

## 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	26/04/2019 16:34
Date Of Accident	03/04/2019 15:00
Exact Location Of Accident	ALONG AIRLINE ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD2853L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	OPTIMUS MOTORS PTE LTD
Co Reg No	201320936E
Email Address	OPTIMUSMOTORSPL@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-67285526

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FP51JDR4RDEA-12.9 D (M)
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	VCX/P2213858
Cover Note Number	

### Driver

Name of Driver	ZHANG WENGANG
Passport No/FIN	G2031485R
Date Of Birth	03/02/1981
Occupation	OUTDOOR
Date Of Driving Pass	14/03/2015
Driving Experience	4 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83475145
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	NIL
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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

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	PC9122S
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)	

# 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.



*[Handwritten Signature]*

*[Handwritten Signature]*

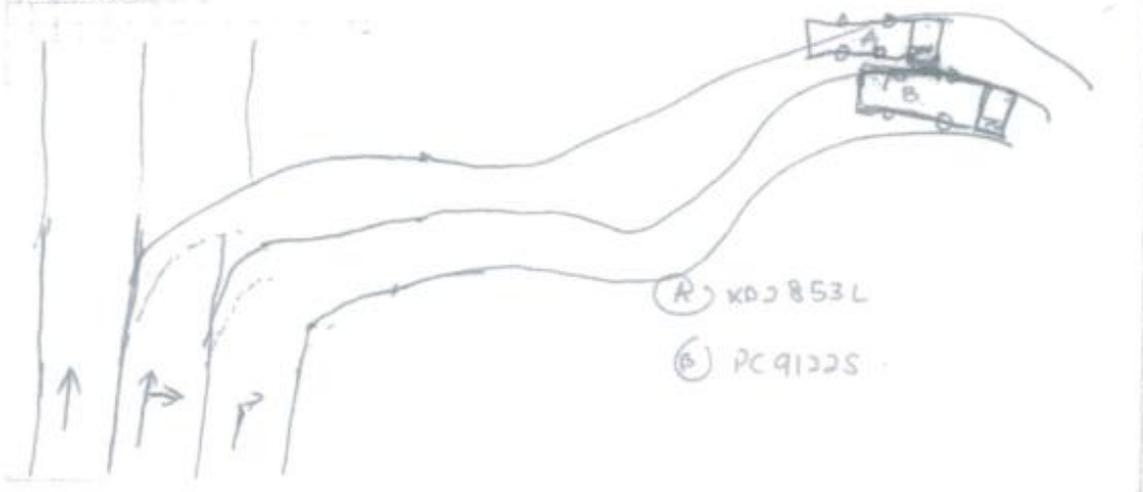
Policyholder's Signature  
Date & Time:

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

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 3/4/19 about 1500hrs, I was traveling along Airline Road. A bus that diving at my right side lane very close to me and the bus grazed onto my right side mirror. I quickly honked at him. He was stopped but out of sudden the bus reversed, and hit onto my vehicle front right portion. Subsequently I honked at him again. The bus driver alighted from his vehicle and he took photos. I wished to alight from my vehicle but the bus blocked my door, I was unable to open my door. I then shift my vehicle to left side, but the bus driver have left. I have no chance to talk to him and exchange particulars. That's all.

DECLARATION

I hereby declare the foregoing particulars are true in every respect.



Policyholder's Signature  
Date & Time:

*[Handwritten Signature]*

x 2

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

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

**AXA INSURANCE PTE LTD**  
 8 Shenton Way, #24-01  
 AXA Tower, Singapore 068811  
 Customer Centre #01-21  
 Tel:1800 8804888 Fax:-  
 Website:www.axa.com.sg  
 GST Registration Number: 199903512M  
 customer.care@axa.com.sg



**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.** : VCX/P2213858 **Account No. :** 04437  
**Coverage** : Third Party Fire & Theft Only  
**Sum Insured** : Market Value At The Time Of Loss  
**Name of Policy Holder** : OPTIMUS MOTORS PTE LTD  
**Vehicle Registration No.** : XD2853L  
**Period of Insurance** : From 21/06/2018 To 30/06/2019 (Both Dates Inclusive)

**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.

**LIMITATIONS AS TO USE\***  
 (a) Use in connection with the Policyholder's business  
 (b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business  
 (c) Use for social, domestic and pleasure purposes  
 This Policy does not cover  
 (a) Use for racing, pace-making, reliability trial or speed-testing  
 (b) Use whilst drawing a greater number of trailers in all than is permitted by Law

**EXCESS :**  
**Sect II-Any Authorised Driver** : SGD 2,500.00  
 (For Unnamed Driver Excess, please refer to your policy)  
 \* 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).

**AXA INSURANCE PTE LTD**  
  
**Authorized Signature**

Issued by - SGOPIBE2 on 03/12/2018

**IMPORTANT :**  
 Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation Act (Cap. 189)).

The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, covernote and endorsement etc.

**ALLINK INSURANCE AGENCY**  
 Blk 153 Bukit Batok Street  
 #02-290 Singapore 650153  
 Tel: 6567 4722  
 Fax: 6567 4460

Driver's WP & DL

**REPUBLIC OF SINGAPORE DRIVING LICENCE**



License Number: **G2031485R**  
 Name: **ZHANG WENGANG**  
 Birth Date: **03 Feb 1981**  
 Issue Date: **05 Apr 2017**  
 Valid Till: **07/05/2022**

002672460K



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

Employee  
**MOYON SOLUTIONS PTE. LTD.**



Name: **ZHANG WENGANG**  
 Work Permit No.: **0 74857558** Sector: **MANUFACTURING**




K0605859



**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES**

Class	Description	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	08 May 2012
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight $\leq$ 7250kg	14 Mar 2015

NP 428A

Licence No: G2031485R



**\* VISIT PASS**  
 Immigration Regulations

Name: **ZHANG WENGANG**

FIN: **G2031485R**

Date of Birth: **03-02-1981** Sex: **M**

Nationality: **CHINESE**

**MULTIPLE JOURNEY VISA ISSUED**

Download SGWorkPass App to check status




YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

