

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	07/02/2019 16:38
Date Of Accident	06/02/2019 15:25
Exact Location Of Accident	BLK 322 BUKIT BATOK ST 33 OPEN CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC1163S
Insured/Policyholder	
Name Of Registered Owner	QUENTIN'S F & B(S)(PTE)LTD
Co Reg No	-
Email Address	AARON@QUENTINS.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-63480327

Vehicle Particulars

Manufacturer	NISSAN
Model	URVAN
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z/18/VC00/101691
Cover Note Number	

Driver

Name of Driver	ZENG JIANFANG
Passport No/FIN	G2569439U
Date Of Birth	16/11/1970
Occupation	OUTDOOR
Date Of Driving Pass	26/03/2018
Driving Experience	0 YEAR AND 10 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81648731
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	139 CEYLON ROAD EURASIAN COMMUNITY HOUSE
Postcode	429744
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 (including own vehicle) 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)	2
Passenger 1	NAME: : SAM LAYOS GENDER: : MALE

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

I WAS REVERSING MY VEH INTO THE PARKING LOT AT BLK 322 BUKIT BATOK ST 33 OPEN CARPARK. ON MY RIGHT SIDE VEH X STOP AND I PROCEED TO REVERSE MY VEH INTO THE PARKING LOT, SUDDENLY VEH B CAME IN A FAST SPEED AND HIT ONTO MY VEH.

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	SJS1578A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN JUI KWANG
NRIC/Passport Number	
Contact Number	91918020
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

Accident Sketch Plan

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.

Quentin's F&B (S) Pte Ltd
139 Ceylan Road, Eurasian Community Centre
Level 1, Singapore 429741
Tel: 6733 8888 Fax: 6733 8889
www.quentins.com.sg

Policyholder's Signature
Date & Time


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

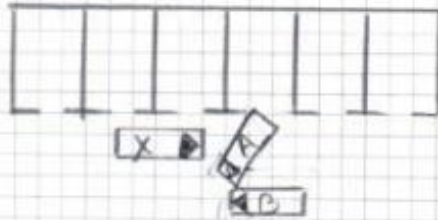

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

A - GRC11635
B - 5JS1578A

BLK 322 BUCH BATOR ST 33
OPEN CARPARK



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the statement.

DECLARATION

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

Quentin's F&B (S) Pte Ltd

Ceylon Road, Tarnashan, Singapore 429744
Level 1, Singapore 429744

Policyholder's Signature _____

Date & Time: ask@quintans.com
Website: www.quintans.com

藝術

Driver's Signature
(If driver is not the policyholder)

Date & Time:

SPR 07/02/19

Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No. 4

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

FWPOL563e - Notification Letter - Issue (Reporting)



ZENG JIANFANG
QUENTIN'S F&B (S) (PTE.) LTD.
199 CAYLON ROAD
EURASIAN COMMUNITY HOUSE
SINGAPORE 428744

Card Registration Completed!
Please bring your card / employer's letter to the authorised recipient(s) 4 working days later. They will get the delivery details via SMS.



MINISTRY OF
MANPOWER



076486115150115

For Immigration Use (To clear by IRO)



G2569439U

25 Jan 2019

You need to make an appointment for Card Registration

Dear ZENG JIANFANG

We have received a request to issue your work permit on 25 Jan 2019. Now you need to come to the MOM Services Centre - Hall C by 01 Feb 2019 for card registration.

Please go to <https://services.mom.gov.sg/appointment> to make an appointment for Work Pass Card Registration. At registration, we will check your documents (listed on page 2), register your fingerprints and take your photograph. We can only deliver your work permit card to the authorised recipient(s) 4 working days after you have successfully registered. An SMS / email with the delivery details will be sent to your authorised recipient(s) at least 1 working day before the delivery.

This Notification Letter allows you to work and stay in Singapore until you get your card. It is valid from 25 Jan 2019 till 24 Feb 2019.

Yours sincerely

Mdm Chow Choon Yen
for Controller of Work Passes

YOUR NAME	ZENG JIANFANG
PR	G2569439U
WORK PERMIT NO	0 76486115
DATE OF APPLICATION	15 Jan 2019
DATE OF ISSUE	25 JAN 2019
WORK PERMIT EXPIRY DATE	16 Jan 2021
DATE OF BIRTH	16 Nov 1970
SEX	MALE
NATIONALITY	CHINESE
TRAVEL DOCUMENT NO.	E04208025
TRAVEL DOCUMENT EXPIRY DATE	06 Sep 2022
YOUR EMPLOYER'S NAME	QUENTIN'S F&B (S) (PTE.) LTD.
SECTOR	SERVICE
OCCUPATION	KITCHEN ASSISTANT

IMPORTANT

- If you fail to report to the MOM Services Centre - Hall C for card registration, your work permit may be cancelled.
- You must keep this Notification Letter with you until you get your card. If you need to leave / enter Singapore, you will have to show this letter at the Immigration Checkpoints.

Driving License

