

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 | 15/10/2019 09:14 |
| Date Of Accident | 14/10/2019 01:55 |
| Exact Location Of Accident | 2D JALAN PAPAN CARPARK SERVICE ROAD |
| Country/State of Loss | SINGAPORE |
| DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | YN5354B |
| Insured/Policyholder | |
| Name Of Registered Owner | TOWSENLY MFG&TDG(PTE.) LTD |
| Co Reg No | 200709307K |
| Email Address | GUAFENG@TOWSENLY.COM |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-62611312 |
| Vehicle Particulars | |
| Manufacturer | ISUZU |
| Model | NMR85UH5A |
| Exact Purpose for which vehicle was being used at time of accident | DELIVERY GOOD |
| 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 | DMCPHQ19-002618 |
| Cover Note Number | |
| Driver | |
| Name of Driver | ZHNANG HUA |
| NRIC No | G6573751K |
| Date Of Birth | 13/10/1979 |
| Occupation | INDOOR |
| Date Of Driving Pass | 02/10/2017 |
| Driving Experience | 2 YEARS AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97883095 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

31
35 Fishery Port Rd
#204 #01-04
New Fish Merchant Building
S(619741)

| | |
|---|---------------------------------|
| Address | 2D JALAN PAPAN #01-05 SINGAPORE |
| Postcode | 619415 |
| 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 | 3 |
| 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 ATTACH 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 | GBB770R |
| Vehicle Make/Model/Colour | TOYOTA / DYNA / RED |
| Details Of Properties | FRONT PORTION |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | NIL |
| NRIC/Passport Number | |
| Contact Number | 91007941 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|-----------------------------|----------|
| Vehicle Registration Number | GBB2469J |
|-----------------------------|----------|

| | |
|-------------------------------------|--------------------|
| Vehicle Make/Model/Colour | NIL |
| • Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | NIL |
| NRIC/Passport Number | |
| Contact Number | 93790623 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

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 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 to 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.

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.

OWSENLY MFG & TDG (PTE) LTD.

DIRECTOR

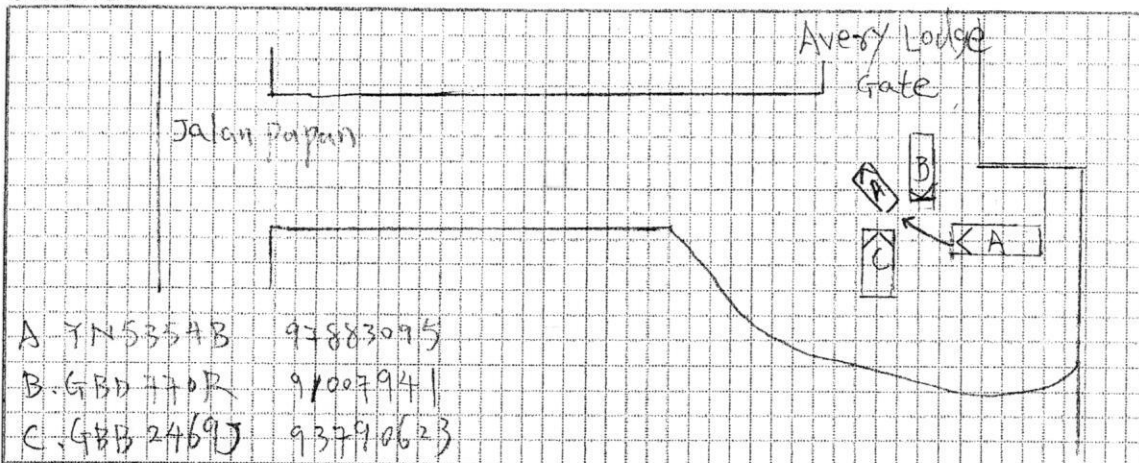
Policyholder's Signature
Date & Time

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

OWSENLY MFG & TDG (PTE) LTD.
EXTERNAL BUSINESS DEVELOPMENT BRANCH
NAME & SIGNATURE: [Signature]
DESIGNATION: [Signature] DATE: 15/10/19

Reporting Centre (Person's Signature)
Name: [Signature]
NRIC / Fin No. 72180999A

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

我是A車 今天早上1:59就要拿車去送貨 B車和C車擋住了我的A車, 我打
電話給B車電話关机, 又打中電話給C車, 打了12通電話沒有人接 但是我
要去送貨, 所以可能一直等這, 所以就慌張的从B車和C車的
中間衝出去了, 把B車和C車都受到不同程度的损坏, 我没有想再逃跑,
因为要送貨, 所以只好就这样发生了

IMPORTANT NOTE

Under **General Condition – Conduct of Claim** of the Motor Policy, you have to decide **within 21 days** of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

DECLARATION

I/We declare the foregoing particulars are true in every respect.
TOWSENLY MFG & TDC (PTE) LTD.

Policyholder's Signature
Date & Time

DIRECTOR

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

COMFORTDELGRO ENGINEERING PTE LTD

EXTERNAL BUSINESS DIV. SINGAPORE BRANCH

NAME & SIGNATURE

DESIGNATION

DATE

Reporting Centre Personnel's Signature

Name: WONG CHEE WEI

NRIC / Fin No:

672180996

Status of Driving Licence

Qualified Driving Licence

Qualified Driving Licence Number

G6573751K

Status of Qualified Driving Licence

Valid

Class(es) of Qualified Driving Licence

2B,3C,3

Expiry Date

01/10/2022

Provisional Driving Licence

Provisional Driving Licence Number

G6573751K

Status of Provisional Driving Licence

Expired ([Click here for explanation](#))

Class(es) of Provisional Driving Licence

3

Expiry Date

02/04/2018