



## 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 Submission	09/12/2021 11:43 (SGT)
Date of Accident	08/12/2021 07:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Corporation Road
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN2528L
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	C M M Marketing Management Pte Ltd
Company Reg No	200006394W
Email Address	vinni.goh@shengsiong.com.sg
Mobile Phone No	(Phone) +65-86710553
Alternative Phone No	+65-86710553

#### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Fk61fmj1rdea
Variant	-
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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	7545

#### INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	DMCFHQ21-000031
Cover Note Number	-

#### DRIVER

Name of Driver	Xu Chao
Passport No/FIN	G2424074L





Date Of Birth .....	10/05/1988
Occupation .....	Outdoor
Date Of Driving Pass .....	10/10/2014
Driving experience .....	7 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-86710553
Alt. Phone Number .....	-
Email Address .....	vinni.goh@shengsiong.com.sg
Address .....	6 Mandai Link
Address complement .....	-
Postcode .....	728652
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Side Swipe
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	Huang Shuai
Gender .....	Male

#### PASSENGER 2

Name .....	Chia Yeong Jun
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

I was driving smoothly straight on lane 3 at normal speed while lane 2 was in a jam. Vehicle B abruptly cut into my lane, colliding on the right of my lorry.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	with driver.
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMV1009A
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-



## SKETCH PLAN

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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
  - (ii) for complying with requirements under any regulations, laws or court orders.

思思市管理私人有限公司  
CMM MARKETING MANAGEMENT PTE LTD

6, MANDAL LANE

SINGAPORE 126582

TEL: 63951635 FAX: 62690265

REG NO: 200006794W

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.:

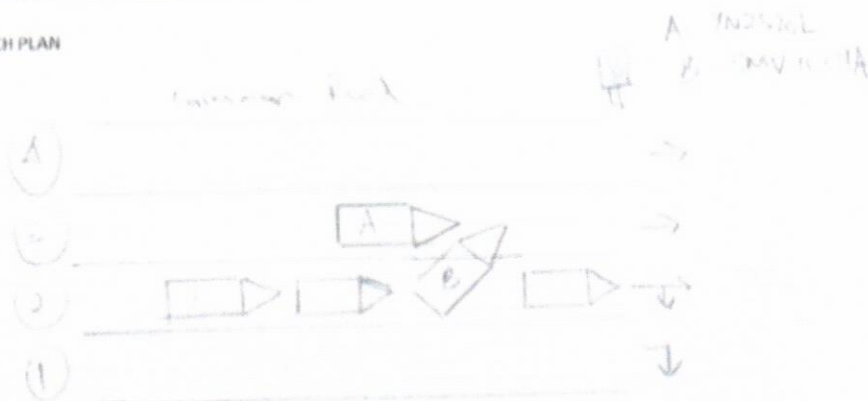
09/12/2021

Please note that you might be able to submit an Own Damage Claim under own policy within 14 days.

( ) Claim Own Damage ( ) Claim TP ☒ Reporting Only ( ) Claim OD/TP at other workshop

牛超 8/12/2021

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving smoothly straight on Lane 3 at normal speed while Lane 2 was in a jam. Vehicle B abruptly cut into my lane, colliding on the right of my lorry.

DECLARATION

C.M.W. MARKETING MANAGEMENT PTE LTD

6 MANDAI LINK

SINGAPORE 728652

TEL: 68951888 FAX: 62698265

REG NO: 200006394W

Lu has 8/12/2021

09/12/2021

Public Officer's Signature  
Date & Time

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

Reporting Centre Personnel's Signature  
Name  
NRCP NNS









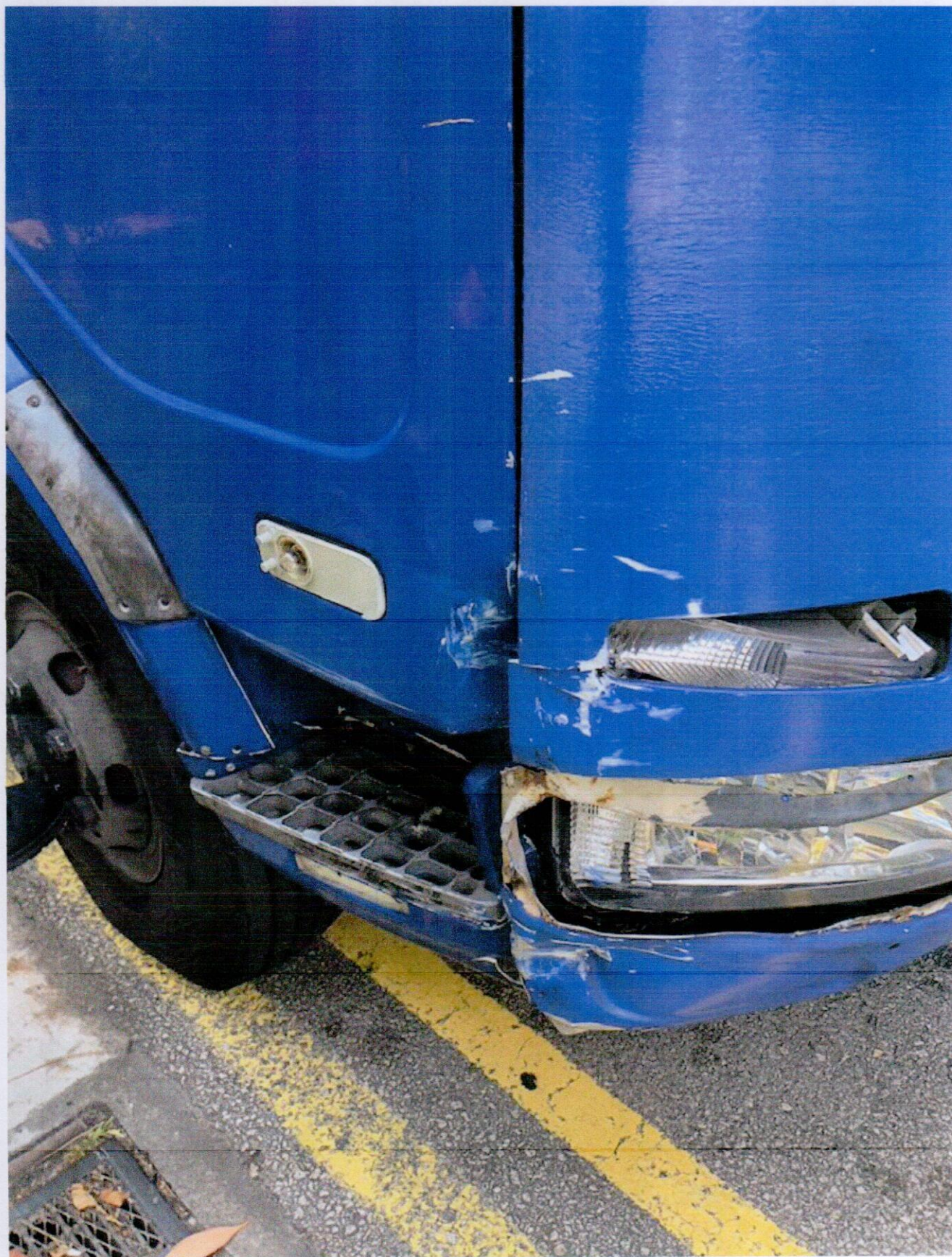


CHASSIS NO	FK6JFMAD00185	
UNLADEN WT	6060	KG
MAX LADEN WT	10400	KG
PASSENGER CAP	1 DRIVER	2 OTHER
TYRE SIZE	(F) 8.25R16-128/126	(R) 8.25R16-128/126(B)













**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SW0B21C90001 Vehicle Registration No: YN2528L  
 Name (as shown in nric): Xu Qiao NRIC/FIN/Passport No: Q2A24024L  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: 6 Mandai Link Singapore ( 728852 )  
 Contact (Tel): 6895 1888 Mobile No.: \_\_\_\_\_  
 Email Address: vanqi.gao@shengseng.com.sg  
 Date of Accident: 8/12/2021 Time of Accident: 07:45  
 Place of Accident: Corporation Road  
 Insurance Company: EA Insurance Company Ltd

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

To amend report to claim from third party

嘉里市站管理私人有限公司  
 CALSI MARKETPLACE MANAGEMENT PTE LTD  
 6 BAYVIEW LINK  
 SINGAPORE 120652  
 TEL: 63581895 FAX: 63582255  
 REG NO: Z08000244W

Policyholder / Driver's Signature  
 Date: 29/12/2021

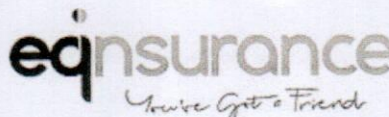
Reporting Centre Personnel's Signature  
 Name: \_\_\_\_\_  
 NRIC/FIN No.: \_\_\_\_\_  
 Date: \_\_\_\_\_

29/12/2021



**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

**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 FLEET**  
**Third Party**

Certificate No.: DMCFHQ21-000031

Form: LCVP1

Excess:

All Claims SGD3,000.00

YEID-AC Additional SGD3,000.00

1. Index Mark and Registration Number of Vehicles  
YN2528L

2. Name of Policyholder  
C M M MARKETING MANAGEMENT PTE LTD

3. Effective Date of the Commencement of Insurance for the purpose of the Act  
01/04/2021

4. Date of Expiry of Insurance  
31/03/2022

5. Person or Classes of Persons entitled to drive\*  
Goods carrying - (M2300) Authorised Driver. 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 regulations to drive the Motor Vehicle or has been permitted and is not disqualified by order of a Court of Law or by reason of any 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. Limitations 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 hire or reward or for racing pace-making reliability trial or speed testing. 2) Use whilst drawing a greater number of trailers in all than 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.

I/WE 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.

EQ! Motor Accident  
Hotline

**6311 3211**

UNWTSY/HO/B000073/ACCLAIM INSURANCE BR



A Member of Citystate

Authorised Signatory  
EQ Insurance Company Limited