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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.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 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.
- 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 ladgement 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

	ACCIDENT STATEMENT	
Date Of Report	02/04/2018 11:47	
Date Of Accident	31/03/2018 11:00	
Exact Location Of Accident	AYE TOWARDS TUAS AFTER LOWER DELTA EXIT	
Country/State of Loss	SINGAPORE	
Description of the party of the	ETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBA1285J	
Insured/Policyholder		
Name Of Registered Owner	M/S SOURCE SHARING TRADING PTE LTD	
Co Reg No	200710960H	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-98517123	
Alternative Phone No	OFFICE-98517123	
Vehicle Particulars		
Manufacturer	TOYOTA	
Model	HIACE VAN TURBO 4DR AT	
Exact Purpose for which vehicle was being used at time of accident	WORKING	
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	DMCVSN176511700	
Cover Note Number		
Driver		
Name of Driver	ZHANG XIAOGUANG	
Passport No/FIN	G5034824R	

 Passport No/Fin
 G5034824R

 Date Of Birth
 15/06/1983

 Occupation
 OUTDOOR

 Date Of Driving Pass
 25/07/2014

Driving Experience 3 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98517123

Fax Number

Contact Number OTHERS-98517123

EMail Address NOEMAIL

Address

BLK 9005 TAMPINES STREET 93

#04-258 TAMPINES INDUSTRIAL PARK A

Postcode

20000

Was driver an employee of the Insured's Company YES

The second of th

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?

2

Number of vehicles involved in the accident Was any body injured in the Accident?

YES

NO

Was any injured conveyed to hospital by

NO

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)

62

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

PLEASE REFER TO 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

SBU7133U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

ZHANG XIAOGUANG

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SLIGHT INJURY

GBA1285J

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the cizims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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.
- 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.
- 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 :
 - 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 invoive 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 clealing 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:
 - 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.

SOURCE SHARING TRADING PTE, LTD.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personne

Name:

NRIC/FIN No .:

entre Persennel's Signature

SKETCH PLAN	COLUMN TO THE COLUMN T
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3	F) SRU 71334
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SUIT AF	ER A FEW SECONDS VEHICLE B COLLIDED INT
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Li care li care a care il care	
DECLARATION	
I/We declare the for	going particulars are true in every respect.
RCE SHARING TRAI	/11/ 1/11/2010
Rte	Driver's Signature Reporting Centre Personnel Signature
Policyholder's Signatu	Driver's Signature (If driver is not the policyholder) Reporting Centre Personnel of Signature (If driver is not the policyholder) Name:
Date & Time:	(it drives is not the policyholdes) wastie:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 31 mag 2918 TIME: 1100 HP. (hh:mm) 24 hrs Format
LOCATION ATE TOWARDS THAT AFTER LOWER RELTA EXIT
VEHICLE NUMBER SIGN 1850
INSURED NAME SOURCE SMINE FORDING Pte Hd
NRIC/FIN 2001 10960H CONTACT:
MAKE TODOTA HIGCE MODEL Van Turbo 40R AT
Are you claiming under your own insurance policy for repair to your vehicle?
() Yes, If No, Pls Select : (√) Third Party () Reporting Only
INSURANCE COMPANY CNIMI TAIYING
TYPE OF POLICY (✓) COMPREHENSIVE () THIRD PARTY () TPFT
POLICY NUMBER: DMCVSN 1765311760
20101.10001.
NAME DRIVER: ZHANG XIAN GUANG () SAME AS INSURED
A THE STATE OF STATE
NRIC/FIN 6 50 55 9248 CONTACT: 98 51 7122
DATE OF BIRTH: 15,06.1983
DRIVING PASS DATE: 25.01.7014
OCCUPATION: ()INDOOR ()OUTDOOR
GENDER: () MALE () FEMALE
EMAIL ADDRESS: () NO EMAIL
ADDRESS OF DRIVER: 9005 TUMVINGS St 93 X04-258 TAMVINES INDUSTRIAL
Vak A ((528839)
Number Of Passenger Include Driver: DRIVER
Trained of Francisco Francisco
Was driver an employee of the Insured's Company? (/) YES () NO
If No, Relationship Of The Driver With The Insured
() Owner () Spouse () Friend () Relative () Children () Sibling (\(\setminus \) Others
Does The Driver Own Any Other Vehicle?: () YES () NO Dry OXL
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:
Insurance Company Of Driver's Own Vehicle
Weather Conditions: (/) Clear () Raining () Drizzling () Others
Road Surface : (/) Dry () Wet () Others
Was Any Foreign Vehicle Involved In This Accident? () YES (/) NO
Was Anybody Injured In The Accident? (V) YES () NO
If YES, Injured details:
Convey By Ambulance: () YES () NO
Was There Any Video Capture By Car Camera? () YES (V) NO
Was There Accident Reported To The Police? () YES (V) NO If Yes Attach Police Report
Police Report Number (if any)
Details Of 3rd Party Name / NRIC Contact
Veh B SBM 7133M (NUC)
Veh C
Veh D
Veh E
Veh F
Veh G
EXCHA!



EMPLOYMENT PASS

Employment of Foreign Manpower Act (Chapter 91A) Republic of Singapure

SMART TECHNOLOGIES PTE. LTD.



ZHANG XIA GGUANG SENIOR ROBOTIC ENGINEER

G5035824R

Date of Appropriation 22-01-2018

Oate of Issue 12-02-2016 12-02-2016 But of Enjoy 21-04-2020



LE608044

REPUBLIC OF SINGAPORE DRIVING LICENCE



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ZHANG XIAOGUANG

Bre Des 15 Jun 1983 have Date 25 Jul 2014 Valid Till 24 Jul 2019



VISIT PASS Immigration Regulations

ZHANG XIAOGUANG



Dame of Britis fire

Waterwater.

15-06-1983 M

CHINESE

Pitt

Date of tabue Date of Expres

Q5035824M 12-02-2018 21-04-2020

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENGER THIS CARD WHER IT IS CANCELLED ON HAS EXPIRED, OR WHER A NEW CARD IS ISSUED TO YOU.



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE Class 3 Motor Cars=<3000kg with =<7 passengers, exclusive 25 Jul 2014 of the driver, and other motor vehicles =< 2500kg

NP 428A



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTO.

HZ300/CN SN ANDS33A Cov. Type: C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMCV8N1765311700

Engine No :1KD2761082 Chassis No: JTFHT02P400236131

1. Index Mark and Registration

Number of Vehicle

GBA1285J

2. Name of Policy Holder

M/S SOURCE SHARING TRADING PTE LTD

 Effective date of the Commencement of Insurance for 31 OCTOBER 2017 the purposes of the Regulations, Ordinance or Enactment (12:03 HOURS)

EXCESS SECT I ·····s6350.00

4. Date of Expiry of Insurance

30 OCTOBER 2018

5. Persons or Classes of Persons entitled to drive *

ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH THEIR PERMISSION.

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 SO PERMITTED AND IS NOT DISQUALIFIED BY ORDER OF A TOURT OF LAW OR BY REASON OF ANY ENACTMENT OR REGULATION IN THAT BEHALP FROM DRIVING THE MOTOR VEHICLE.

6. Limitations as to use: *

1) USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

2) USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

3) USE FOR SOCIAL, DOMESTIC OR PLEASURE PURPOSES.

THE POLICY DOES NOT COVER.

1) USE FOR HIRE OR REWARD OR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED TESTING.

2) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

TRE PURCHASE CO. : UNITED OVERSEAS BANK LIMITED AS HP OWNER 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). Please see reverse

Countersigned By:

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company

Owner ID: 0960H

Vehicle Details

Vehicle No.: GBA1285J

Vehicle to be Exported: No

Intended De-registration Date: 30 Apr 2018

Vehicle Make: TOYOTA

Vehicle Model: HIACE VAN TURBO 4DR AT

Primary Colour: White Manufacturing Year: 2017

Engine No.: 1KD2761082

Chassis No.: JTFHT02P400236131

Maximum Power Output: -

Open Market Value: \$29,256.00
Original Registration Date: 31 Oct 2017
First Registration Date: 31 Oct 2017

Transfer Count: 0

Actual ARF Paid: \$1,463.00

Intended PARF Rebate Details

PARF Eligibility: No

PARF Eligibility Expiry Date: -

PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 30 Oct 2027

COE Category: C - Goods Vehicle & Bus

COE Period(Years): 10

PQP Paid: \$19,509.00 COE Rebate Amount: \$18,528.00

Total Rebate Amount: \$18,528.00

The information contained herein is correct as at 02 Apr 2018

ОК