

## 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             | 20/10/2018 14:35                         |
| Date Of Accident           | 20/10/2018 13:00                         |
| Exact Location Of Accident | WOODLANDS AVE 12 SLIP RD TWDS GAMBAS AVE |
| Country/State of Loss      | SINGAPORE                                |

### DETAILS OF OWN VEHICLE

|                             |                         |
|-----------------------------|-------------------------|
| Vehicle Registration Number | GBB8049Z                |
| <b>Insured/Policyholder</b> |                         |
| Name Of Registered Owner    | SELECT GROUP PTE LTD    |
| Co Reg No                   | 199500697Z              |
| Email Address               | MAGDALENE@SELECT.COM.SG |
| Mobile Phone No             |                         |
| Alternative Phone No        | OFFICE-68878321         |

### Vehicle Particulars

|  |                         |
|--|-------------------------|
| Manufacturer   | TOYOTA                  |
| Model  | DYNA 150 MANUAL 3SEATER |
| 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                                       | THIRD PARTY             |
| Vehicle Category   | COMMERCIAL VEHICLE      |

### Insurance Company

|                           |                                      |
|---------------------------|--------------------------------------|
| Name of Insurance Company | TOKIO MARINE INSURANCE SINGAPORE LTD |
| Type Of Coverage          | COMPREHENSIVE                        |
| Fleet Policy              | NO                                   |
| Policy Number             | MB010216                             |
| Cover Note Number         | 01/07/18 - 30/06/19                  |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | CHANG ZIXIN           |
| NRIC No              | G8309548U             |
| Date Of Birth        | 02/02/1981            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 13/12/2010            |
| Driving Experience   | 7 YEARS AND 10 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-91721780  |
| Fax Number           |                       |
| Contact Number       |                       |
| EEmail Address       | NOEMAIL               |

|   |                        |
|---|------------------------|
| Address   | C/O FR KITCHEN PTE LTD |
| 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 - 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   |     |
| Was any body injured in the Accident?   | NO  |
| Was any injured conveyed to hospital by 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)   | 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 made a stop at the give way line as there was oncoming vehicle on the main road. Suddenly car B collided onto the rear of my vehicle. No one was injured.

#### 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         | SHC8116L       |
| Vehicle Make/Model/Colour           | WHITE MERC     |
| Details Of Properties               |                |
| Vehicle Category                    | TAXI           |
| Name of Driver                      | PHANG SOO CHYI |
| NRIC/Passport Number                | S6828969F      |
| Contact Number                      | 98201781       |
| Address                             |                |
| Postcode                            |                |
| Insurance Company Name              |                |
| Nature Of Damage                    |                |
| No. Of Passenger (Including Driver) |                |

## Sketch Plan

### SKETCH PLAN

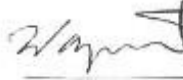
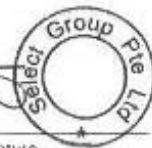
VEHICLE NO.: G8B 8049Z  
INSURER : Tokio Marine  
DATE & TIME: 20/10/18 @ 13:00

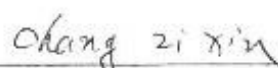
### IMPORTANT NOTICE

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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.

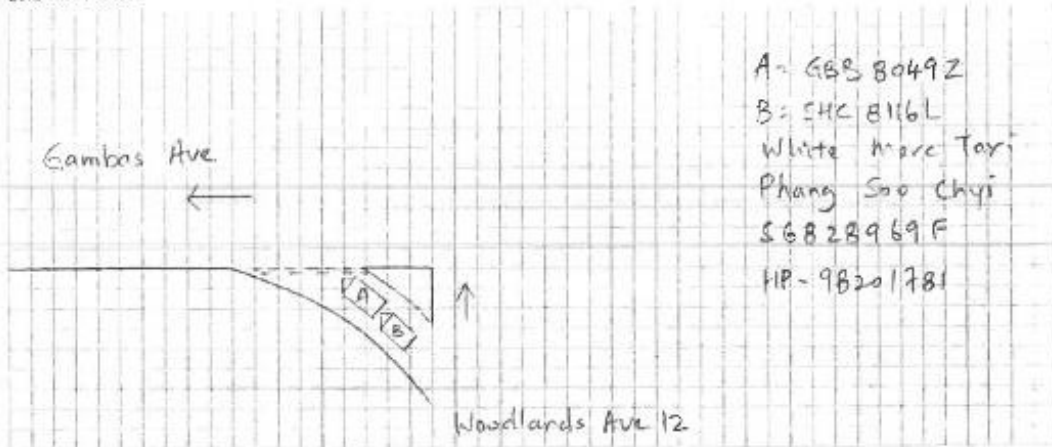
  
Policyholder's Signature  
Date & Time: 

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

  
Reporting Centre Personnel's Signature  
Name:   
NRIC/FIN No.: (45)

## Sketch Plan #2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I made a stop at the give way line as there was oncoming vehicle on the main road. Suddenly car B collided onto the rear of my vehicle. No one was injured.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

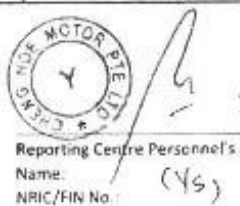
### DECLARATION

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

Policyholder's Signature:  Driver's Signature: 

Date & Time:

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

Reporting Centre Personnel's Signature:  20/10/18  
Name: (Ys)  
NRIC/FIN No:

☐ Claim Own Policy ☐ Claim Third Party ☐ Reporting Only  
☐ Claim OD/TP at other workshop ( )

AUTHORISATION LETTER

Date : 22/10/2018

To : Accident Reporting Centre (ARC)

I / We hereby approve (driver's name) Chang ZiXin  
NRIC/FIN G83095484, our employee / employee of FR Kitchen  
Pte Ltd to drive our m/vehicle no. GBB 8049Z  
and to file the accident report (Third Party claims/Own Damage Claims/Reporting  
Only) which occurred on (date) 20/10/18 @ (time) 13:00  
along (location) Woodlands Ave 12 Slip Rd to Gambas Ave.

\* Relationship between Insured and driver's company: SISTER COMPANY

Thank you.

Regards,

Magdalene



\* SIGN & STAMP at the above \*

Name of Owner : Select Group Pte Ltd

NRIC / ROC : 199500697 Z

Contact No : 68878321

Email : magdalene@select.com.sg


**WORK PERMIT**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore


Employer  
**FR KITCHEN PTE. LTD.**


Name  
**CHANG ZIXIN**


Work Permit No.  
**0 72436482**

Sector  
**MANUFACTURING**









**K0598952**

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number **G8309548U**

Name  
**CHANG ZIXIN**

Birth Date **02 Feb 1981**

Issue Date **03 Dec 2015**

Valid Till **12/12/2020**





**002499047K**

**SG 50**

**VISIT PASS**  
Immigration Regulations

Name  
**CHANG ZIXIN**

Download SGWorkPass App to check status

PR  
**G8309548U**

Date of Birth **02-02-1981** Sex **M**

Nationality  
**CHINESE**

**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 with unladen weight $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq$ 2500kg | 13 Dec 2010    |
| Class 4 | Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg   | 29 Nov 2011    |
| Class 5 | Motor vehicles which are not constructed to carry load or passengers and the unladen weight $\leq$ 7250kg  | 21 Feb 2013    |
|         | Motor vehicles not constructed to carry any load and the unladen weight $>$ 7250kg   |                |

NP 428A

Licence No: **G8309548U**



Accident Photo





Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



SCENE



SCENE





SCENE



SCENE



# Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0090  
Operating Hours : Monday to Friday, 09:00 - 17:00  
UEN: S665500205 / GST Reg. No.: MM08017735

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

## ADDENDUM

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

Original Report No : MCHM 18136297 Vehicle Registration No: G8B8049Z  
Name (as shown in NRIC) : Select Group Ltd NRIC/FIN/Passport No : 194500697Z  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : 68878321 Mobile No. : \_\_\_\_\_  
Email Address : Magdalene@select.com.sg  
Date of Accident : 20/10/2018 Time of Accident : 13:00  
Place of Accident : Woodlands Ave 12 Slip Rd Twds Gambas Ave  
Insurance Company : Tokio Marine Ins

### (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:

We wish to convert from Reporting Only  
to Third Party Claim

X Sharon  
Policyholder / Driver's Signature  
Date: \_\_\_\_\_



Sharon  
Reporting Centre Personnel's Signature  
Name: Sharon  
NRIC/FIN No.: \_\_\_\_\_  
Date: 26/10/18

