

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 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	23/11/2017 16:49
Date Of Accident	22/11/2017 16:00
Exact Location Of Accident	AYE (CLEMENTI RD)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBB6722B
Insured/Policyholder	
Name Of Registered Owner	STAR PUBLISHING PTE LTD
Co Reg No	200210625K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64796800
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE-3.0 (A)
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	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	Z/17/VC00/100866
Cover Note Number	
Driver	
Name of Driver	TANG FATT
NRIC No	S1344995C
Date Of Birth	07/07/1959
Occupation	OUTDOOR
Date Of Driving Pass	17/04/1979
Driving Experience	38 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91394533
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 56 HAVELOCK ROAD #31-140
Postcode	161056
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 ON COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	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

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD1560C
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan

SKETCH PLAN

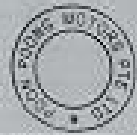
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 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)
- I understand, 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 law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



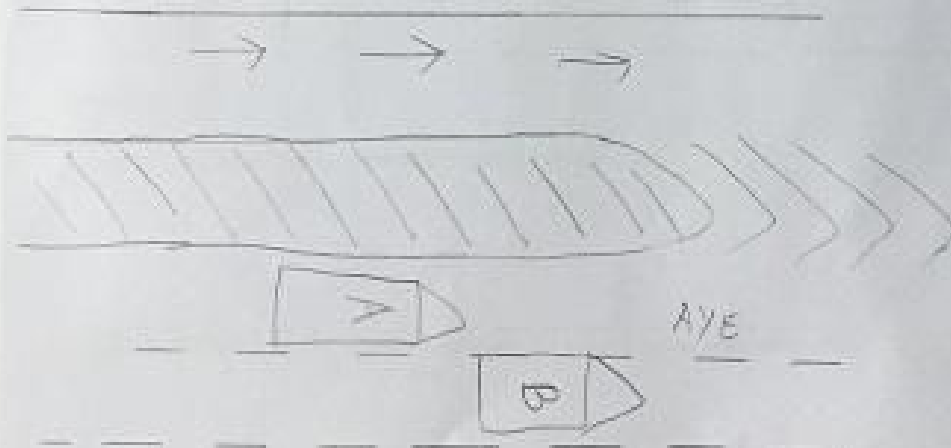
Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

Sketch Plan



Individual Statement

SINGAPORE ACCIDENT STATEMENT

Accident Date: 22/11/17	Time: 4:01 pm	(hh:mm) 24 hr format
Location AYE Clementi Rd		
Vehicle Number GBB 6722 B		
Insured Name Star Publishing Pte Ltd.		
NRIC /FIN 200210625K	Contact Number 6479 6800	
Make Toyota	Model Hiace	Mod. No. 3.0L
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes If No, Pls select: () Third Party (<input checked="" type="checkbox"/>) Reporting		
Insurance Company Lompac Insurance		
Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only		
Policy Number Z/17/VC00/100866		
Name of Driver Tong Foh.		() Same as Insured
NRIC /FIN S1344795C	Contact Number 9139 4533	
Date of Birth 07/07/59		
Driving Pass Date 17/4/1979		
Occupation () Indoor (<input checked="" type="checkbox"/>) Outdoor		
Gender (<input checked="" type="checkbox"/>) Male () Female		
Email Address		(<input checked="" type="checkbox"/>) NO EMAIL
Address of Driver 856 Havelock Rd.		
#31-140 S16056		
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		
Does the Driver Own Any Other Vehicle? () Yes (<input checked="" type="checkbox"/>) No		
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 () 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? () Yes (<input checked="" type="checkbox"/>) No		
If yes, injured detail		
Was there any video captured by Car Camera? () Yes (<input checked="" type="checkbox"/>) No		
Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report		
DETAILS OF 3 rd party	Name / Nric	Contact
Veh B	SAD 1560C	
Veh C		
Veh D		
Veh E		
Veh F		

Individual Statement

Describe Circumstances of the Accident

在 22/11/2017, 大約 4:01 pm 由前往 Clementi road 往 AYE 路。
我在駕駛的途中, 靠近橋頭一帶的時候, 不小心撞到 SHD 1560D.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

[Signature]

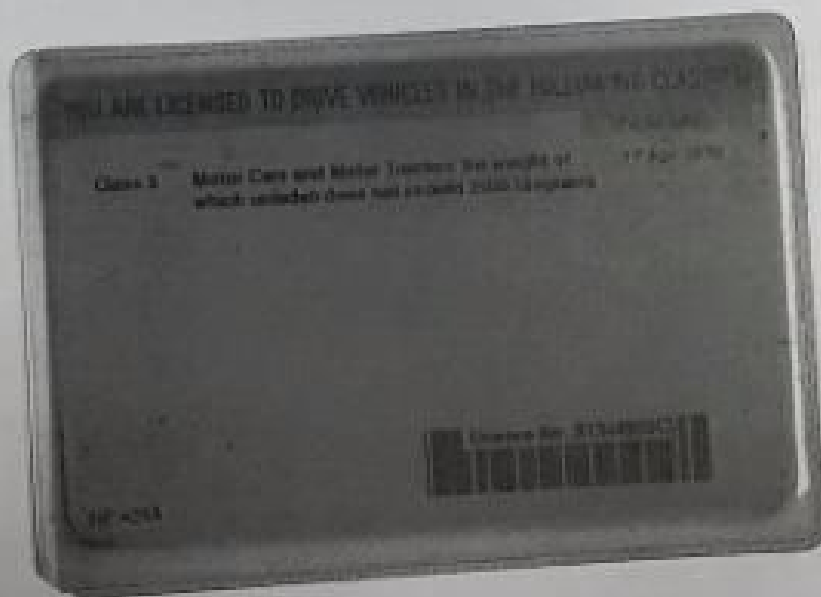


Witnessed by Reporting Centre Personnel

Identification Card



Driving License





Filing of Annual Return by Local Company

Details Screen

UEN 200210425K	Entity Name STAR PUBLISHING PTE. LTD.
Company Type During Financial Period Concerned EXEMPT PRIVATE COMPANY LIMITED BY SHARES	Please select applicable option
Please select applicable option	

Address Section (as at 19/07/2017)

Registered Office Address 115A COMMONWEALTH DRIVE #05-12 TANGLIN HALL INDUSTRIAL ESTATE SINGAPORE 149594	Address where Register is kept if other than the Registered Office 85 CLUB STREET #02-03 SINGAPORE 069403
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Particulars of Directors/Managing Directors/Alternate Directors/Directors under Section 17(3)(d) of the Accountants Act, CEO, Secretaries, Auditors (as at 19/07/2017)

Director(s)			
S.No.	Name	Identification No. / Nationality	Date of Appointment
1	SEOW TSE WEN	07708820H / SINGAPORE CITIZEN	10/11/2002
2	SEOW KUE LIM	00619901J / SINGAPORE CITIZEN	31/03/2004
3	SEOH TON KIBONG	00580662Z / SINGAPORE CITIZEN	01/11/2008
4	SEOW TIT HEONG	07144098Z / SINGAPORE CITIZEN	21/10/2004
Managing Director(s)			
S.No.	Name	Identification No. / Nationality	Date of Appointment
Director(s) under Section 17(3)(d) of the Accountants Act			
S.No.	Name	Identification No. / Nationality	Date of Appointment
Alternate Director(s)			
S.No.	Name	Identification No. / Nationality	Date of Appointment
Secretary(s)			
S.No.	Name	Identification No. / Nationality	Date of Appointment
1	SEOW TSE WEN	07708820H / SINGAPORE CITIZEN	18/03/2012
CEO			
S.No.	Name	Identification No. / Nationality	Date of Appointment
Auditor(s)			
S.No.	Name	Identification No.	Date of Appointment
1	ROBERT TAN PARTHAKR PAL	201027546	15/09/2015

Registered Charges Section (as at 19/07/2017)

Charge No.	Date of Registration	Amount of Indebtedness
C20100293	26/02/2014	A\$ 10000.00
C201021194	07/02/2016	A\$ 10000.00

Share Capital Details (as at 19/07/2017)

S.No.	Currency	Class of share	No. of Shares Held	Amount of Issued Share Capital	Amount of Paid Up Share Capital
1	SINGAPORE DOLLARS	Ordinary	1600000	1600000	1600000
		Preference	0	0	0
		Others	0	0	0

Treasury Share Details (as at 19/07/2017)

S.No.	Currency	Class of share	No. of Shares Held	Amount of Issued Share Capital	Amount of Paid Up Share Capital
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COMPANY ACRA

No data to display.

Shareholder(s) Details (as at 19/07/2017)

S/No.	Name	Identification No. / Nationality	Currency	Class of share	No. of Shares Held
1	GOH TOH KHOW	SINGAPORE / SINGAPORE CITIZEN	SINGAPORE, DOLLARS	Ordinary	1000000
				Preference	
				Others	
2	SEOW KUE LIM	SINGAPORE / SINGAPORE CITIZEN	SINGAPORE, DOLLARS	Ordinary	4000000
				Preference	
				Others	
3	SEOW TSE MENG	SINGAPORE / SINGAPORE CITIZEN	SINGAPORE, DOLLARS	Ordinary	1400000
				Preference	
				Others	
4	SEOW TSE ANN	SINGAPORE / SINGAPORE CITIZEN	SINGAPORE, DOLLARS	Ordinary	1400000
				Preference	
				Others	

Group Share Information (as at 19/07/2017)

S/No.	Group Name	Currency	Class of share	No. of Shares Held	Shareholders
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No data to display.

AGM and Financial Details Section

Date Financial Statements made up to (Financial Period End) 31/03/2017	Has Annual General Meeting (AGM) been held?
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Primary/Secondary Activity(ies) Section

Primary/Secondary Activity(ies) as at Annual Return: 19/07/2017	
Primary Activity OTHER PUBLISHING ACTIVITIES (5910)	Primary User-Described Activity
Secondary Activity	Secondary User-Described Activity
Is the principal activity(ies) as at Financial Period End different from principal activity(ies) as at Date of Annual Return?	

Financial Information in XBRL Section

Financial Statements				
Note : For financial information in XBRL not uploaded to BizFile				
<ul style="list-style-type: none"> Please click on the Go to BizFile button to load financial information in XBRL. Click on Refresh Page to show the uploaded file. 				
Note : For financial information in XBRL that have been uploaded to BizFile				
<ul style="list-style-type: none"> If you had successfully uploaded the file, it will be shown below. To view the uploaded file, please click on the Financial Period End hyperlink. To file the selected uploaded file with this AR, please click on one of the radio buttons under Select column. 				
S/No.	Feature of Financial Information	Financial Period End	Uploaded By	Date
				Select

Director's Information

The Statement by Directors have been signed by:	(Signature Name 1)	(Signature Name 2)
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Audit Status

Is the Company exempted from audit?

Declaration

COMPANY ACRA

I, HONG LEE YOUNG, 57180119G, hereby declare that I have verified that:

(Director/secretary of the company) that:

- i. the particulars of the above company in its Annual Return are accurate and up to date as at, (date must not be more than 14 days prior to the date of lodgment);
- ii. (note: on inspection of the company's share register and confirmed that transfers since the date of
- iii. the Financial Statements (if prepared) have been prepared in accordance with Part VI of the Companies Act; and
- iv. the Financial Information in 200% format of 1566 is accurate.

Register of Controllers

Is the company exempted from the requirement to keep a register of controllers?

Register of Nominee Directors

Is the company exempted from the requirement to keep a register of nominee directors?

☐ Click to confirm the above declaration.

CERTIFICATE OF INSURANCE



LONPAC INSURANCE BHD
(59070-C5635C)

CERTIFICATE OF INSURANCE

MZ300

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1969 (MALAYSIA)

Policy No. **Z/17/VC00/100866** CI No. **17107376**

Excess : **AS STATED IN POLICY SCHEDULE.**

1. Index Mark and Registration Number of Vehicle / Chassis **TOYOTA HIACE VAN
GBB 6722B / JTFHT02P400047723**
2. Name of Policy Holder **STAR PUBLISHING PTE LTD.**
3. Period of Insurance **28/10/2017 To 27/10/2018 (Midnight)**
4. Persons or Classes of Persons entitled to drive*
(A) THE POLICYHOLDER.
(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER
OR WITH HIS/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 and provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

5. Limitations as to use*
USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD)
IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES.

THE POLICY DOES NOT COVER:-
USE FOR HIRE OR REWARD OR FOR RACING, FACEMAKING, RELIABILITY TRIAL OR SPEED TESTING.
USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

* 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 provision of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

HP Co : NA (COVER: COMPREHENSIVE)

LONPAC INSURANCE BHD

Authorised Signatory

FENSLEY AGENCY PTE LTD/ALYC
TEL: 63326722

Serial No: **200653**

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

