

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	12/09/2019 13:42
Date Of Accident	11/09/2019 12:30
Exact Location Of Accident	T.PAYOH EXIT TWDS PIE (CHANGI AIRPORT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB6803B
Insured/Policyholder	
Name Of Registered Owner	FUXIN F&B PTE LTD
Co Reg No	201212738H
Email Address	PARKWAY201406@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-66356712

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 MANUAL 3SEATER
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3066831800
Cover Note Number	12/10/18 - 11/10/19

Driver

Name of Driver	WANG SHIWEN
NRIC No	G3184078W
Date Of Birth	23/11/1982
Occupation	OUTDOOR
Date Of Driving Pass	25/01/2016
Driving Experience	3 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90091761
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	C/O PARKWAY RESTAURANT PTE LTD
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 - 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?	
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

Noticed vehicle B had moved on, I followed to move when suddenly vehicle B made an e-brake causing my vehicle collided onto its rear. No one was injured.

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	SHD755P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LIM KIAN KOK
NRIC/Passport Number	S7336557J
Contact Number	97884830
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

VEHICLE NO.: GBB 6803 B
INSURER : China Taiping
DATE & TIME: 11/9/19 @ 12-30 pm

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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.

FUXIN F&B PTE LTD

Policyholder's Signature
Date & Time:

Wang Shi Wen

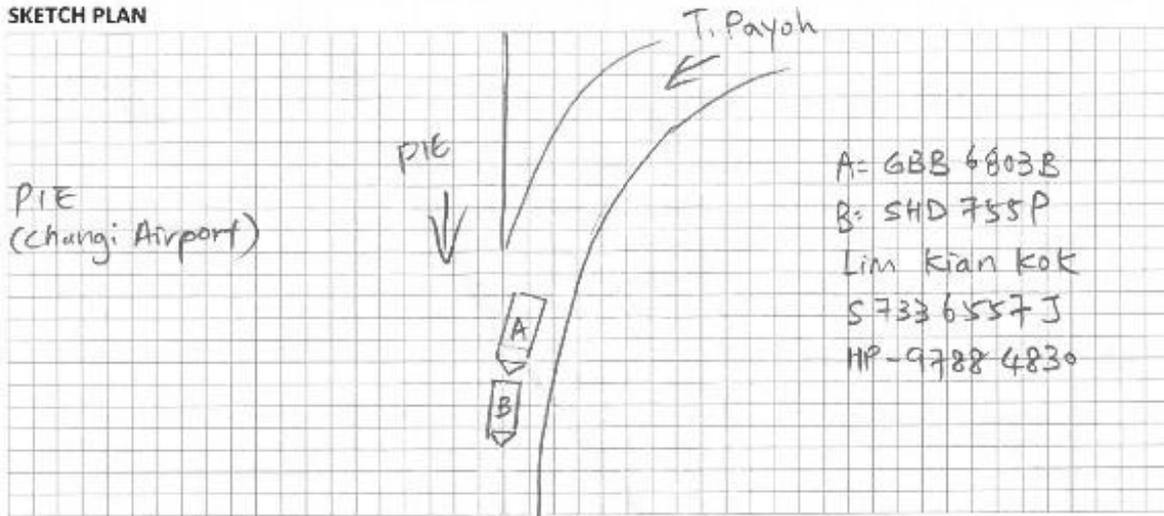
Driver's Signature
(if driver is not the policyholder)
Date & Time:

12/9/19

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Noticed vehicle B had moved on, I followed to
 move when suddenly vehicle B made an e-brake
 causing my vehicle collided onto its rear. No
 one was injured.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim
 under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

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

FUXIN F&B PTE LTD

wang shi wei

Policyholder's Signature
 Date & Time:

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

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

12/9/19

QIARVIC SketchPlanForm_V9 () Claim Own Policy () Claim Third Party () Reporting Only
 () Claim OD/TP at other workshop ()

AUTHORISATION LETTER

Date : 12/09/2019

To : Accident Reporting Centre (ARC)

I / We hereby approve (driver's name) Wang Shiwan
NRIC/FIN G3184078W, our employee / employee of Parkway
Restaurant Pte Ltd to drive our m/vehicle no. G8B 6803 B
and to file the accident report (Third Party claims/Own Damage Claims/Reporting
Only) which occurred on (date) 11/09/19 @ (time) 12:30 pm
along (location) T. Payoh Exit Twds PIE (Changi Airport).

* Relationship between Insured and driver's company: Subsidiary Company.

Thank you.

Regards,

X FUXIN F&B PTE LTD

* SIGN & STAMP at the above *

Name of Owner : Fuxin F&B Pte Ltd

NRIC / ROC : 201212738 H

Contact No : 66356712

Email : parkway201406@gmail.com

Driving License

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

Employer
PARKWAY RESTAURANT PTE. LTD.

 Name
WANG SHIWEN

S Pass No
0 76764522

Sector
SERVICE

 K1442089

REPUBLIC OF SINGAPORE DRIVING LICENCE

 Licence Number **G3184078W**

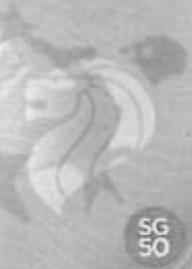
Name
WANG SHIWEN

Birth Date **23 Nov 1982**

Issue Date **26 Sep 2015**

Valid Till **25/09/2020**

 002477099C

 **SG 50**

VISIT PASS 12-05-2019
Immigration Regulations

Name
WANG SHIWEN

 PNR
G3184078W

Date of Birth **23-11-1982** Sex
M

Nationality
CHINESE

 Download SGWorkPass App to check status

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.



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

Class	DESCRIPTION	EFFECTIVE DATE
Class 2	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2000 KILOGRAMS	25 Jun 2016 15

G3184078W S / No 9000244509

NP 428A  Licence No: G3184078W

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

