

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	12/11/2019 10:49
Date Of Accident	09/11/2019 19:30
Exact Location Of Accident	CHANGI VILLAGE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF8481L
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Insured/Policyholder

Name Of Registered Owner	QIAN XI (FARRER PARK) RESTAURANT PTE LTD
Co Reg No	200105214H
Email Address	ZHONG8863@HOTMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-91780500

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ19-001631
Cover Note Number	

Driver

Name of Driver	XU YUAN ZHONG
Passport No/FIN	G7545955L
Date Of Birth	24/03/1986
Occupation	OUTDOOR
Date Of Driving Pass	14/11/2018
Driving Experience	0 YEAR AND 11 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91780500
Fax Number	
Contact Number	
EEmail Address	ZHONG8863@HOTMAIL.COM

Address	149 PASIR RIS GROVE #06-78
Postcode	518134
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?	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 ATTACHMENT

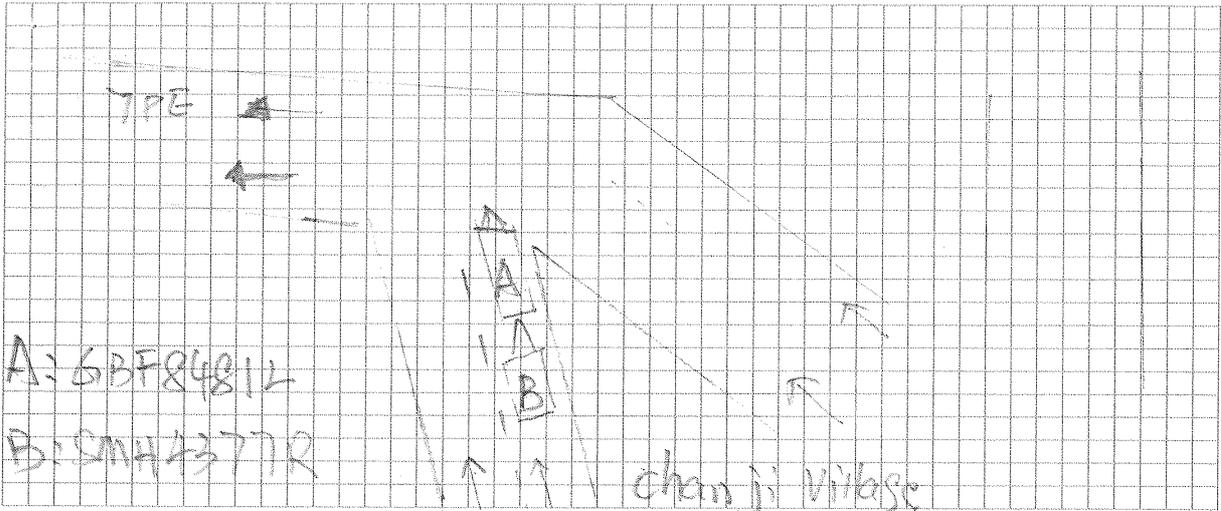
Attachment(s)

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	SMH4377R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE KHENG CHOOI
NRIC/Passport Number	
Contact Number	91701836
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 09/11/19 Time: 07:29pm I was travelling From PIE toward to Pasir Ris Town. While waiting to filter from PIE (Exit 2) on to TPE our Vehicle 6BF8481L was hit from the rear by the Vehicle SMH4377R.

DECLARATION

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

COMFORTDELGRO ENGINEERING PTE LTD
EXTERNAL BUSINESS DIV, UBI BRANCH
NAME & SIGNATURE: _____
DESIGNATION: _____ DATE: _____

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.: _____

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.



Policyholder's Signature
Date & Time:

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

COMFORTDELORO ENGINEERING PTE LTD
EXTERNAL BUSINESS DIV, UBI BRANCH
NAME & SIGNATURE: _____
DESIGNATION: _____ DATE: _____

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

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	A000342	Class of Policy	COMMERCIAL VEHICLE PRIVATE (SCH I)	Policy Number	DMCPHQ19-001631
Account	A000342	Issued on	21/03/2019 in Singapore	Replacing Policy no.	DMCPHQ18-001696
Client	0125003	Acceptance Date	21/03/2019		

Period of Insurance from 30/03/2019 to 29/03/2020 , both dates inclusive

Insured's Name QIAN-XI (FARRER PARK) RESTAURANT PTE LTD
 Address BLK/HOUSE NO. 44 #NIL
 BEDOK GARDEN
 SINGAPORE 469847

Business/Occupn OTHERS
 Hire Purchase UNITED OVERSEAS BANK LIMITED

Premium	Basic Annual Premium	SGD915.89	Premium Due	SGD915.89
	Premium after NCD	SGD915.89	Premium GST	SGD64.11
			Total Due	SGD980.00

Risk No. 001	COMMERCIAL VEHICLE PRIVATE (SCH I)			
1. Registration	GBF8481L	Make/Model	NISSAN NV200 1.5 MT ABS AIRBAG 2WD 6DR	
Type of Cover	Comprehensive	No. of seats	2	Body Type Van
Engine No.	K9KC400D056310	Capacity cc	0	Yr of Manuf/Regn 2016/2017
Chassis No.	VSKYBAM20Z0138931	Tonnage	0.73	NCB% 15.00
			SGD0.00	Certificate Ref. LCV1
Sum Insured: Market Value at the time of loss			SGD500.00	
Section 1			SGD3,000.00	
YEID-All Claims	Additional			

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.

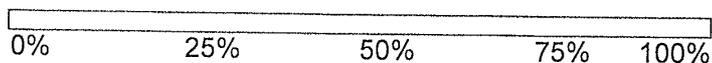
If we have made any payment under Section 1 which includes this Excess, you have
 to refund us the amount of the Excess.

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

Continued on page 2



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Transfer Of Vehicle Ownership (Confirmation)

Vehicle Details

Vehicle No.: GBF8481L
 Vehicle Type: A50 - Goods (Closed) Van/Van Panel (Delivery)
 Vehicle Attachment 1: No Attachment
 Vehicle Scheme: Normal
 Vehicle Make: NISSAN
 Vehicle Model: NV200 1.5 MT ABS AIRBAG 2WD 6DR E5 WRC
 Chassis No.: VSKYBAM20Z0138931
 Engine No.: K9KC400D056310
 Engine Capacity: 1461 cc
 Maximum Power Output:-
 Actual ARF Paid: \$1,007.00
 Lifespan Expiry Date: 28 Mar 2037
 Road Tax Expiry Date: 28 Sep 2017
 Transfer Count: 0
 Transfer Date: 30 Mar 2017

Owner Particulars

Owner ID Type: Company
 Owner ID: 200517646M
 Owner Name: ABWIN TRADING PTE LTD

Buyer Particulars

Buyer ID Type: Company
 Buyer ID: 200105214H
 Buyer Name: QIAN-XI (FARRER PARK) REST'NT PL

Buyer Address

Registered Address Type: Private Residential (non-Condo Apt / non-House)
 Registered Block/House No.: 44
 Registered Street Name: BEDOK GARDEN

Registered Unit No.: -
 Registered Building Name: -
 Registered Postal Code: 469847

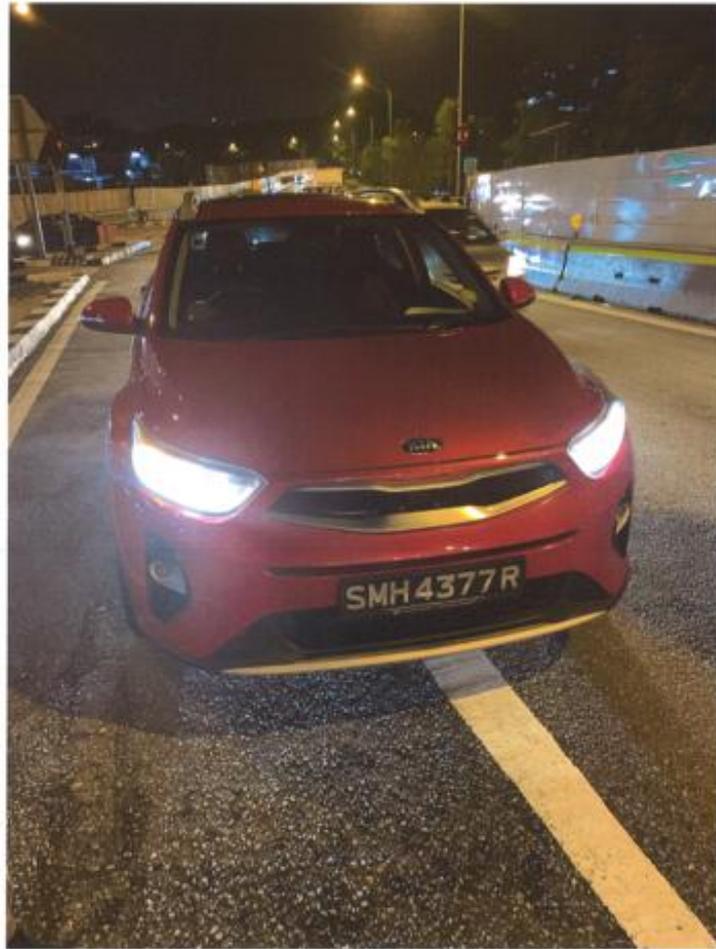
Buyer Contacts

Home Telephone No.: -
 Handphone No.: -
 Office Telephone No.: -
 Fax No.: -
 Email Address: -

Accident Photo



Accident Photo



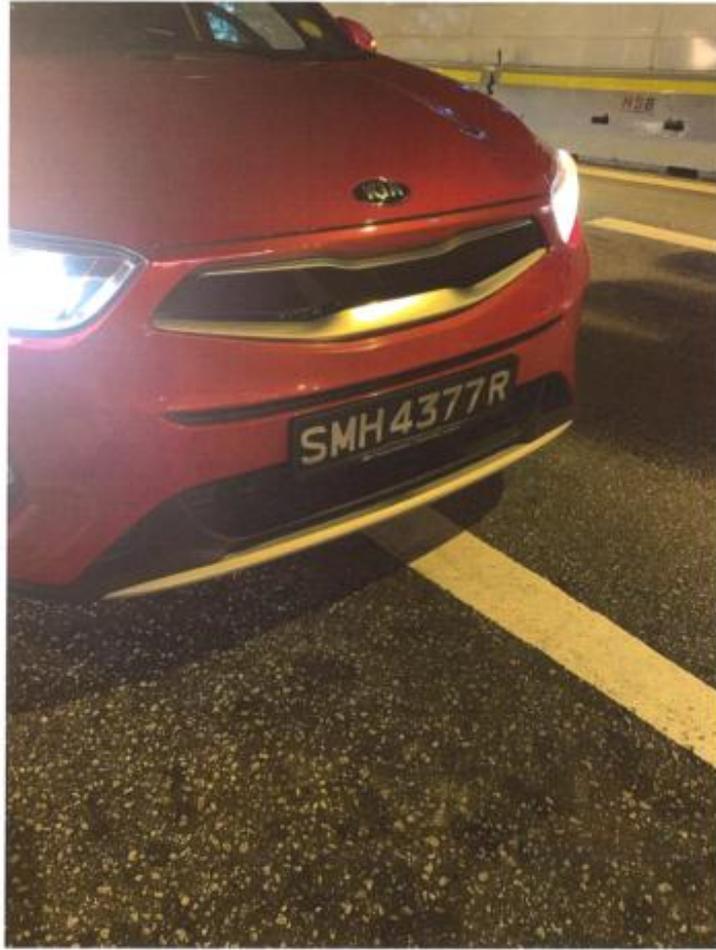
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Accident Photo





NISSAN

VSKYBAM20Z0138931

2000 Kg

3100 Kg

1 - 980 Kg

2 - 1100 Kg

**TYPE
TYP**

MODEL

**COLOUR, TRIM
FABRE, POLST**

KLO K 764

YTKARURM20TWL - CAAC

Accident Photo



Accident Photo

