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#### SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 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.	and to object of the country indicates and to object of the coper. Only indicate areas and
are the transfer of the	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
the State of the S	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBC1163S
Insured/Policyholder	
Name Of Registered Owner	QUENTIN'S F & B(S)(PTE)LTD
Co Reg No	15
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

EMail 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

NO

ambulance?

140

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)

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

- Please report <u>correctly</u> 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
  - 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.

Quentin's F&B (S) 1'te LU1
Ceylon Road, Eurasian Community
Level 1, Singapore 429744

Policyholder's Signature Com.sg Date & Time www.quentins.com.sg

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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#### DECLARATION

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

Quentin's F&B (S) Pte Ltd

Policyholder's Signature
Date & Time: ask@quentins.com.sg
Website: www.quentins.com.sg

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





ZENG JIANFANG QUENTIN'S F&B (S) (PTE.) LTD. 139 CEYLON ROAD EURASIAN COMMUNITY HOUSE SINGAPORE 429744



Card Region from Completed!
Please show and condoyer this letter.
We will delive your raid to the authorised recipient(a) 4 to 5 working days later.
They will get the dilivery details via SMS to say before.



076486115150119

For Immigration Use (To clear by FIN)

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.

YOUR NAME ZENG JIANFANG

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

Yours sincerely

\*

Mdm Chow Choon Yen for Controller of Work Passes

#### A IMPORTANT

- If you fall 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 I enter Singapore, you will have to show this letter at the Immigration Checkpoints.







# LONPAC INSURANCE BHD (S98FC5635C)

(Incorporated in Malaysia)

Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 199555.

Tel: (65) 6250 7388 Fax: (65) 6296 3767 Website: www.lonpac.com.sg

GST Reg No.: F0-0005635-C

# CERTIFICATE OF INSURANCE

Insured's Copy

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION ACT (CAP 189) REPUBLIC OF SINGAPORE. MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES 1960 (REPUBLIC OF SINGAPORE). ROAD TRANSPORT ACT 1987 (MALAYSIA). MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No.

: z/18/vc00/101691

Type of Cover

: COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

NISSAN URVAN 3.0 5MT ABS 5DR LWB

PANEL

- GBC 1163S

2. Name of Policy Holder

QUENTIN'S F&B (S) (PTE) LTD

 Effective date of the Commencement of Insurance for the purpose of the Act. 28/05/2018

4. Date of Expiry of the Insurance

27/05/2019

5. Persons or Classes of Persons entitled to drive.

(A) THE POLICYHOLDER. (B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS/THEIR PERMISSION.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use

USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS. USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS. USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES. THE POLICY DOES NOT COVER: USE FOR HIRE OR REWARD OR FOR RACING, PACEMAKING, RELIABILITY TRIAL OR SPEED TESTING. USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

Excess

: s\$700.00 (SECTION 1)

S\$2500.00 (SECTION 1) ADDITIONAL EXCESS FOR

YOUNG &/OR INEXPERIENCED DRIVERS

S\$100.00 WINDSCREEN EXCESS

Condition

: ACCIDENT REPAIRS AT LONPAC'S AUTHORISED WORKSHOPS

\* Limitations rendered inoperative by Section 95 of the Road Transport Act 1987 (Malaysia) or Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore are not included under heading.

I/We hereby certify that this covering Note is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia) and Motor Vehicles (Third-Party Risks and Compensation) Act (Cap 189) Republic of Singapore.

(Singapore Branch)

User ID

eslinyeo / nfwong

Date Issued

: 27-04-2018