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 <u>truthful and accurate</u> 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.
- 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	24/01/2018 18:13
Date Of Accident	19/01/2018 13:00
Exact Location Of Accident	PIE TWDS AIRPORT AFTER KALLANG
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	XB1881Y
Insured/Policyholder	
Name Of Registered Owner	WOON FONG TRANSPORT PTE LTD
Co Reg No	200809831Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65625900
Vehicle Particulars	
Manufacturer	SCANIA
Model	P440CB8X4MHZ
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USED
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	8-V0011328-MVA-R002
Cover Note Number	
Driver	
Name of Driver	CHIA TECK SEMG

Name of Driver CHIA TECK SEMG

NRIC No S1425859J

Date Of Birth 11/02/1960

Occupation OUTDOOR

Date Of Driving Pass 22/09/1977

Driving Experience 40 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93803901

Fax Number

Contact Number

EMail Address KENNETH@WOONFONG.COM

Address BLK225 YISHUN ST 21 #09-519

Postcode 760225

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured PAID DRIVER

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

NO

NO

NO

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?

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.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO 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 SHB8794S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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- 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.

P

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

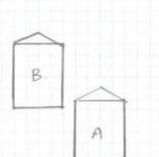
Date & Time:

(April

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

51	E	C	1	PL	ΑI	¥



A = xB1881Y B = SHB8791S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On	191	01/1	8 C	avou	nd	1 pm.	1	Nas	trave	lling	un	bue	3	4	PE O	oley	Yowand
										190							my
						ion.											

DECLARATION

the foregoing particulars are true in every respect.

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

Date & Time:

Jan.

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Common Statement

WAITING FOR INSUPPLIES THEN PROFISOURT

	Owner.	
-		
40	Driver	

ACCIDENT STATEMENT

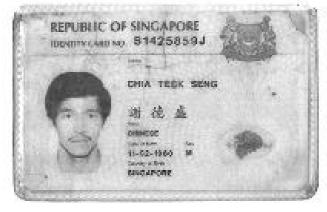
Date of Accident Time	Location of Accident
19/01/2018 1300HRS. PIE TWOS	MARPORT AFTER KALLANG
INSURED/ POLICY HOLDER (VEHICLE A)	
Vehicle Registration Number	- A1991V
Name of Policyholder	XB[881Y
NRIC/ FIN/ Passport/ ROC (if Policyholder is company)	woon Fong Transport pte Ltd 2008098312
Address	
Contact Number	B# NO: 5 Soon Lee ST #03-62 Spore 62769
Occupation	Tel: Hp: 6563 5900 / 6558 7958
VEHICLE PARTICULARS (VEHICLE A)	AND THE RESIDENCE OF THE PARTY
Vehicle Make / Model	
Type of Vehicle	SCHA SCHALL CON Man Loop By Minds Only
	Saloon, MPV, CRV, Van, Lorry, Bus M/cycle, Others.
Exact Purpose for which vehicle was being used at the time of accident	
Are you claiming under your own insurance policy?	O yes & No Remarks REDrott. 16
Vehicle category	- 10 100000 124-0740
INSURANCE COMPANY (VEHICLE A)	O Private
Name of Insurance Company	Men
Type of Policy	Q8E
Fleet Policy	Comprehensive O TP Fire & Theft O Third party O Yes O No
Policy Number	
Total Marines	8-VOO[1328-MVA-ROOZ.
DRIVER	
Name of Driver	CHIA PECK SENG
NRIC/ FIN/ Passport	514258593
Date of Birth	11/02/1960
Occupation	CUTOOOR
Driving Pass Date	- FFP1 1p0/cc
Gender	Male O Female
Contact Number	Tel Hp 93803901
Address	APT BLK 225 YISHUN STREET 21 \$109-579 5/76
Email Address	Kenneth @ woonforg. com
Was driver an employee of the Insured's Company?	✓ Yes O No
No, relationship of Driver with the Insured	-
Vehicle Number of Driver's Own Vehicle (if applicable)	-
nsurance of Driver's Own Vehicle (if applicable)	-
SENERAL INFORMATION OF THE ACCIDENT	1 PAX
ype of Collision (E.g. Chain Collision/ Head-On, etc)	SIDE SWIPE
Veather Conditions	Clear C Raining O Others
Road Surface	O Wet & Dry O Others:
Damage Area	
OTHER INFORMATION	
Vas there any foreign vehicle(s) involved?	Ø No O Yes
Vas anybody injured in the accident? (Including Witness)	
Vas any other vehicle(s) or properly damaged?	O No A Yes
Vas there any camera video footage (in car)?	No O Yes
ETAILS OF POLICE ACTION	
Vas the accident reported to the Police?	⊘ No ○ Yes
Yes, please state which police station & Report No.	
Vas notice of intended Prosecution given?	Ø No ○ Yes
Yes, against whom?	

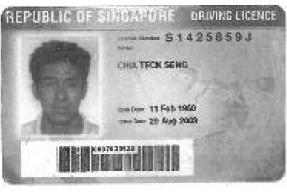
Common Statement

OWN VEHICLE REGISTRATION NUMBER	XB188	14			
DETAILS OF OTHER VEHICLES OR PROPERTY	DAMAGED				
Other Vehicle or Property 1 (VEHICLE B)	DAMAGED		-		
Vehicle Registration Number	SHB8	3000			
The state of the s	SHOO	1915			
Vehicle Make/ Model/ Colour					
Details of Properties (If Other Party is not a Vehicle)					
Damage Area					
Name of Driver					
NRIC/ FIN/ Passport					
Contact Number / Email Address					
Address					
Name of Insurance Company					
Other Vehicle or Property 2					
Vehicle Registration Number					
Vehicle Make/ Model/ Colour					
Details of Properties (If Other Party is not a Vehicle)					
Damage Area					
Name of Driver					
NRIC/FIN/Passport	1				
Contact Number / Email Address					
Address					
Name of Insurance Company					
DETAILS OF WITNESS					
Name					
Phone / Email Address					
Address					
NRIC/ FIN/ Passport					
DETAILS OF INJURED PERSON 1					
Name					
NRIC/ FIN/ Passport					
Address					
Approximate Age					
Injuries Sustained					
If Vehicle Occupants, state in which vehicle?					
Were Seat Belts Worn?	0	Yes.	0	No	
Was Injured conveyed to hospital by ambulance?	Contract Con	Yes	0	No	
DETAILS OF INJURED PERSON 2					# 3 74 V 1 1 1 2 1
Name					
NRIC/ FIN/ Passport					
Address					
Approximate Age					
Injuries Sustained					
If Vehicle Occupants, state in which vehicle?	0		0		
Were Seat Belts Worn?	~	Yes	\simeq	No	
Was Injured conveyed to Hospital by Ambulance?	0	Yes		No	
Declaration We declare that **********************************	wided above are	true in e	every asp	ect	
(章(重重)高					
Date & T	ime				
Signature of Policy Holder					
(Company Chop if applicable)					
(manipul) crick is appropried					
Date & T	ime				
Signature of Driver / Date & Time	274 1953				
(If Driver is not the Policy Holder)					

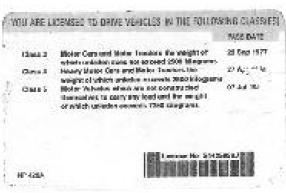
1. --- 1

Driving License







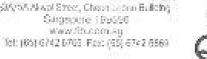


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INSURANCE

CRECKERS HE (*) PER LED TANUAR TO BROKERS HE LED TANUAR TO BROKERS HE LED America (Singapore) Pte Led TANUAR TO BROKERS HE LED America of the northwell CSS Industrial Group - Unique Energies (next region)/VSA Alvard Street, Chose to some Bulleting -: Rollections ASA-10 South Town. Sheecom MISSES

: Rofleckiusy, #24-10 česíh Towar, Singapore 046583; let 85-634 6533 Fax: 65-6333 1870 CST Registration No.: M200644319 sexesibe com 69





Cartificate of Insurance

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 198) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULE, 1980 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1986 (MALAYSIA)

Cathorate No. Account Name TAN INSURANCE BROKERS MICH Type MZ301 8-99011328-MYAR102 PRIVATE UNITED

1 Index Mark and Registration Number of Vehicle or Chassis No. Improvery

Name of Policyholde: WOON FONG THANSPORT PTE LTD
 Effective date of Commencement of Insurance for the purpose of 25/08/2017

4 Date of Expres 24/09/2018

6. Person or Classes of Person entitled to drive?

(1) Whilet the whicle is being used in connection with the Policyholder's business:

(a) Any person provided he is in the Policyholder's employ and is driving on their order or with their permission.

(2) Whiles the vehicle is being used for social, domestic or pleasure purposes:

(a) 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 Exercising 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 receive of any executivent or regulation in that behalf from the driving the Motor Vehicle

And provided further that the Motor Vehicle is registered under the Hoad Traffic Act and its registration under the Road Traffic Act has not been consolled at the time of the equident task or damage.

B. Limitations as to use?

the Regulations.

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, demostic and pleasure purposes.
The Policy does not cover:

(1) Use for racing, pace-making, reliability that or speed testing.

(2) Use for racing pace-making, reliability that or speed testing.

(2) Use to track the carriage of passengers for hire or reward.

His Purchase, OR XTHASING SINGAPORE UMITED

Date of Issue: 17/08/2017

QBE trisurance (Singapore) Pto Ltd.

Automized Signature.

AUTHORIZATION FROM

Authorization Form

My residential and resk is NOSS SOON LEEST # 03-52 Spoke 63 9 607.

(£ £)3

Signature Owner Name: Signature Witness Name

