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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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 witholding 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.

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.

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A CONTRACTOR OF THE PROPERTY OF THE PARTY OF	ACCIDENT STATEMENT
Date Of Report	14/12/2017 12:44
Date Of Accident	08/12/2017 18:50
Exact Location Of Accident	JLN BUKIT MERAH
Country/State of Loss	SINGAPORE
Description of the Description o	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBC9183G
Insured/Policyholder	
Name Of Registered Owner	ZIRCON-SWIS FINE FOODS PTE LTD
Co Reg No	말
Email Address	SALES@ZIRCONSWIS.COM.SG
Mobile Phone No	(LOCAL) +65-90603473
Alternative Phone No	OFFICE-90603473
Vehicle Particulars	
Manufacturer	тоуота
Model	및
Exact Purpose for which vehicle was being used at time of accident	WORK
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100369193-03000
Cover Note Number	

Driver

ONG BOON HWA Name of Driver S1237176D NRIC No 29/01/1957 Date Of Birth OUTDOOR Occupation 20/04/1977 Date Of Driving Pass

40 YEARS AND 7 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-90603473 Mobile Number

Fax Number

OTHERS-90603473 Contact Number

SALES@ZIRCONSWIS.COM.SG **EMail Address**

Address

BLK 235 LORONG 8 TOA PAYOH

#12-82

Postcode

310235

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

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

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

SJU786L

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

UNKNOWN

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

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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:
 - 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.

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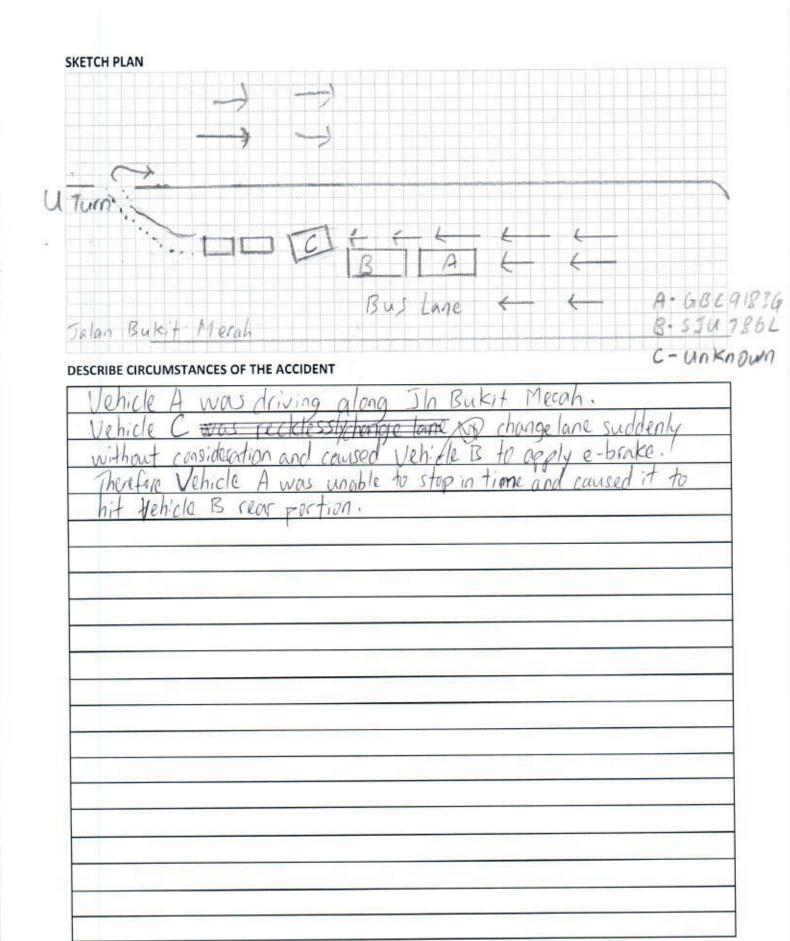
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DECLARATION

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

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.:

AGCIDENT STATEMENT

	TION: JAN Bukit Merah
•	DETAILS OF VEHICLE
La	DETAILS OF VEHICLE GBC 9183G
	DINSURANCE COMPANY:
38	
	DIPOLICY NUMBER:
	()TYPE: (SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE. / OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
	hIPURPOSE OF USING AT ACCIDENT TIME:
	I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
(4)	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2.,	MALE / FEMALE
	A)NAME:
	c)ADDRESS:
92 3	CIADORESO.
88	* CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER
of passonal	
iduding driver.	b) NRIC/FIN/PASSPORT!CONTACT: 9060347
(L)	c) ADDRESS:
- S	
	*d) DATE OF BIRTH: (
£.	eloccupation: (INDOOR / OUTDOOR)
#. #	eloccupation: (INDOOR / OUTDOOR)
4,	OF DRIVING PASS THE INSURED'S COMPANY? (YES / NO)
	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
	OF DRIVING PASS WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWENTHER CONDITION: (CLEAR / RAINING / OTHERS
5,	OF DRIVING PASS NAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWENTHER CONDITION: (CLEAR / RAINING / OTHERS
5,	OF DRIVING PASS NAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWEATHER CONDITION: (CLEAR / RAINING / OTHERS
5,	# OCCUPATION: (INDOOR / OUTDOOR) I) DOT OF DRIVING PASS WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS b) ROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO)
5,	OF DRIVING PASS NAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWEATHER CONDITION: (CLEAR / RAINING / OTHERS
5, 6, 7,	B)OCCUPATION: (INDOOR / OUTDOOR) I) DOT OF DRIVING PASS WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS b) ROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO) O) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE STUT861 MODEL:
5, 6, 7, 8, of passenger	OF DRIVING PASS WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: QIWEATHER CONDITION: (CLEAR / RAINING / OTHERS. BIROAD SURFACE: (DRY / WET / OTHERS. WAS ANYBODY INJURED (YES / NO) QIREPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POWCE STATION: THIRD PARTY VEHICLE QI VEHICLE NUMBER: DRIVER'S NIAME:
5, 6, 7, 8, of passenger	B)OCCUPATION: (INDOOR / OUTDOOR) I)DATE OF DRIVING PASS WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: a)WEATHER CONDITION: (CIEAR / RAINING / OTHERS b)ROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POWCE STATION: THIRD PARTY VEHICLE a) VEHICLE NUMBER: b) DRIVER'S NAME:
5, 6, 7, 8, of passenger adulting driver	# OCCUPATION: (INDOOR / OUTDOOR) I) DOT OF DRIVING PASS WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: G) WEATHER CONDITION: (CLEAR / RAINING / OTHERS. B) ROAD SURFACE: (DRY / WET / OTHERS. WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POWCE STATION: THIRD PARTY VEHICLE G) VEHICLE NUMBER: C) NRIC/FIN/PASSPORT: CONTACT: CONTACT:
of passenger adulting driver	B)OCCUPATION: (INDOOR / OUTDOOR) I)DOTO OF DRIVING PASS WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: G)WEATHER CONDITION: (CLEAR / RAINING / OTHERS. B)ROAD SURFACE: (DRY / WET / OTHERS. WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POWCE STATION: THIRD PARTY VEHICLE G) VEHICLE NUMBER: C) NRIC/FIN/PASSPORT: THIRD PARTY VEHICLE C) NRIC/FIN/PASSPORT: THIRD PARTY VEHICLE O) VEHICLE NUMBER: WODEL: MODEL: THIRD PARTY VEHICLE O) VEHICLE NUMBER: O) VEHICLE
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of passenger adulting driver	OF DRIVING PASS I) DOTE OF DRIVING PASS WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS. b) ROAD SURFACE: (DRY / WET / OTHERS. WAS ANYBODY INJURED (YES / NO) a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE a) VEHICLE NUMBER: C) NRIC/FIN/PASSPORT: THIRD PARTY VEHICLE a) VEHICLE NUMBER: UNEWWO MODEL: O) DRIVER'S NAME: O) DRIVER'S NAME:
of passenger aduding driver	OF DRIVING PASS I) DOTE OF DRIVING PASS WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS. b) ROAD SURFACE: (DRY / WET / OTHERS. WAS ANYBODY INJURED (YES / NO) a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE a) VEHICLE NUMBER: C) NRIC/FIN/PASSPORT: THIRD PARTY VEHICLE a) VEHICLE NUMBER: UNEWWO MODEL: O) DRIVER'S NAME: O) DRIVER'S NAME:

email = sales @ zirconswis.com.sg / fax = Tel: 64752443

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$1237176D





ONG BOON HWA

王文华

CHINESE

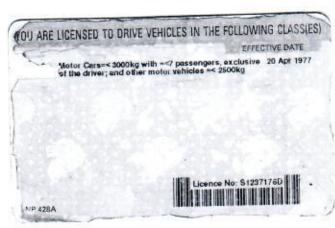
29-01-1957

Country of Birth SINGAPORE

812371760









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)

M.Z.300

TOYOTA COMMERCIAL AUTO PROTECTOR

OWN DAMAGE EXCESS WINDSCREEN EXCESS

S\$800.00(1) \$\$100.00

CERTIFICATE NO. 2100369193-03000

(Windscreen excess is waived if the repair is done at Borneo Motor's Workshop.)

SUM INSURED

Market Value

INSURING WITH COE/PARF

VEHICLE REGISTRATION NO.

2) NAME OF INSURED

Zircon-Swis Fine Foods Pte Ltd

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT

12 Mar 2017

GBC9183G

4) DATE OF EXPIRY OF INSURANCE

11 Mar 2018

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *

Any person provided he is in the Insured's employ and is driving on their order or with their permission. A Young and/or Inexperienced Driver Excess ("YIDR") of \$\$3,000.00, in additional to the Policy Excess, applies to You and any Authorised Driver (named or unnamed) if You are or the said Authorised Driver is below the age of 23 and/or has less than 2 years' driving experience.

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.

LIMITATION AS TO USE *
 Use in connection with the Insured's business.

2) Use for the carriage of passengers [other than for hire or reward] in connection with the Insured's business.

2) Use for social, domestic or pleasure purposes.

The policy does not cover: a) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing.
b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

APPROVED REPORTING CENTRES / TOYOTA AUTHORISED WORKSHOPS

1. Borneo Motors (S) Ptc Ltd - 2 Pandan Crescent (Tel: 6631 1188)

APPROVED REPORTING CENTRES / AIG AUTHORISED REPAIRERS (FOR CLAIMS-RELATED REPAIRS)

2. ComfortDelgro Engrg - 205 Braddell Rd (Tel: 63837118) 3. DPS Body & Paint Workshop - 209 Pandan Gardens (Tel: 65684501)

4. Ethoz - 30 Bukit Batok Cres(Tel:66547777) 5. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780887) - For windscreen only

6. Kan Fook Sing Motor - 61 Defu Lane 12 (Tel: 67479560) 7. Lai Huat (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64538110)

8. Mova Automotive - 1008 Bukit Merah Lane 3 (Tel: 62723892) 9. Progressive Automotive - 3022A Ubi Rd I (Tel: 67415336)

MIN DRIVER AGE=

LOSS OF USE Not Included

NAMED DRIVER NA

HIRE PURCHASE COMPANY United Overseas Bank Limited / EMPLOYER'S LOAN

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).

Issued At Singapore 6 Mar 2017

030210-463 AIG - AUTO DIRECT 78 SHENTON WAY #07-16 AIG BUILDING SINGAPORE 079120

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

No. 201009404N

GENERAL INSURANCE RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 - 17:00 UEN: 566550020G / GST Reg. No.: M400017735

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: Name(as shown in NRIC): ONG BOON HWA NRIC/FIN/Passport No: 51237176D (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate : BLK 235 LORONG 8 TOA PAYOH #12-82 Singapore(3/0235) Address Mobile No.: 906 0 3 4 7 3 Contact (Tel) SALES @ ZIRCONSWIS, COM. SG Email Address 08/12/2017 Time of Accident : Date of Accident . JLN BUKIT MERAH Place of Accident Paci Ric Insurance AIG Asia Insurance Company: (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Amond the Sketch Plan and State wents. Reporting Centre Personnel's Signature Policyholder / Driver's Signature Name:

NRIC/FIN No .:

Date:

Date: