

## 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	17/10/2018 10:13
Date Of Accident	13/10/2016 13:25
Exact Location Of Accident	TELOK AYER STREET
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM2728G
-----------------------------	---------

#### Insured/Policyholder

Name Of Registered Owner	UNI-TAT ICE & MARKETING PTE LTD
Co Reg No	19946736C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62061739

#### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	-
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

#### Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MOMVC000001377-00-000
Cover Note Number	

#### Driver

Name of Driver	QI LIANGZHANG
Passport No/FIN	G2828780T
Date Of Birth	22/12/1990
Occupation	OUTDOOR
Date Of Driving Pass	25/06/2014
Driving Experience	2 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91047990
Fax Number	
Contact Number	OFFICE-62061739
Email Address	NOEMAIL

Address	51 UBI AVE 1 #01-26 PAYA UBI INDUSTRIAL PARK
Postcode	408933
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	SIDE SWIPE
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

PLS REFER TO THE ATTACHED STATEMENT.

#### 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	PC5299S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Accident Sketch Plan

### 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 Authorized 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. 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.

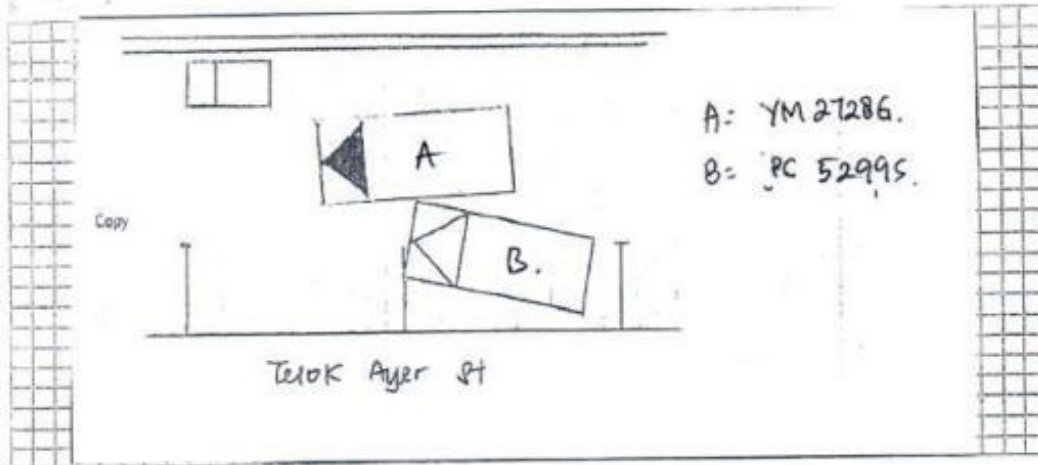


Policyholder's Signature  
Date & Time: 16/10/2018

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 16/10/2018

Reporting Centre Personnel's Signature  
Name: *dyun* 17/10/18  
NRIC/FIN No.:

# Accident Sketch Plan



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 13/10/18, 1.25 PM vehicle YM 27286 was moving along main road Telok Ayer Street. There was a bus PC 52995 reversing into parking lot on the left side of the road, which stopped moving and caused the driveway to be narrower due to its body length protruding out of its parking lot.

As vehicle YM 27286 passed the narrow gap, it has to slow down in speed because of the gap but the refrigeration box's frame brushed against the bus' rear mirror. As the rear mirror stayed at normal appearance and no signal by bus driver to complain, vehicle YM 27286 continued to drive away from the scene.

Insurance company: Great American Insurance.  
Insurance policy no: MOMVC 05000137700.  
Insurance period: 02/09/2016 - 01/09/2017.



## DECLARATION

We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 16/10/2018

ISSUING Officer's Signature, VS

Driver's Signature

(If driver is not the policyholder)

Date & Time: 16/10/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



# Identification Card

WORK PERMIT	
Employment of Foreign Manpower Act (Chapter 91A) Regulation of Singapore	
Employer GHE-TEK HR & MARKETING PTE LTD	
Name LI LIANG ZHANG	
Nationality CHINESE	
Start Date: 01-04-2018	
Date of Expiry: 31-03-2019	
Date of Issue: 01-04-2018	
Date of Entry: 01-04-2018	
Date of Departure: 31-03-2019	
Barcode	
L0043000	

Name: Qi Liang Zhang  
 Address: B1K 338 Wei Ave 1 #08-855 SG 400388  
 Contact: 9104 7990


VISIT PASS	
Immigration Regulations	
Name LI LIANG ZHANG	
Date of Birth: 01-04-1988	
Nationality: CHINESE	
Date of Issue: 01-04-2018	
Date of Expiry: 31-03-2019	
Date of Entry: 01-04-2018	
Date of Departure: 31-03-2019	
Barcode	
L0043000	



## Driving License

### TRANSLATION

DRIVING LICENCE OF THE PEOPLE'S REPUBLIC OF CHINA	
Licence No: 23018319901222234	
Name: QI LIANGZHANG	Sex: Male      Nationality: China
Address: No. 40, South Street, Hiancun, Longwei Village, Yangzhuang Town, Laicheng District, Laiwu City, Shandong Province	
Traffic Police Detachment, Laiwu City Public Security Bureau, Shandong Province	Date of Birth: 22-12-1990
	Licence was first obtained on: 25-06-2014
	Licensed to drive vehicles in Class(es): C1
Valid Period: 25-06-2014 to 25-06-2020	



This is a translation by

WONG HEE HUANG  
Certified Translator/Interpreter  
A member of the Singapore Translators' & Interpreters' Union  
Republic of Singapore  
wongheehuang@gmail.com  
Date:

29 APR 2015