MSME19150415 / SME Motor Pte Ltd - Kaki Bukit ENTRY DATE & TIME: 13/11/2019 17:34 SUBMITTED BY: Chia Pei Ying

#### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	13/11/2019 17:34
Date Of Accident	04/11/2019 11:30
Exact Location Of Accident	AIRPORT LOADING/ UNLOADING
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YP6851R
Insured/Policyholder	
Name Of Registered Owner	AIRPAK EXPRESS PTE LTD
Co Reg No	199002369N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67439200
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	CANTER
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	DMCHHQ19-000140
Cover Note Number	

### Driver

Name of Driver

LI GUANGDONG

NRIC No

G6945154W

Date Of Birth

10/05/1981

Occupation

OUTDOOR

Date Of Driving Pass

08/01/2013

Driving Experience 6 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94263686

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 **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

Was any body injured in the Accident?

NO

2

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged? 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**

I WAS DOING A REVERSE. I DID NOT NOTICE VEHICLE B WAS BEHIND ME AND HIT ONTO VEHICLE B FRONT RIGHT PORTION.

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO

Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number GBB5293D

Vehicle Make/Model/Colour

**VEHICLE B** 

COMMERCIAL VEHICLE Vehicle Category

Name of Driver

NRIC/Passport Number

**Details Of Properties** 

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan Pg. 1

#### 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 <a href="mailto:truthful">truthful</a> and accurate as <a href="mailto:possible">possible</a>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <a href="mailto:repudiate">repudiate</a> 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 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 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

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:

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature

GO FOSCESANINO PAR PRES

### Sketch Plan #2 Pg. 1

المدائنها مهاييه عبرايها ويادون	
CRIBE CIRCUMSTANCE	ES OF THE ACCIDENT
	doing a reverse. I did not eluide B was behind and hit eluide B front right portion.
I mas	doing a leverse. I did not
notice ve	eluide B was bothind and hit
+0 ···	1160 R food wight portion
CLADATION	
CLARATION (	articulars are true in every respect.
CLARATION over declare the foregoing po	articulars are true in every respect.
CLARATION CLARATION Processing particles of the foregoing particles of the	articulars are true in every respect.
CLARATION /e declare the foregoing pa	
CLARATION  /e declare the foregoing paicyholder's Signature te & Time:	articulars are true in every respect.  Driver's Signature Reporting Centre Personnel's Signature (If driver is not the policyholder) Name:

Driving License Pg. 1

WORN FERWITI
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer AIRPAK EXPRESS PTE LTD



Name LI GUANGDONG

Work Permit No. 0 74624898

Sector: SERVICE





K1496554

# REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: G 6 9 4 5 1 5 4 W

LI GUANGDONG

Birth Date: 10 May 1981 Issue Date: 18 Jan 2017 Valid Till 17/01/2022

002648752E

VISIT PASS

Immigration Regulations

Name LI GUANGDONG



FIN G6945154W

Date of Birth 10-05-1981

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.



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

EFFECTIVE DATE 07 Dec 2011

Class 4

Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight > 2700kg motor vehicles which are not constructed to carry load or passengers and the unladen weight =< 7250kg

NP 428A

# Road #17-00 Tower Block MND Complex Singapore 069110 6223 9433 | fax 65 6224 3903 | www.eqinsurance.com.sg a 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 HIRE ( SCH II )

Comprehensive Premier

Certificate No.: DMCHHQ19-000140

1. Index Mark and Registration Number of Vehicles

2. Name of Policyholder

AIRPAK EXPRESS PTE LTD

3. Effective Date of the Commencement of Insurance for the purpose of the Act 31/07/2019

4. Date of Expiry of Insurance 30/07/2020

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 regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment 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. Limitation 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.

INWE 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: Goldbell Financial Services Pte Ltd

A000298/Tong Hin Insurance Agency Pte Ltd Date of Issue: 21/06/2019 15:30

Authorised Signatory
EQ Insurance Company Limited

Exp No.: DMCHHQ18-000175

A Member of Citystate

EQI Motor Accident Hotline

Comprehensive Plan - Any Workshop

Form: LCVT1 Excess:

ExcessTPWR-AllClaims: YEID-AC Additional:

All Claims:

6311 3211



S\$500.00 S\$1,500.00

\$\$3,000.00



# **Accident Photo**



# **Accident Photo**





# **Accident Photo**





