

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	08/05/2019 17:28
Date Of Accident	08/05/2019 12:00
Exact Location Of Accident	GEYLANG LOR 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP9776E
Insured/Policyholder	
Name Of Registered Owner	BLOSSOMSFOOD PTE LTD
Co Reg No	201536078D
Email Address	TSSEOH@BLOSSOMSFOOD.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-82820408

Vehicle Particulars

Manufacturer	HINO
Model	XZU710
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ18-007478
Cover Note Number	

Driver

Name of Driver	WANG ZHICHENG
Passport No/FIN	G2002147R
Date Of Birth	25/11/1987
Occupation	OUTDOOR
Date Of Driving Pass	28/04/2015
Driving Experience	4 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88169494
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	C/O 4012 #02-02 ANG MO KIO AVE 10 S569628
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	COLLISION - CHANGE/CROSS LANE
Weather Conditions	RAINING
Road Surface	WET

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?	
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: : LIU LIANG 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 attached report

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	SJS2569U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHD SYED BIN ISMAIL
NRIC/Passport Number	
Contact Number	96260096
Address	NA NA
Postcode	NA
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

Accident Sketch Plan Pg. 1

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: 8/5/19
5:50 PM

08/05/2019
Driver's Signature
(If driver is not the policyholder)
Date & Time:

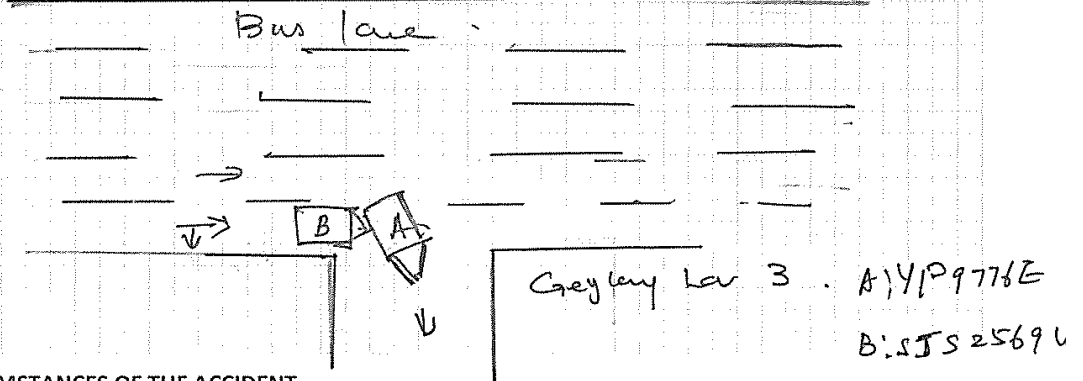


Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I switch on my signal right indicating my intention to enter Car 3, I check vehicle B was some distance away, as such I slowly inch out & also have my hand signal indicating my intention. But vehicle B still came & collided onto my right rear side partition.

DECLARATION

I HEREBY DECLARE that:

1. The reporting centre personnel's statement & sketch plan is true.
2. I fully understand and agree with the above statement.
3. The information given is true and correct to best of my/our knowledge and belief.

Name, Signature & Company Stamp (if applicable)

INSURER:

VEHICLE:

DOA:

CLAIM TYPE:

WORKSHOP:

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 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



TAX INVOICE

Debit Note

Page 1 of 1

GST Reg.No. M2-0029383-5

Number HO/MN0767111
 Transaction/Due date 19/11/2018

SI

BLOSSOMSFOOD PTE LTD
 BLK/HOUSE NO. 4012 #02-02
 ANG MO KIO AVENUE 10
 SINGAPORE 569628

Type of Policy	COMMERCIAL VEHICLE PRIVATE (SCH I)
Policy Number	DMCPHQ18-007478
Period of Cover	from 16/11/2018 to 15/11/2019
Vehicle Registration no.	YP9776E
Insured's Name & Address	BLOSSOMSFOOD PTE LTD BLK/HOUSE NO. 4012 #02-02 ANG MO KIO AVENUE 10 SINGAPORE 569628
Branch/Territory	Singapore/Singapore
Account/Agency	A000296/A000296 Pro-Link Insurance Agency
Singapore Dollar	
Premium	SGD2,703.54
STANDARD RATED GST 7.00%	SGD189.25
	SGD2,892.79
Total Due	SGD2,892.79

This is a computer-generated document and it does not require a signature.

Pro-Link Insurance Agency
 Blk 153 Bukit Batok Street 11
 #02-294 Singapore 650153
 Tel: 65675589 Fax: 65670114

HO/I-evelyn.tan/MN0767111/19-11-2018/12:09:44



A Member of Citystate

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G 2002147R**



Name: **WANG ZHICHENG**

Birth Date: **25 Nov 1987**

Issue Date: **20 Mar 2017**

Valid Till: **19/03/2022**

002667262K



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




Employer:
BLOSSOMSFOOD PTE. LTD.

Name:
WANG ZHICHENG

S Pass No.
0 5729678-

Sector:
SERVICE

K0757790



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

		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 $\leq 2500\text{kg}$	19 Mar 2012
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 $\leq 7250\text{kg}$	28 Apr 2015



NP 428A

VISIT PASS
Immigration Regulations

05-09-2015

Name
WANG ZHICHENG

FIN
G2002147R

Date of Birth
25-11-1987

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.

Download SGWorkPass App to check status



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

