Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 24/11/2016 17:14

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 witholding of material facts may allow insurance companies to repudiate policy ability.
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 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	24/11/2016 16:24
Date Of Accident	07/02/2016 12:30
Exact Location Of Accident	ALONG TANJONG PAGAR DISTRICT X KEPPLE ROAD
Country/State of Loss	Singapore
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	XB7192M
Insured/Policyholder	
Name Of Registered Owner	WATERFRONT SERVICES PTE LTD
Co Reg No	198002396N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-62224748
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	FP517DR2RDEB-11.9 D (M)
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	Third Party
Fleet Policy	Yes
Policy Number	
Cover Note Number	
Driver	
Name of Driver	LI SHI FENG
NRIC No	G6997193N
Date Of Birth	27/04/1978
Occupation	Outdoor
Date Of Driving Pass	29/07/2013
Driving Experience	2 Years And 6 Months
Gender	Male
Mobile Number	(Local) +65-90897222
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	
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	Unknown - OWNER CLAIMED HE DID NOT HIT TP VEHICLE
Weather Conditions	Clear
Road Surface	Dry

Other Information	
Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	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

Attachment(s)	
Are accident photos available for attachment?	Not available due to circumstances of accident
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC3368J
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness	
Name	
Phone Number	
Email Address	

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 fact 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 Associ 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.
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 insure 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 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 invo 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 collec 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.

WATERFRONT SERVICES PTE LTD

Policyholder's Signature / Date & Time

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

SPARK LOYANG CAR CARE

Witnessed by Reporting Centre Personnel

Sketch Plan

Sketch Plan #2 Pg.1

Describe Circumstances of the Accident...

On 07/02/16 at 12.30 pm, my truck stopped at traffic junction (Gate 1 - PSA). When traffic light turned green, I turned left to Tanjong Pagar District. About 300m, a taxi's driver stopped in front of my truck and claimed that I had hit his taxi.

I did not hit his car.

Declaration

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

WATERFRONT SERVICES PTE LTD

SPARK LOYANG CAR CARE

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

EQ Insurance

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 (Co. Regn. 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 HIRE (SCH II)
Third Party

Certificate No.: DMCHHQ15-000242

Form: LCVT1
Excess:
YEID-AC Additional SGD3,000.00
YEID-AC Additional SGD5,000.00

1. Index Mark and Registration Number of Vehicles

   XB7192M

2. Name of Policyholder

   Waterfront Services Pte Ltd

3. Effective Date of the Commencement of Insurance for the purpose of the Act

   11/10/2015

4. Date of Expiry of Insurance

   10/10/2016

5. Person or Classes of Persons entitled to drive*

   Goods Carrying - Hire Type (MZ301). 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 racing, pace-making, reliability trial or speed-testing (2) Use whilst drawing a greater number of trailers in all that 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.

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misjb/HO/A000074/Tradlink Agencies Pt

For EQ Insurance Company Limited