#### SINGAPORE ACCIDENT STATEMENT

#### **IMPORTANT NOTICE**

**Driving Experience** 

- 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 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	29/01/2019 13:05
Date Of Accident	29/01/2019 06:55
Exact Location Of Accident	KPE TO MCE BEFORE PIE EXIT
Country/State of Loss	MALAYSIA/WILAYAH PERSEKUTUAN
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YN3718Z
Insured/Policyholder	
Name Of Registered Owner	Q N Q ENTERPRISE PTE LTD
Co Reg No	201113517R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-67736618
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	FE83BE6SRDEA
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100338585-05
Cover Note Number	
Driver	
Name of Driver	HE JINXING
Passport No/FIN	G7749641L
Date Of Birth	14/09/1986
Occupation	OUTDOOR .
Date Of Driving Pass	01/09/2015

3 YEARS AND 4 MONTHS

Gender **MALE** 

Mobile Number (LOCAL) +65-97602064

Fax Number

**Contact Number** 

**EMail Address NOEMAIL** 

Address BLK 1, PASIR PANJANG WHOLESALE CENTRE, #03-02

3

NO

NO

NO

1

NO

Postcode

YES Was driver an employee of the Insured's Company

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 (including own vehicle)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name **CLEMENTI N.P.C** 

Police Station Address ROAD: 20 CLEMENTI AVE 5, POSTCODE: 129858, COUNTRY: SINGAPORE

**Police Station Contact** TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

KINDLY REFER TO SKETCH PLAN & ATTACHED NOTICE OF REPORTING.

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 SLS3559T Vehicle Make/Model/Colour **HONDA** 

**Details Of Properties** 

Vehicle Category PRIVATE CAR Name of Driver XIAO CHNAGHUA

NRIC/Passport Number

Contact Number 91820066

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2

Passenger 1 Name: : UNKNOWN

Gender: : Female

#### **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SLM9861L Vehicle Make/Model/Colour MAZDA

**Details Of Properties** 

Vehicle Category PRIVATE CAR
Name of Driver GOH LYE CHONG

NRIC/Passport Number S0017150F Contact Number 90904118

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2

Passenger 1 Name: : UNKNOWN

Gender: : Male

#### Sketch Plan

#### SKETCH PLAN

#### IMPORTANT NOTICE

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  Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
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- 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.
- Consent under the Personal Data Protection Act (PDPA)

i understand, acknowledge, agree and content 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:
  - 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 & Ture:

Reporting Centre Personner's Signature

NRIC/FIN No.:

	No		
Ar	•		
SKETCH PLAN BY PIE EXIT			
S/M9861L C   1			
25 MISOLT CHELL			
SLS 359 T + E PE			
YW37182 + 1			
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	Marcu 3		
在1月2937上06:55 am,我望	张车辆 YN3718X 在 KPE		
住MCE方向高速路上撞上前方车辆 SLS 3559T, 星级前为			
车辆又撞上他的前方车辆 SLM 9861L。三方司机			
全部下生各自拍照和拿三方的联系学为多年中心证明			
三方人员均没有在这些品等的中爱伤			
Marons			
Important:	- Reporting Only		
You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14)	- Claim OD		
DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame	- Claim TP		

DECLARATION

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

Policyholder's signature Date & Time

from the day of the occurrence.

Marius

Driver's Signature (if driver not the policyholder) Date & Time

Reporting Centre Personnel's Signature

Claim OD/ TP at other workshop

Name:

Nric/Fin No.

### NOTICE OF REPORTING

This is to confirm that <u>HE JINXING FIN NO. G7749641L</u> has reported to the Police a non-injury traffic accident report.

Accident which occurred at Lane 3, Kallang-Paya Lebar Expressway to Marine Coastal Expressway, before PIE Exit.

On 29/01/2019 about 0655hrs involving the following vehicle:

YN3718Z (Complainant's vehicle)

SLM9861L (Other party), Goh Lye Chong, S0017150F HP: 90904118

SLS3559T (Other party) Xiao Chang Hua, HP: 91820066 Marais He Jinxing G7749641L

2 If this accident was reported to the Police within 24 hours of its

Occurrence, then he/she has complied with Sec 84(2) of the Road Traffic

Act, Cap 276.

Rank/name of Issuing Officer: INSP Menakah

Date: 29/01/2019 Time: 1205hrs

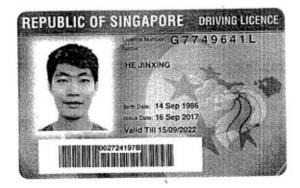
S/D Ref: 97; 125

Police Post/Unit: Clementi NPC

Original - To be essued to informant, Duplicate- To be submitted to Traffic Police

Clementi NPC 20 Clementi Ave 5 S (129858) Tc\* 68729999

Confidential





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

Employment of

Sector: SERVICE



Name HE JINXING

30-12-2017 Date of Issue 18-01-2018 Date of Expiry 13-04-2021

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

NP 428A

VISIT PASS



14-09-1986 M

CHNESE

FIN Date of Issue G7749641L 18-01-2018

Date of Expiry 13-04-2021

MULTIPLE JOURNEY VISA ISSUED





# CERTIFICATE OF INSURANCE

#### COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : Q N Q Enterprise Pte Ltd
Period of Insurance : 24 Apr 2018 To 23 Apr 2019

Engine No.

: 4M42A91629 ; FE83BEA21032

Chassis No.

Vehicle No.

: YN3718Z

Policy No.

Endorsement No. Issued Date

: 2100338585-05 : 29 Mar 2018

#### ABOUT THE COVER

Make/Model

: MITSUBISHI FE83BE6SRDEA 1.6 ton [Lorry]

Engine Capacity/Tonnage: 1.6 Tonnage

Sum Insured : Market Value

First Year of Registration : 2013

Driver Restriction

: NA

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive\* :

a) Any person who is driving on the Policyholder's order or with their permission.
 b) This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or inexperienced Driver Excess" ("YIDR") If You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition

: All Age Condition

Limitation as to use\* :

1) Use in connection with the Policyholder's business.
2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business.
3) Use for social, domestic or pleasure purposes. This Policy does not cover a) use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-tosting; and b) use whitst drawing a frailer except the towing of anyone disabled using a mechanically proposled vehicle, c) use for any purpose in connection with Motor Trade.

\* Limitations rendered Inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

#### EXCESS

Section 1 Fire - \$0 Own Damage - \$800 Thoft - \$0

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

#### APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.

For other Approved Reporting Centres/Alig Authorised Repairers, please contact our 24-hour accident emergency holline at +65 638 6200. Alternatively, You may refer to Alig website www.alig.com.sg or Alig Sig Mobile App. Simply search and download "Alig Sig" from Thines or Google Play.

#### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

I/We hereby certify that the policy to which this Certificate of insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of 3 the Road Transport Act, 1987 (Melaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Melaysia).

0468003000

WONG WEE KHIM, SEAN 371 ALEXANDRA ROAD #06-12 AIA ALEXANDRA SINGAPORE 159963 SP-WILLIAMSEAH Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

AIG Asia Paofic Insurance Pte. Ltd.















**Accident Photo** 









**Accident Photo** 















