

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 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.
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	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

DETAILS 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 XIAO GUANG
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	528839
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 involved in the accident	2
Was any body injured in the Accident?	YES
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

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 XIAO GUANG
------	------------------

Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	GBA1285J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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.

SOURCE SHARING TRADING PTE. LTD.

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 31 MAR 2018 AT 1100HRS I WAS DRIVING ON RTE
TOWARDS TUAS AS THE CAR W FRONT STOPPED I FOLLOW
SUIT AFTER A FEW SECONDS, VEHICLE B COLLIDED INTO
MY REAR

DECLARATION

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

SOURCE SHARING TRADING PTE. LTD.

Peter
Policyholder's Signature

Date & Time:

Sara Zhang
Driver's Signature

(If driver is not the policyholder)

Date & Time:

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

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 31 MAR 2018	TIME: 1100 HRS	(hh:mm) 24 hrs Format
LOCATION A/E TOWARD TIAS AFTER LOWER DELTA EXIT		
VEHICLE NUMBER SBA 1285J		
INSURED NAME Source Shaving Machine Pte Ltd		
NRIC / FIN 200710960H	CONTACT:	
MAKE Toyota Hiace	MODEL Van Turbo 4DR AT	
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes, If No, Pls Select : (<input checked="" type="checkbox"/>) Third Party () Reporting Only		
INSURANCE COMPANY Shind Taiying		
TYPE OF POLICY (<input checked="" type="checkbox"/>) COMPREHENSIVE () THIRD PARTY () TPFT		
POLICY NUMBER: DMICVSN 1764311700		
NAME DRIVER: ZHANG XIAO GUANG () SAME AS INSURED		
NRIC / FIN 65025924R	CONTACT: 9851 7123	
DATE OF BIRTH: 15.06.1983		
DRIVING PASS DATE: 25.01.2014		
OCCUPATION: () INDOOR (<input checked="" type="checkbox"/>) OUTDOOR		
GENDER: (<input checked="" type="checkbox"/>) MALE () FEMALE		
EMAIL ADDRESS: () NO EMAIL		
ADDRESS OF DRIVER: 4005 Tampines St 93 #04-258 Tampines Industrial Park A S(5128839)		
Number Of Passenger Include Driver: 01 DRIVER		
Was driver an employee of the Insured's Company? (<input checked="" type="checkbox"/>) YES () NO		
If No, Relationship Of The Driver With The Insured		
() Owner () Spouse () Friend () Relative () Children () Sibling (<input checked="" type="checkbox"/>) Others		
Does The Driver Own Any Other Vehicle? : () YES () NO <i>employee</i>		
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:		
Insurance Company Of Driver's Own Vehicle		
Weather Conditions: (<input checked="" type="checkbox"/>) Clear () Raining () Drizzling () Others		
Road Surface : (<input checked="" type="checkbox"/>) Dry () Wet () Others		
Was Any Foreign Vehicle Involved In This Accident? () YES (<input checked="" type="checkbox"/>) NO		
Was Anybody Injured In The Accident? (<input checked="" type="checkbox"/>) YES () NO		
If YES, Injured details :		
Convey By Ambulance: () YES (<input checked="" type="checkbox"/>) NO		
Was There Any Video Capture By Car Camera? () YES (<input checked="" type="checkbox"/>) NO		
Was There Accident Reported To The Police? () YES (<input checked="" type="checkbox"/>) NO If Yes Attach Police Report		
Police Report Number (if any)		
Details Of 3rd Party		
Veh B SBA 7133U	Name / NRIC (Nric)	Contact
Veh C		
Veh D		
Veh E		
Veh F		
Veh G		

EMPLOYMENT PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
SMART TECHNOLOGIES PTE. LTD.

Name:
ZHANG XIAOQUANG

Occupation:
SENIOR ROBOTIC ENGINEER

Pass No: **G5035824R** Date of Application: **22-01-2018**

Date of Issue: **12-02-2018**

Date of Expiry: **21-04-2020**

LE608044

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **G 5035824R**

Name:
ZHANG XIAOQUANG

Birth Date: **15 Jun 1983**

Issue Date: **25 Jul 2014**

Valid Till: **24 Jul 2019**

002328458J

VISIT PASS
Immigration Regulations

Name:
ZHANG XIAOQUANG

Date of Birth: **15-06-1983** Sex: **M** Nationality: **CHINESE**

Pass No: **G5035824R** Date of Issue: **12-02-2018** Date of Expiry: **21-04-2020**

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

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

NP 428A

License No: G5035824R

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. DMCVSN1765311700 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
3. Effective date of the Commencement of Insurance for 31 OCTOBER 2017 EXCESS SECT I\$6350.00
the purposes of the Regulations, Ordinance or Enactment (12:03 HOURS) EX ON WINDSCREEN\$5100.00
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 COURT OF LAW OR BY REASON OF ANY ENACTMENT OR REGULATION IN THAT BEHALF 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.

WIRE 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

OK