

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 | 08/07/2019 11:20 |
| Date Of Accident | 06/07/2019 23:00 |
| Exact Location Of Accident | 1 YUAN CHING RD CARPARK NEAR JURONG SUPERBOWL |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------------|
| Vehicle Registration Number | YN6122U |
| Insured/Policyholder | |
| Name Of Registered Owner | LIM YEW SIONG PRIVATE LIMITED |
| Co Reg No | 201023483C |
| Email Address | EVON@WKS.COM.SG |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-68982292 |

Vehicle Particulars

| | |
|--|----------------------|
| Manufacturer | ISUZU |
| Model | NHR85AUE4A-3.0 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 | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | DMCPHQ18-005213 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | WANG ZHIWEI |
| Passport No/FIN | G3161318W |
| Date Of Birth | 27/02/1984 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 13/10/2015 |
| Driving Experience | 3 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-83110920 |
| Fax Number | |
| Contact Number | |
| EEmail Address | NOEMAIL |

| | |
|---|-----|
| Address | N/A |
| 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 | COLLIDED INTO PARKED VEHICLE |
| 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 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 | SMG2654J |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | LIM YOK TEE |
| NRIC/Passport Number | S7029447H |
| Contact Number | 82885838 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

SKETCH PLAN

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7. 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 :
 - (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.

LIM YEW SIONG PTE LTD

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.:

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

SKETCH PLAN

1 Yuan Ching RD
open carpark

② 4N61224

③ [M67654]

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 06/07/19 @ around 2300 hrs, I drive my vehicle to 1
Yuan Ching RD open carpark to park my vehicle. When I parked
my vehicle I did not noticed Vehicle B was parked behind me
caused me
to accidentally hit onto it.

DECLARATION

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

LIM YEW SIONG PTE LTD

2

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.:

☐ Claim own policy
☐ Claim third party
☐ Claim OD / TP at other works hop
☒ For record purpose

Policy No. DMCPHQ18-00573
Insurer EA Veh.No. 4N61224

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



COMMERCIAL VEHICLE PRIVATE (SCH I) SCHEDULE

Page 1 of 7

| | | | | | |
|---------|---------|-----------------|-------------------------------------|---------------|-----------------|
| Agency | A000298 | Class of Policy | COMMERCIAL VEHICLE PRIVATE (SCH I) | Policy Number | DMCPHQ18-005213 |
| Account | A000298 | Issued on | 06/08/2018 | in Singapore | |
| Client | 0149669 | Acceptance Date | 03/08/2018 | | |

Period of Insurance from 24/09/2018 to 23/09/2019 , both dates inclusive

Insured's Name LIM YEW SIONG PRIVATE LIMITED
 Address BLK/HOUSE NO. 22 #02-66
 WOODLANDS LINK
 SINGAPORE 738734

Business/Occupn Others

| | | | | |
|---------|----------------------|-------------|-------------|-------------|
| Premium | Basic Annual Premium | SGD1,133.80 | | |
| | Premium after NCD | SGD1,133.80 | Premium Due | SGD1,133.80 |
| | | | Premium GST | SGD79.37 |
| | | | Total Due | SGD1,213.17 |

| | | | | |
|---|-------------------------------------|--------------|-------------|----------------------------|
| Risk No. 001 | COMMERCIAL VEHICLE PRIVATE (SCH I) | | | |
| 1. Registration | YN6122Y | Make/Model | ISUZU | |
| Type of Cover | Comprehensive | No. of seats | 2 | Body Type Lorry |
| Engine No. | 4JJ11L9330 | Capacity cc | 0 | Yr of Manuf/Regn 2014/2014 |
| Chassis No. | NHR857015117 | | | NCB% 20.00 |
| | | Tonnage | 2.70 | Certificate Ref. LCV1 |
| Sum Insured: Market Value at the time of loss | | | SGD0.00 | |
| Section 1 | | | SGD750.00 | |
| YEID-All Claims | Additional | | SGD3,000.00 | |

COMMERCIAL VEHICLE COMPREHENSIVE (Ver. 7)

For information on Motor Claims Framework (MCF), please visit GIA websites
 (www.gia.org.sg /pdfs /Industry /Motor /MCF2010_Brochure.pdf)

The Policy is subject to the following Clauses, Warranties, Memo, Endorsement,
 Exclusions as printed herein and/or attached hereto:-

EXCESS - OWN DAMAGE CLAIMS

We will not pay for the Excess specified in the Policy Schedule or the
 Certificate of Insurance. You will have to pay the Excess for every claim made
 against us for own damage claims to your vehicle under Section 1.

If we have made any payment under Section 1 which includes this Excess, you have
 to refund us the amount of the Excess.

This Excess is in addition to any other excess applicable under this Policy.

Continued on page 2



A Member of Citystate



MCV1702-Ver2.0

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **G3161318W**


Name: **WANG ZHIWEI**

Birth Date: **27 Feb 1984**

Issue Date: **29 Sep 2016**

Valid Till: **26/07/2020**

002614486G



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

Employer: **WKS INDUSTRIAL GAS PTE LTD**

Sector: **MANUFACTURING**

Name: **WANG ZHIWEI**

Occupation: **OPERATIONS SUPERVISOR**


S Pass No.: **0 76647372**

Date of Application: **18-09-2017**

Date of Issue: **05-10-2017**

Date of Expiry: **05-10-2019**

L8367676



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


| Class | Vehicle Description | Effective Date |
|----------|---|----------------|
| Class 2H | Motorcycles <= 200 CC | 27 Jul 2015 |
| Class 3 | Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg | 13 Oct 2015 |
| Class 4 | Heavy motor cars and motor tractors > 2500 kg | 23 Jan 2019 |

G3161318W

S / No.9000288264

NP 428A

Licence No:G3161318W



VISIT PASS
Immigration Regulations


Name: **WANG ZHIWEI**

Date of Birth: **27-02-1984** Sex: **M** Nationality: **CHINESE**

FIN: **G3161318W** Date of Issue: **05-10-2017** Date of Expiry: **05-10-2019**

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

