

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 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. 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	09/10/2018 11:32
Date Of Accident	08/10/2018 15:00
Exact Location Of Accident	SLIP RD OF LOR 2 TOA PAYOH ENTERING PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ3457B
Insured/Policyholder	
Name Of Registered Owner	MING COLLECTION PTE LTD
Co Reg No	200502620C
Email Address	M-COLLECTION@HOTMAIL.SG
Mobile Phone No	
Alternative Phone No	OFFICE-68424117

Vehicle Particulars

Manufacturer	KIA
Model	PREGIO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCPHQ18-000595
Cover Note Number	

Driver

Name of Driver	WANG CHENGHUA
NRIC No	G5305479Q
Date Of Birth	16/09/1974
Occupation	OUTDOOR
Date Of Driving Pass	13/09/2017
Driving Experience	1 YEAR AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83367370
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	37 KALLANG PUDDING RD #02-06 TONG LEE BUILDING BLK B
Postcode	349315
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	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?	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

PLS REFER TO THE ATTACHED STATEMENT.

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	SLV4185R
Vehicle Make/Model/Colour	
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)	

Accident Sketch Plan

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

Ming Collection Pte Ltd may require information under any regulations, laws or court orders.

37, Kallang Pudding Road #02-06
Tong Lee Building Block B
Singapore 349315
Tel: (65) 68424117 Fax: (65) 68425157
Co. & GST Reg: 200602620C

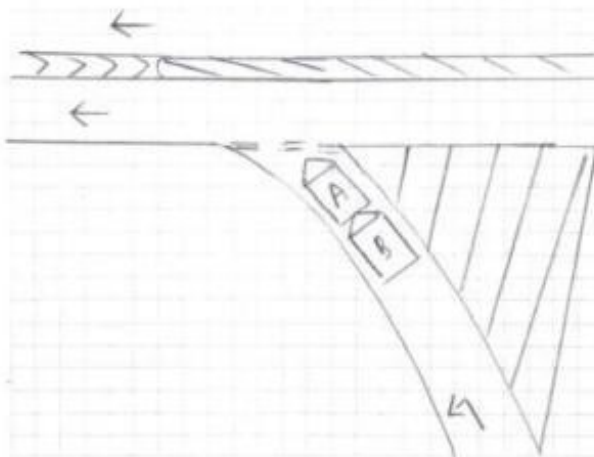
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



A = GZ 3457 B

B = SLV 4185 R

Slip Road of
Lor 2 Tog Payoh
Entering PIE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach

DECLARATION

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

Ming Collection Pte Ltd
37, Kallang Pudding Road #02-06
Tong Lee Building Block B
Singapore 346315
Tel: (65) 89424117 Fax: (65) 68425157
Co. & GST Reg: 2005026200

Policyholder's Signature
Date & Time:

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

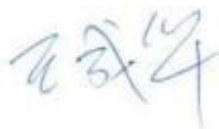
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Individual Statement

On 08.10.18 at about 15:00 hours along Slip Road of Lor 2 Toa Payoh
Entering PIE. I was stationary on the above mentioned slip road waiting for
the oncoming traffic to clear, suddenly I heard a loud bang from behind.
When I alighted I realised it was vehicle (B) had hit onto rear portion of my
vehicle (A).

Vehicle (A): GZ 3457B

Vehicle (B): SLV 4185R



Ming Collection Pte Ltd

37, Kallang Pudding Road #02-08

Tong Lee Building Block B

Singapore 349315

Tel: (65) 68424117 Fax: (65) 68425157

Co. & GST Reg: 200502620C

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



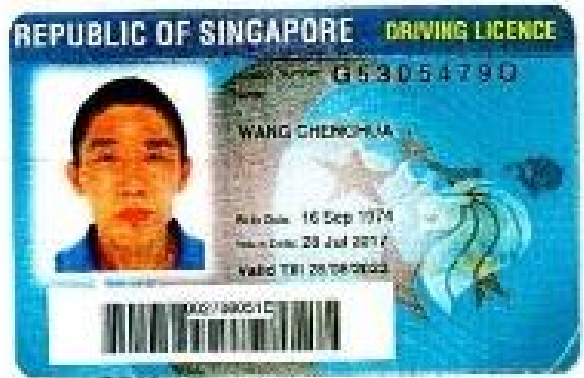
Accident Photo



Accident Photo



Driving License



GZ 3457 B
Driver



Identification Card


S PASS
Employment of Foreign Manpower Act (Chapter 95A)
Republic of Singapore


Employer
MSB COLLEGE TRADING, LTD.


Name
WANG CHENGJIA

IC Card No.
D 10088900

Category
SEAFARER







X2518329

GZ 74575

driver

VISIT PASS
Immigration Regulations

Name
WANG CHENGJIA

IC Card No.
D 10088900

Category
SEAFARER





MULTIPLE JOURNEY PASS

THE USE TO EXCEED THE PASS WHEN IT IS CANCELLED OR HAS EXPIRED, IS AGAINST THE LAW OF SINGAPORE.

