

## 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	12/07/2019 12:15
Date Of Accident	09/07/2019 13:15
Exact Location Of Accident	AYE SLIP ROAD EXIT 6 TO ALEXANDRA ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN8401D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JUN GUAN TRADING
Co Reg No	53064466E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-83982754

### Vehicle Particulars

Manufacturer	ISUZU
Model	NHR85AUE4A R1
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	DMCPHQ18-004013
Cover Note Number	

### Driver

Name of Driver	HU JIANG
NRIC No	G8733920W
Date Of Birth	08/03/1989
Occupation	OUTDOOR
Date Of Driving Pass	05/03/2013
Driving Experience	6 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83982754
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	48 TOH GUAN ROAD EAST
Postcode	608586
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 - HEAD TO REAR
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)	1

#### 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 SKETCH PLAN.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP5326B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**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:

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

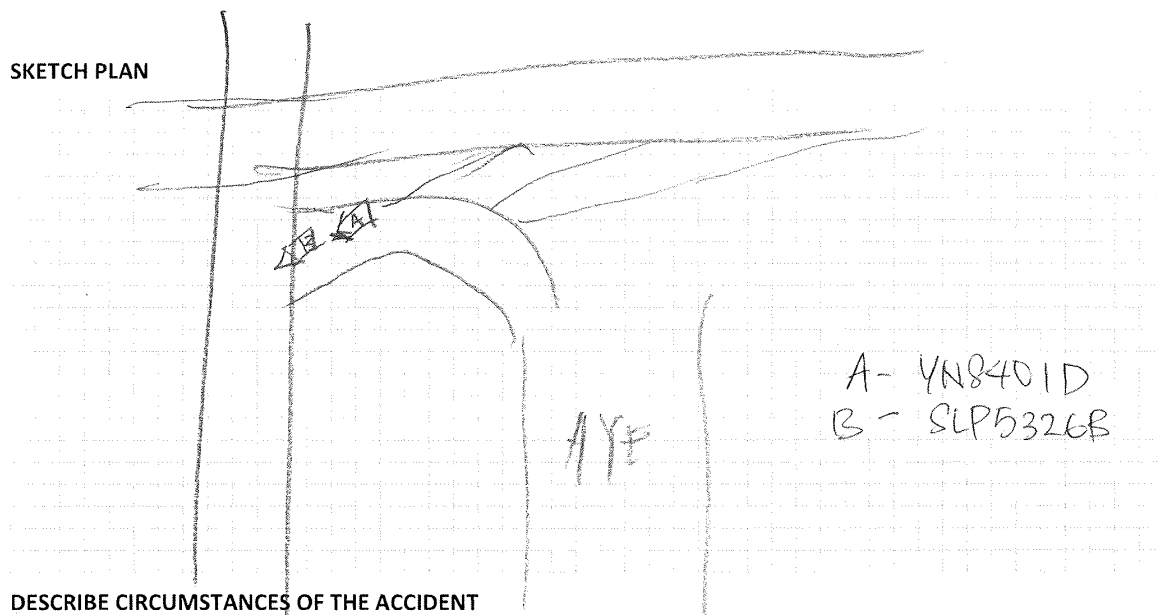
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

**Please note that you might be able to submit an Own Damage Claim under own policy within 14 days.**

( ) Claim Own Damage ( ) Claim TP (✓) Reporting Only ( ) Claim OD/TP at other workshop

Workshop Name : \_\_\_\_\_

### SKETCH PLAN



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

On 9/17/19, @ about 13:16 hrs, I was stationary along AYE slip Road  
Exit 6 to Alexandra Road, as I was checking the oncoming was  
clear, I saw the front vehicle moved forward, I also proceeded  
but front vehicle, SLP5326B braked suddenly, and I could  
not stop in time and hit into front vehicle.

## DECLARATION

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



Policyholder's Signature \_\_\_\_\_  
Date & Time: \_\_\_\_\_

6/22

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

**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 )**  
**Comprehensive**

Certificate No.: DMCPhQ18-004013

Form: LCVP1

1. Index Mark and Registration Number of Vehicles  
YN8401D

Excess:  
Section 1 SGD750.00  
YEID-AC Additional SGD3,000.00

2. Name of Policyholder  
JUN GUAN TRADING

3. Effective Date of the Commencement of Insurance for the purpose of the Act  
26/06/2018

4. Date of Expiry of Insurance  
21/07/2019

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

EQ Insurance-MARS Motor  
Accident Help Center

**6311 3211**

\*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.

HIRE PURCHASE: HITACHI CAPITAL ASIA PACIFIC PTE LTD

UNWNB/HO/A000298/Tong Hin Insurance A



A Member of Citystate

Authorised Signatory  
EQ Insurance Company Limited

中华人民共和国机动车驾驶证  
Driving License of the People's Republic of China

证号 211224198903086158

姓名 胡江 性别 男 国籍 中国


住址 辽宁省铁岭市昌图县两家子镇后两家子居委三组29号

辽宁省铁岭市 出生日期 1989-03-08

市公安局交 初次领证日期 2013-03-05

通警察支队 准驾车型 C1

有效期限 2013-03-05 至 2019-03-05





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

Employer  
JUN GUAN TRADING

Name  
HU JIANG

Work Permit No.  
0 78051620

Sector:  
MANUFACTURING

K0949335

中华人民共和国机动车驾驶证副页

证号 211224198903086158

姓名 胡江 档案编号 211200581606

记录

**准驾车型代号规定**

A1 大型客车和A3、B1、B2	C4 三轮汽车
A2 牵引车和B1、B2	C5 残疾人专用小型自动挡载客汽车
A3 城市公交车和C1	D 普通三轮摩托车和E
B1 中型客车和C1、M	E 普通二轮摩托车和F
B2 大型货车和C1、M	F 轻便摩托车
C1 小型汽车和C2、C3	M 轮式自行机械车
C2 小型自动挡汽车	N 无轨电车
C3 低速载货汽车和C4	P 有轨电车

\* 2 1 1 0 0 1 3 0 4 6 7 7 3 \*

除公安交通管  
理机关以外，其他  
单位或个人一律不  
得扣留此证。

记录.....

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**VISIT PASS**  
Immigration Regulations

14-11-2018

Name  
HU JIANG

FIN  
G8733920W

Date of Birth  
08-03-1989

Sex  
M

Nationality  
CHINESE

MULTIPLE JOURNEY VISA ISSUED

Download SGWorkPass  
App to check status

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



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Accident Photo

