

## 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	25/09/2018 16:36
Date Of Accident	22/09/2018 14:10
Exact Location Of Accident	SERANGOON CENTRAL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN6760E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ECHAN INDUSTRIES PTE LTD
Co Reg No	199502429R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93919200
Alternative Phone No	OFFICE-93919200

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER-2.5 D FB510B (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	
Cover Note Number	

### Driver

Name of Driver	PAN JIANJUN
Passport No/FIN	G2452591R
Date Of Birth	24/01/1983
Occupation	OUTDOOR
Date Of Driving Pass	21/07/2018
Driving Experience	0 YEAR AND 2 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93919200
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	28 PIONEER CRESCENT #02-13 WESTPARK BIZCENTRAL
Postcode	628559
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 - CHANGE/CROSS LANE
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 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

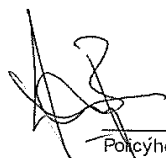
Vehicle Registration Number	SHD3049A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan Pg. 1

### SKETCH PLAN

#### IMPORTANT NOTICE

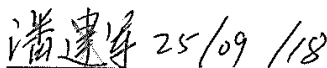
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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.





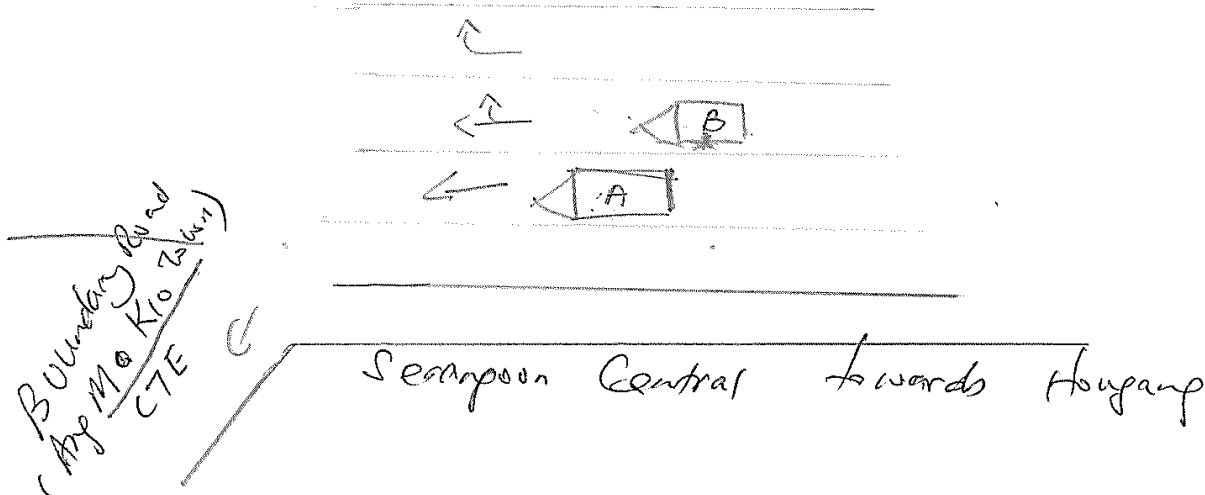
Policyholder's Signature / Date & Time

Sketch Plan



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

Witnessed by Reporting Centre Personnel

  
Boundary Road  
(Ang Mo Kio 2 km)  
CTE

Serangoon Central towards Hougang

Sketch Plan Pg. 2

Describe Circumstances of the Accident

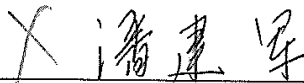
On 22/09/18 at 1410 hrs, while  
I was driving company lorry (V/N 6760 E)  
along Serangoon Central on lane A.  
my lorry's door (RHS) suddenly  
opened and hit onto side portion  
of a taxi (LH) (STD 3049 A) at lane 3.

Declaration

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

Witnessed by Reporting Centre  
Personnel



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

Employer  
**E-CHAN INDUSTRIES PTE LTD**

Sector: **MANUFACTURING**

Name  
**PAN JIANJUN**

Occupation  
**DRIVER**

Work Permit No.  
**0 76160260**

Date of Application  
**09-11-2017**

Date of Issue  
**27-11-2017**

Date of Expiry  
**08-11-2019**

**L8473553**

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number  
**G2452591R**

Name  
**PAN JIANJUN**

Birth Date  
**24 Jan 1973**

Issue Date  
**21 Jul 2018**

Valid Till  
**09/09/2019**

**002826140K1**

**VISIT PASS**  
Immigration Regulations

Name  
**PAN JIANJUN**

Date of Birth  
**24-01-1973**

Sex  
**M**

Nationality  
**CHINESE**

FIN  
**G2452591R**

Date of Issue  
**27-11-2017**

Date of Expiry  
**08-11-2019**

**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**

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

**EFFECTIVE DATE**  
**10 Sep 2014**

**Class 3** Motor cars with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq 2500\text{kg}$

**NP 428A**

**Licence No: G2452591R**

**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



**COMMERCIAL VEHICLE PRIVATE (SCH I )  
SCHEDULE**

Page 1 of 8

Agency	F000010	Class of Policy	COMMERCIAL VEHICLE PRIVATE (SCH I )	Policy Number	DMCPHQ17-006606
Account	F000010	Issued on	15/11/2017 in Singapore		
Client	0134829	Acceptance Date	15/11/2017		

Period of Insurance from 28/11/2017 to 27/11/2018 , both dates inclusive

Insured's Name Echan Industries Pte Ltd  
 Address BLK/HOUSE NO. 28 #02-13  
 PIONEER CRESCENT  
 WESTPARK BIZCENTRAL  
 SINGAPORE 628559

Business/Occupn Others  
 Hire Purchase Mercedes-Benz Financial Services Singapore Ltd

Premium	Basic Annual Premium	SGD1,520.59			
	Premium after NCD	SGD1,520.59	Premium Due	SGD1,520.59	
			Premium GST	SGD106.44	
			Total Due	SGD1,627.03	

Risk No. 001	COMMERCIAL VEHICLE PRIVATE (SCH I )				
1. Registration	YN6760E	Make/Model	MITSUBISHI CANTER FEB21ER3SDEB		
Type of Cover	Comprehensive	No. of seats	2	Body Type	Lorry with Box
Engine No.	4P10B28597	Capacity cc	0	Yr of Manuf/Regn	2014/2014
Chassis No.	FEB21EA00670			NCB%	20.00
		Tonnage	2.56	Certificate Ref.	LCVP1
Sum Insured: Market Value at the time of loss			SGD0.00		
Section 1			SGD750.00		
YEID-All Claims	Additional		SGD3,000.00		

**COMMERCIAL VEHICLE COMPREHENSIVE (Ver. 7)**

For information on Motor Claims Framework (MCF), please visit GIA websites  
 (www.gia.org.sg /pdfs /Industry /Motor /MCF2010\_Brochure.pdf)

The Policy is subject to the following Clauses, Warranties, Memo, Endorsement,  
 Exclusions as printed herein and/or attached hereto:-

**EXCESS - OWN DAMAGE CLAIMS**

We will not pay for the Excess specified in the Policy Schedule or the  
 Certificate of Insurance. You will have to pay the Excess for every claim made  
 against us for own damage claims to your vehicle under Section 1.

If we have made any payment under Section 1 which includes this Excess, you have  
 to refund us the amount of the Excess.

Continued on page 2



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

