

## 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	06/04/2019 10:53
Date Of Accident	05/04/2019 07:25
Exact Location Of Accident	KJE TOWARDS JURONG
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB4067Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	OFFER & SAVE SUPERSTORE
Co Reg No	53095215K
Email Address	AILING@ONS-SUPERSTORE.COM
Mobile Phone No	(LOCAL) +65-86956129
Alternative Phone No	OFFICE-NOPHONE

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	GRACE H100M
Exact Purpose for which vehicle was being used at time of accident	WORK
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	DMCPHQ18-003487
Cover Note Number	06/06/2018 TO 30/09/2019

### Driver

Name of Driver	WANG MIN
Passport No/FIN	G5112469W
Date Of Birth	04/03/1986
Occupation	INDOOR
Date Of Driving Pass	30/09/2015
Driving Experience	3 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86956129
Fax Number	
Contact Number	
EEmail Address	AILING@ONS-SUPERSTORE.COM

Address	BLK 532 ANG MO KIO AVE 4 #01-2451
Postcode	560532
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 - MAJOR/MINOR RD
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: : CHAN PING HUE 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

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

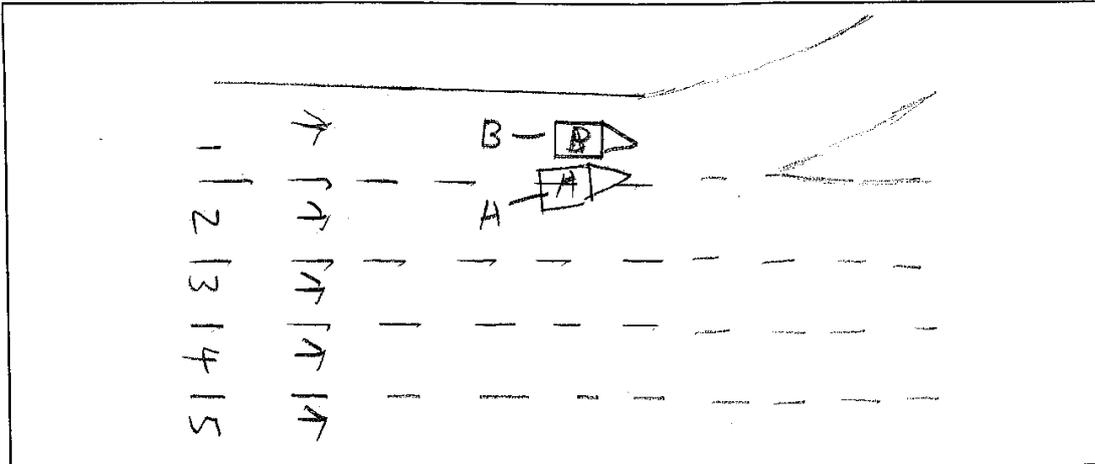
Vehicle Registration Number	SJJ9661L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TOH ENG WAH
NRIC/Passport Number	S1723168E
Contact Number	97715650
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



Sketch Plan Pg. 2

Date of accident: 5/4/19 Time: 07:25hrs Location: KJE twds Jurong  
 My Vehicle A: GBB 4067Y Vehicle B: SJJ 9661L Vehicle C: /

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While filtering left, accidentally hit onto Car B.

Claim OD/TP at Ah Lim Motor     Claim OD/TP at other workshop     Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop :  
 Email address :  
 & myself :  
 Email address : ailing@ons-superstore.com

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

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:

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



Driver's Particulars Pg. 1

**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



**CERTIFICATE OF INSURANCE**

ROAD TRANSPORT ACT 1987 (MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)  
(REPUBLIC OF SINGAPORE)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)  
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

**COMMERCIAL VEHICLE PRIVATE (SCH I )  
Third Party**

Certificate No.: DMCPhQ18-003487

Form: LCVPI

Excess:

YEID-AC Additional SGD3,000.00

1. Index Mark and Registration Number of Vehicles  
GBB4067Y

2. Name of Policyholder  
OFFER & SAVE SUPERSTORE

3. Effective Date of the Commencement of Insurance for the purpose of the Act  
06/06/2018

4. Date of Expiry of Insurance  
30/09/2019

5. Person or Classes of Persons entitled to drive\*  
Goods carrying - (MZ300) Authorised Driver. Any of the following :-  
1. The Policyholder  
2. Any person on the order or with the permission of the Policyholder

\*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 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. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage.

6. Limitations as to use\*  
1)Use in connection with the Insured's business. 2)Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business. 3)Use for social domestic and pleasure purposes.  
THE POLICY DOES NOT COVER  
1)Use for hire or reward or for racing pace-making reliability trial or speed testing. 2)Use whilst drawing a greater number of trailers in all than is permitted by Law. 3)Use for the carriage of passengers for hire or reward. 4)Liability arising from or in connection with the carriage of hazardous materials, high explosives, inflammable liquid or gases including LPG in cylinders.

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

I\WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or and Amendment, Act or Acts passed in substitution thereof.

Authorized Signatory  
EQ Insurance Company Limited

UNWSBH/HO/B000068/AWG INSURANCE BROKER

A Member of Citystate

Driver's Particulars Pg. 2

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **G5112469W**  
Name: **WANG MIN**

Birth Date: **04 Mar 1986**  
Issue Date: **30 Sep 2015**  
Valid Till: **29/09/2020**

002478263J



SG 50

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

Employer: **OFFER & SAVE SUPERSTORE**

EXPIRY DATE:  
**21/01/2021**



Name: **WANG MIN**  
S Pass No.: **074325408**  
Sector: **SERVICE**



K1292669



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

Class	Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	EFFECTIVE DATE
Class 3		30 Sep 2015

NP 428A

Licence No: G5112469W



VISIT PASS  
Immigration Regulations

28-02-2019

Name: **WANG MIN**

Download SGWorkPass App to check status



FIN: **G5112469W**  
Date of Birth: **04-03-1986** Sex: **M**  
Nationality: **CHINESE**



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



Accident Photo



Accident Photo



Accident Photo



Accident Photo

