetic	UE LEFT SIDE,
Du- (2) ((1) 1/2) 1(110000)	
	, 1	
		9
felicia	e aprisin com	
· Couch (3 00 10 11 11 00 11	3)
		al.
DECLARATION		
DECLARATION I/We declare the foregoing particulars a	are true in every respect.	
Sudabole	- /1/20	
(5) (Tel No:) (6) (6) (6) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	0/10	
Policyhorge's Signatige Date & Time: *	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:
Date of Times A	Date & Time:	NRIC/FIN No.:

COMPLEC Shater Frankrich i V8

Driving License







INSURANCE

QBE Insurance (Singapore) Pte Ltd

A member of the worldwide QBE Insurance Group - Unique Entity No. 1984013830

1 Raffies Quay, #29-10 South Towor, Singapore 048583. Tel: 65-6924 6633 Fax: 65-6533 3270 GST Registration No.: M290644018 www.qbe.com.sg

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Date of issue 22/08/2017

COMMERCIAL VEHICLE POLICY SCHEDULE

New Business

APRISIN SINGAPORE PTE LTD 18 TAMPINES INDUSTRIAL CRESCENT #03-07 SPACE @ TAMPINES SINGAPORE 528605.

Policy Number 8-V0015790-MVA

Period of Insurance 30/08/2017 to 29/08/2018

(Both Dates Inclusive)

Account Number 18L01074

TAN KOEK EN JANET

This policy is issued/renewed from information you have disclosed. If there are any material changes during the period of this cover, please inform us.

The insured:

APRISIN SINGAPORE PTE LTD

Risk Details

Commercial Vehicle

Risk No 0001

Sum Insured

Market Value

Registration No.

No Claims Discount

Comprehensive

GBF2855G

15.00

Make & Model

NISSAN NV350 PANEL VAN 2.5

...

Cover

Type of Body

Van/Box Van/Panel Van

Chassis No.

JN1MC2E26Z0007054

Year of Manufacture

2016

Engine No.

YD25404922A

Tonnage

500

Authorised Employee

Excess

SGD

750

Authorised Employ Authorised Driver

Other Information

M2 EXCESS OWN DAMAGE CLAIMS (NOT APPLICABLE TO YOUNG AND INEXPERIENCED DRIVER EXCESS)
EZ93A YOUNG AND INEXPERIENCED DRIVER EXCESS - ALL CLAIMS (EXCESS : \$\$3,500.00)
M15 HIRE PURCHASE
M39 EXCLUSION OF THIRD PARTY WORKING RISK

Clauses Applicable EJ96 NON-CANCELLATION CLAUSE

THE INSURANCE COMPANY UNDERTAKES TO ADVISE THE INTERESTED PARTY MENTIONED IN THE SCHEDULE PRIOR TO THE CANCELLATION OF THE POLICY IF INSTRUCTIONS HAVE BEEN RECEIVED FOR THE CANCELLATION OF THE POLICY AND ALSO TO ADVISE THE INTERESTED PARTY MENTIONED IN THE SCHEDULE AS SOON AS POSSIBLE OF ANY OTHER MATERIAL CHANGES WHICH ARE PROPOSED TO BE MADE IN THE TERMS OF THE INSURANCE.

SUBJECT OTHERWISE TO THE TERMS, CONDITIONS AND EXCLUSIONS OF THIS POLICY.

Interested Parties

ABWIN PTE LTD

SGPKJP









