

# NATIONAL Assessment Centre Services

MAIL 8066272

Date Recd: 21/05/2018 18:33

Ref No: N/A/ECI/800920717

Veh No: YN 4519A

D.O.A: 18/05/2018 12:30

OD / TP Reporting Only

TP Insured:

Job Description	Date & Time Completed	Done by
SAS e-illing		
E-mail (within 24hrs, A/C 24hrs)		
Motor Claim Form		
Motor V/O (within 24hrs, 24hrs)		
Photo Uploaded		
Assessment/Survey Report		
Ass'l Report by Box/Hand to Owner/VHSP		

Preferred Wksp (INC Ass'n Wksp / OWI) Tel: Fax:

TP Particulars: Yell No: SLA 20222 INC ( ) / Non-INC ( )

Owner / Driver: Tel:

Policy No: Period: Cover Type:

Confirmed by: Date: Time:

Insured/Driver Liability: (%) (Note: B/L Stand (WO): NI 0-20%, PI 21-79%, PI 80-100%)

Year of Registration: Warranty: YES ( ) / NO ( )

Excess: (\$) Loading: \$1,000 ( ) / \$2,000 ( )

General Remarks: ( ) Walk-in Customer: Customer's information already confidential & strictly NO info of repair.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-in ( ) / Towed to ( ) Invoice: YES ( ) / NO ( ) Towing Co: ( )

Remarks: ( ) Apply for Transport Allowance ( ) / Courtesy Car ( )

( ) QC Check / Post Repair Inspection ( )

( ) Upload Recovery Photo (Repair Cost > \$3000) ( )

Injury: ( )

Driver's Name: ( )

Driver's Address: ( )

Driver's Phone: ( )

Driver's Email: ( )

Driver's License: ( )

Driver's Insurance: ( )

Driver's Vehicle: ( )

Driver's Date of Birth: ( )

Driver's Date of Issue: ( )

Driver's Date of Expiry: ( )

Driver's Date of Renewal: ( )

Driver's Date of Cancellation: ( )

Driver's Date of Reinstatement: ( )

Driver's Date of Surrender: ( )

Driver's Date of Refund: ( )

Driver's Date of Payout: ( )

Driver's Date of Settlement: ( )

Driver's Date of Completion: ( )

Driver's Date of Archiving: ( )

Driver's Date of Deletion: ( )

Driver's Date of Restoration: ( )

Driver's Date of Archiving: ( )

Driver's Date of Deletion: ( )

## 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	21/05/2018 18:33
Date Of Accident	18/05/2018 12:30
Exact Location Of Accident	JALAN ANAK BUKIT TOWARDS BUKIT TIMAH
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN4519A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	STARGOOD CONSTRUCTION PTE LTD
Co Reg No	-
Email Address	JAVIERLIN31@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98595776
Alternative Phone No	OFFICE-98595776

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	DMPCHQ17-006046
Cover Note Number	

### Driver

Name of Driver	SHEN JIANGBI
NRIC No	S2601429H
Date Of Birth	07/09/1964
Occupation	OUTDOOR
Date Of Driving Pass	24/06/1996
Driving Experience	21 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98595776
Fax Number	
Contact Number	OTHERS-98595776
EMail Address	JAVIERLIN31@GMAIL.COM



Address	BLK 539 BUKIT PANJANG RING ROAD #06-853
Postcode	670539
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	2
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

PLEASE REFER TO SKETCH PLAN

#### 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	SLA2202Z
Vehicle Make/Model/Colour	MERCEDES C180
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## SKETCH PLAN

### 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 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. 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 Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

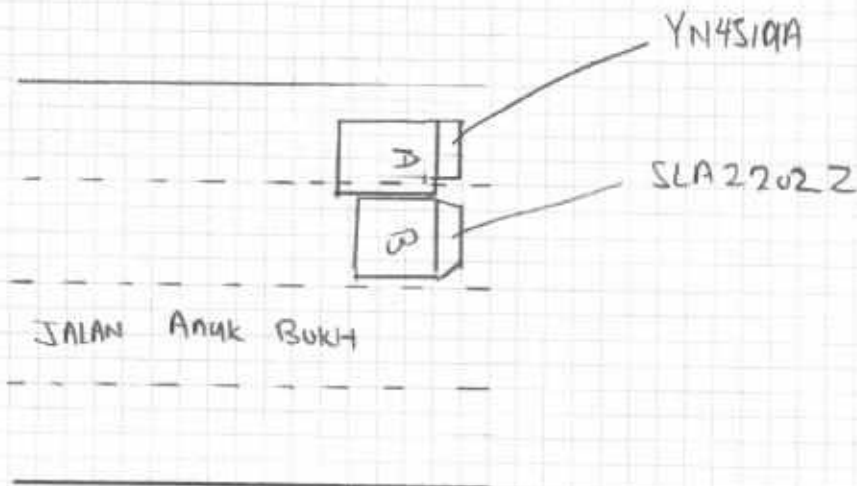
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I SHEN JIANG BI Was Driving a lorry (YN4519A) on 18/05/18 along Jalan Anak Bukit at 12:30pm. I accidentally swerve to the right while Driving straight which Collided the car beside me (SLA2202Z).

## 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.:



# ACCIDENT STATEMENT

ACCIDENT DATE: 18 / 05 / 2018 (DD/MM/YYYY), TIME: 12 : 30 (HH:MM)

LOCATION: Jalan Anuk Bukit (towards Bukit Merah)

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YN4519A  
 b) INSURANCE COMPANY: EA Insurance  
 c) POLICY NUMBER: OMCPH017-006046  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: Mitsubishi Fuso  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY) MOTORCYCLE / OTHERS  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Transport goods  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: STARGood Construction Pte Ltd (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 201105241W CONTACT: 98595776  
 c) ADDRESS: 7 MANDALINK MANDAL CONNECTION #10-04  
S'pore 728653

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## 3. DRIVER

- a) NAME: SHEN JIANGBI (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S260142414 CONTACT:  
 c) ADDRESS: Blk 534 Bukit Panjang Ring Road #06-853  
S'pore 670539  
 \*d) DATE OF BIRTH: (7 / 9 / 1964) (DD/MM/YYYY)  
 e) OCCUPATION: (INDOOR / OUTDOOR)  
 f) DATE OF DRIVING PASS: 12/11/2007

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
 b) ROAD SURFACE: (DRY / WET / OTHERS)  
 6. WAS ANYBODY INJURED (YES / NO)  
 7. a) REPORTED TO POLICE (YES / NO)  
 IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLA 2202 Z MODEL: Mercedes C180  
 b) DRIVER'S NAME:  
 c) NRIC/FIN/PASSPORT: CONTACT:

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:  
 e) DRIVER'S NAME:  
 f) NRIC/FIN/PASSPORT: CONTACT:

1) EMAIL : JavierLin31@gmail.com

2) VIDEO :

(1)  
 NUMBER OF  
 PASSENGER  
 INCLUDING DRIVER

( )  
 NUMBER OF  
 PASSENGER  
 INCLUDING DRIVER  
 ( )  
 NUMBER OF  
 PASSENGER  
 INCLUDING DRIVER

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S2601429H



SHEN JIANGBI

沈江碧

Race  
CHINESE

Date of birth  
07-09-1964

Country of birth  
CHINA

Sex  
M

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S2601429H

Name  
SHEN JIANGBI

Birth Date 07 Sep 1964

Issue Date 12 Nov 2007

0015422250

Barcode

NRIC No. S2601429H



Date of issue  
21-11-2007

Address  
APT BLK 539 BUKIT PANJANG RING ROAD  
#06-853  
SINGAPORE 670539

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

PASS DATE 24 Jun 1986

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg

Licence No: S2601429H

**EQ Insurance Company Limited**

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110  
tel 65 6223 9433 | fax 65 6224 3903 | www.eqinsurance.com.sg  
reg no. 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)****Comprehensive****Certificate No. : DMCPHQ17-006046**

	Form: LCVP1		
	Excess:		
1. Index Mark and Registration Number of Vehicles	Section 1:		
YN4519A	YEID:	Additional	S\$750.00
	WindScreen:		S\$3,000.00 All Claims
			S\$100.00
2. Name of Policyholder			
STARGOOD CONSTRUCTION PTE LTD			

3. Effective Date of the Commencement of Insurance for the purpose of the Act  
22/10/2017

4. Date of Expiry of Insurance  
21/10/2018

**5. Person or Classes of persons entitled to drive\***

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

- (a) The Policyholder
- (b) Any other person who is driving on the Policyholder's order or with his permission.

\* Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of 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. Limitation 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.

Hire Purchase :

A000298/Tong Hin Insurance Agency Pte Ltd  
Date of Issue : 19/10/2017 16:17

Authorised Signatory  
EQ Insurance Company Limited

**Note**

Young, Elderly &/or Inexperience Driver (YEIDR) refers to any person authorized to drive who is below 26 years old or above 70 years old and/or the holder of a qualified driving licence of less than 2 years duration.