

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	16/10/2018 09:21
Date Of Accident	15/10/2018 08:55
Exact Location Of Accident	KJE SLIP RD TO PIE(TUAS)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XB6604Z
Insured/Policyholder	
Name Of Registered Owner	SKYLINE ENVIRONMENTAL P/L
Co Reg No	201717371E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92220065
Alternative Phone No	OFFICE-68620065

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO FV519P
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	THIRD PARTY
Fleet Policy	NO
Policy Number	DMCPHQ18-005785
Cover Note Number	

Driver

Name of Driver	SUN SHENGSHAN
Passport No/FIN	G3047118R
Date Of Birth	24/01/1978
Occupation	OUTDOOR
Date Of Driving Pass	15/09/2015
Driving Experience	3 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96621431
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	N/A
Postcode	
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	CHAIN COLLISION
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	GBB6745K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ATHMALINGAM RAJESH KANNAN
NRIC/Passport Number	G8293939W
Contact Number	91604591
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	YN1956R
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	BALAKRISHNAN VISWANANTHAN
NRIC/Passport Number	G8297662R
Contact Number	91208587
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.



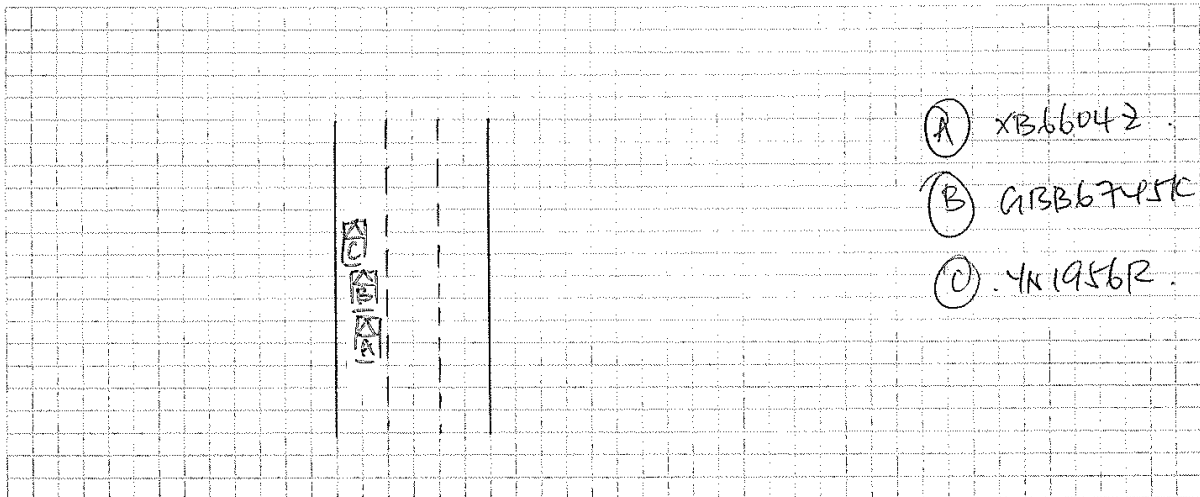
Policyholder's Signature
Date & Time:

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

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

I AM AWARE THAT MY INSURER MAY HAVE A **14 DAYS TIMEFRAME** FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

SKETCH PLAN

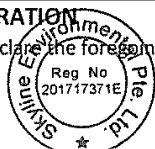


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15/10/18 at around 0855hrs, I was travelling along RTE towards
 PIE (TUTU). While driving suddenly in front vehicle jammed brake & I
 applied my brake but my vehicle slid forwards and collided
 onto Vehicle B rear portion. I went down to see & noticed
 that this accident also involved with Vehicle C too.

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:

☐ Claim own policy
☐ Claim third party
☐ Claim OD / TP at other works hop
☒ For record purpose
 Policy No. DMCFH Q18-005785
 Insurer EA Veh.No. XB66042

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

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 6

Agency	A000440	Class of Policy	COMMERCIAL VEHICLE PRIVATE (SCH I)	Policy Number	DMCPHQ18-005785
Account	A000440	Issued on	24/08/2018 in Singapore		
Client	0150522	Acceptance Date	24/08/2018		

Period of Insurance from 01/10/2018 to 30/09/2019 , both dates inclusive

Insured's Name SKYLINE ENVIRONMENTAL PTE LTD
 Address BLK/HOUSE NO. 293D #24-540
 BUKIT BATOK STREET 21
 SINGAPORE 654293

Business/Occupyn Others

Premium	Basic Annual Premium	SGD3,260.91			
	Total Annual Premium	SGD3,260.91	Premium Due	SGD3,260.91	
			Premium GST	SGD228.26	
			Total Due	SGD3,489.17	

Risk No. 001	COMMERCIAL VEHICLE PRIVATE (SCH I)				
1. Registration	XB6604Z	Make/Model	MITSUBISHI		
Type of Cover	Third Party	No. of seats	2	Body Type	Garbage Wagon
Engine No.	8DC11524255	Capacity cc	0	Yr of Manuf/Regn	1999/1999
Chassis No.	FV519PA00061	Tonnage	13.39	NCB%	0.00
				Certificate Ref.	LCVP1
YEID-All Claims	Additional	SGD3,000.00			

COMMERCIAL VEHICLE THIRD PARTY ONLY (Ver. 4)

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:-

3P - THIRD PARTY ONLY

It is hereby understood and agreed that Section 1 (and its Exceptions) of this
 policy is cancelled.

It is further understood and agreed that the printed wording of Condition 3 of
 this policy is also cancelled and is replaced by the following new condition:-

3. The Insured shall take all reasonable steps to maintain the Motor Vehicle in
 efficient condition and the Company shall have at all times free and full
 access to examine the Motor Vehicle or any part thereof or any driver or
 employee of the Insured.

Continued on page 2



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G3047118R**

Name: **SUN SHENGSHAN**

Birth Date: **24 Jan 1978**
 Issue Date: **04 Mar 2016**
 Valid Till: **14/05/2020**

002543765A

S PASS
 Employment of Foreign Manpower Act (Chapter 91A)
 Republic of Singapore

Employer:
GREENWAY ENVIRONMENTAL WASTE MANAGEMENT PTE. LTD.

Sector: **MANUFACTURING**
 Name:
SUN SHENGSHAN
 Occupation:
DRIVER, CONTAINER TRUCK

S Pass No.: **0 76163839**
 Date of Application: **18-04-2017**
 Date of Issue: **03-05-2017**
 Date of Expiry: **03-05-2019**

L7948083

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

Class	Description	EFFECTIVE DATE
Class 3	Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	15 May 2015
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight $> 2500\text{kg}$ Motor vehicles which are not constructed to carry load or passengers and the unladen weight $\leq 7250\text{kg}$	15 Sep 2015

Licence No: G3047118R

NP 428A

VISIT PASS
 Immigration Regulations

Name:
SUN SHENGSHAN

Date of Birth: **24-01-1978** Sex: **M** Nationality: **CHINESE**
 FIN: **G3047118R** Date of Issue: **03-05-2017** Date of Expiry: **03-05-2019**

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.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

