

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	29/03/2018 16:50
Date Of Accident	28/03/2018 17:55
Exact Location Of Accident	UBI AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC4903D
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Insured/Policyholder

Name Of Registered Owner	CONNALD MOTOR PTE LTD
Co Reg No	197602539R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-67477313

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200

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
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If No, Please state action to be taken	REPORTING ONLY
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Vehicle Category	COMMERCIAL VEHICLE
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Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100317393-05
Cover Note Number	

Driver

Name of Driver	ZHENG ZHIMING
NRIC No	G5415677X
Date Of Birth	09/12/1974
Occupation	INDOOR
Date Of Driving Pass	23/09/2013
Driving Experience	4 YEARS AND 6 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-84917097
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	-
Postcode	
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 - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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

I WAS DRIVING ALONG UBI AVE 3. VEHICLE B FROM RIGHT SUDDENLY CUT INTO MY LANE AND HIT ONTO MY VEHICLE.

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	SHA4452C
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

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:

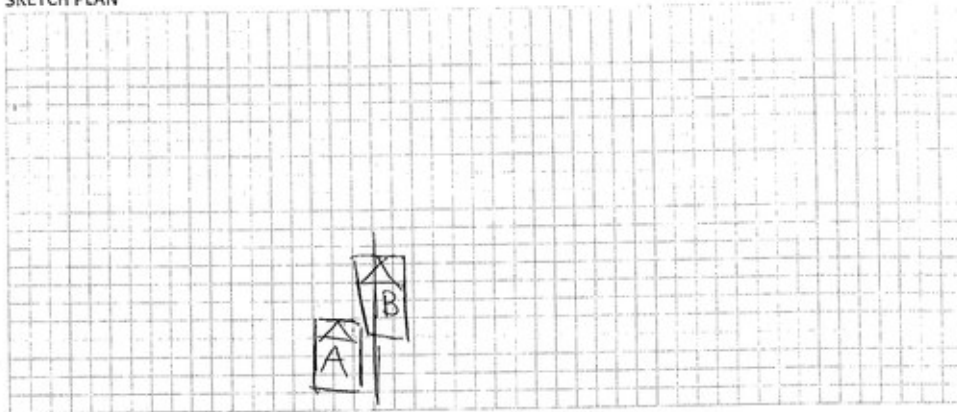
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

WAS DRIVING ALONG UBI AVE 3, VEHICLE B FROM RIGHT
 SUDDENLY CUT INTO MY LANE AND HIT ONTO MY VEHICLE

DECLARATION

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

Policyholder's Signature
 Date & Time:

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

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

Driving Licence

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **G5415677X**

Name: **ZHENG ZHIMING**

Birth Date: **09 Dec 1974**

Valid Date: **23 Sep 2013**

Valid Till: **22 Sep 2018**

002227476A



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

Employer: **CONNALD MOTOR PTE. LTD.**

Sector: **SERVICE**

Name: **ZHENG ZHIMING**

Occupation: **DRIVER**

S Pass No.: **0 75542569**

Date of Application: **03-03-2017**

Date of Issue: **22-03-2017**

Date of Expiry: **25-01-2019**

L7753895



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg **23 Sep 2013**

NP 428A

Licence No: **G5415677X**



VISIT PASS
Immigration Regulations

Name: **ZHENG ZHIMING**

Date of Birth: **09-12-1974** Sex: **M** Nationality: **CHINESE**

FIN: **G5415677X** Date of Issue: **22-03-2017** Date of Expiry: **25-01-2019**

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.



SCN 9636 VJS
5613487

INSURANCE



CERTIFICATE OF INSURANCE

NISSAN COMMERCIAL AUTO PROTECTOR COMMERCIAL VEHICLE

Name of Policyholder	Connally Motor P&A, Inc.
Period of Insurance	04 Oct 2017 to 03 Oct 2018
Engine No.	C9KF27BD126906
Chassis No.	MSK1Y3AM20110038783

Vehicle No. 225003D
Policy No. 220034739305
Endorsement No.
Issued Date 22 Sep 2017

ABOUT THE COVER

Make/Model : NISSAN NV 200

Engine Capacity/Tonnage : 0.6 Tonnage

Driver Restriction : NA

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2012

Insuring with C&P/PARE : Yes

Person or Classes of Persons Entitled to Drive:

80 Any person who is taking on the Polystyrene's case; or with their permission

b) The Policy will indemnify the Policyholder or one authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" (YUID) if You are or Your Authorized Driver (named or unnamed) is under the age of 25 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Limitation as to use^x

* Use in connection with the Polystyroler's business.

2) Use for the carriage of passenger (other than for hire or reward) in connection with the Polioffshore business

3) Use for social, domestic or pleasure purposes. This Policy does not allow a) use for hire or reward, driving tuition, driving test, racing, prize-taking, reliability trial or speed-testing; and b) use whilst driving a motor vehicle the steering of which is controlled using a mechanically-actuated vehicle; or use for any purpose in connection with motor traffic.

* Uninsured/underinsured expansion by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 159) and Section 20 of the Road Transport Act, 1957 (Amended), are not to be included under these headings.

EXCESS

Section 1
Pro - \$0 Own Damage - \$200 Theft - \$0 Flood Cover - \$0

Section 2
Property Damage 50

10/10/2020 - 6:10:11

Named Driver and Excess (where applicable)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS FOR CLAIMS RELATED REPAIRS

* Ten Group Kiosk Sales Add: 2/3 Bt Times Road Singapore 698878 5409491 0430001 8488002

27°C AutoClave Add: No.1, Shih Lok Yang Road, Singapore 625099 02022212

3 Tan Chang Wayer Sales / 200: 17 Lay-S Yaw Payoh Singapore 319254 63570753 62670754

4 Automation Industrial Adg; 19 Del Road 4 Singapore 408523 84810650

5 TO 400 G/HR. Add: 25, Jln. Kaya Road, Singapore 158007. 67038511 67038517 87038518

or our approved training centres. A full list of approved operators, please call our 24-hour accident emergency hotline at +65 6326 6210. Alternatively, you may refer to A-S website www.a-s.com.sg or A-S SG Mobile App. Simply search and download "A-S SG" from iTunes or Google Play.

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IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

1. We hereby certify that the copies in this release are true and correct copies of the original documents in accordance with the provisions of the Motor Vehicle Third-Party Claims and Compensation Act (Cap. 63), Part 2A, 2B and 2C, and the Motor Vehicle Third-Party Claims and Compensation Act (Cap. 63), Part 2A, 2B and 2C, and the Motor Vehicle Third-Party Claims and Compensation Act (Cap. 63), Part 2A, 2B and 2C.

1903: 07/02

TAN ONG NG CREDIT PTE LTD - HÚC

91 BUKIT TIMAH ROAD, TANJONG NEGAR CENTRE

SINGAPORE 589322 6418 400000

Underwriter: by AIG Asia Pacific Insurance Co., Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

AUTHORISED REPRESENTATIVE

1994

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

CONNALD MOTOR PTE LTD
34 VEERASAMY ROAD
SINGAPORE 207338
CO REG NO : 197602539R
PAX : 1 DRIVER 1 OTHER

Accident Photo



Accident Photo



Accident Photo

