

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 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	12/02/2018 19:30
Date Of Accident	10/02/2018 16:10
Exact Location Of Accident	SLIP RD FROM LOR 2 TOA PAYOH INTO PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD4544B
Insured/Policyholder	
Name Of Registered Owner	POI HONG TRADING PTE LTD
Co Reg No	35860800K
Email Address	ZBAOFENG2001@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91872801
Alternative Phone No	OFFICE-86168803

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5075229618-02
Cover Note Number	

Driver

Name of Driver	LI ZHONGQI
Passport No/FIN	G3294733L
Date Of Birth	08/01/1978
Occupation	OUTDOOR
Date Of Driving Pass	19/11/2016
Driving Experience	1 YEAR AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91872801
Fax Number	
Contact Number	OTHERS-86168803
Email Address	ZBAOFENG2001@GMAIL.COM

Address	BLK 14 PASIR PANJANG WHOLESALE CTR #01-34
Postcode	110014
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	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)	2
Passenger 1	NAME: : LEE GUANG JIE GENDER: : MALE

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

PLEASE REFER TO SKETCH PLAN

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	SLV6871E
Vehicle Make/Model/Colour	HYUNDAI ELANTRA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHU MIN KOK
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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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.



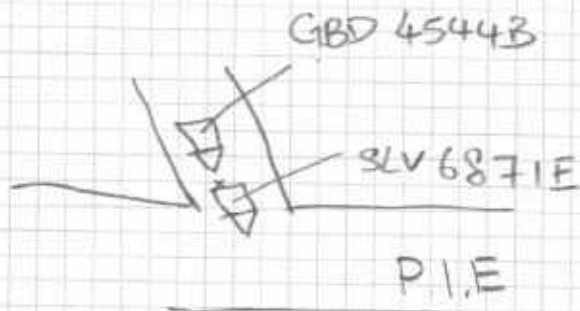
Policyholder's Signature
Date & Time:

李忠琦

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I was turning into the filter lane on Teo
Payoh lorong 2 toward P.I.E change side,
the SLV 6871E driver he suddenly brake in front
of me which cause I unable to brake fully in
time.

DECLARATION

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



Policyholder's Signature
Date & Time:

李忠玲

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

12/02/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Claim Handling

Accident MT/0982000

Policy No.	5075229618-02	Vehicle No.	GBD4S44B	GST Registration No.	
Policyholder Name	POI HONG TRADING PTE LTD			Policyholder NRIC	
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KPI	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	Not available
Accident Details					
Report Date	12/02/2018 16:18	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	10/02/2018	Time of Accident hh:mm	16:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TGA PAYOH EXIT TO PIE CHANG				
Benefits					
Excess					
Own damage Excess	800.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
GST Registered Information					
GST Registered	Yes	GST Registration Date	01/04/1994		
GST Registration No.	MSB0011464	GST Status Verified	Yes		
Modification History					

Policyholder Mailing Address

Address 1	BLK 14 #01-34	Address 2	PASIR PANJANG WHOLESALE CI	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5075229618-02		

O1 Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 **New**

Claim Type *	OD-MK	Insured Name	POI HONG TRADING PTE LTD	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		O1 Vehicle Number	GBD4S44B	TP Vehicle Number	
Claim Description	GBD4S44B / SLV9R71E ON 10 Feb 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	GIA report	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	
Date Registered	12/02/2018 19:29	Claim Close Date			
Report Taken By	ROSLI WAHAB				
<input type="checkbox"/> Print AX letter					

Save Submit

Attachment

Accident No.	MT/0982000	Claim No.	002		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	12/02/2018 19:39		
Path *		Category *		Confidential	Urgency
		<input type="button" value="Browse"/> <input type="button" value="Clear"/>	Please Select	<input type="button" value="No"/>	Normal
		<input type="button" value="Browse"/> <input type="button" value="Clear"/>	Please Select	<input type="button" value="No"/>	Normal
		<input type="button" value="Browse"/> <input type="button" value="Clear"/>	Please Select	<input type="button" value="No"/>	Normal
		<input type="button" value="Browse"/> <input type="button" value="Clear"/>	Please Select	<input type="button" value="No"/>	Normal

ACCIDENT STATEMENT

ACCIDENT DATE: (10 / 02 / 18) (DD/MM/YYYY), TIME: (16 : 10) (HH:MM)

LOCATION: SEA ROAD Lor 2 Towards PUS

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBO 4544B
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5075229618-02
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota DYNA
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: workman
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: POI HOON TEENING P/L (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 2001 2010/20582 CONTACT: 91872801
 c) ADDRESS: _____

* CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 86162803
 c) ADDRESS: Blk 14 Pagar Panjang Whole sale centre
#01-34, Singapore 110014

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. c) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLV 6871E MODEL: Honda ELANTRA
 b) DRIVER'S NAME: Chu Min Kok
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email: zbeo8eng2001@gmail.com

fax: 6872 6989

V1080

S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
POI HONG TRADING PTE. LTD.

Section: **SERVICE**

Name:
LI ZHONGQI

Occupation:
LORRY DRIVER

C Pass No.
0 77160955

Date of Application:
20-06-2016

Date of Issue:
01-07-2016

Date of Expiry:
01-07-2018

L6971653



REPUBLIC OF SINGAPORE **DRIVING LICENCE**

License Number: **G3294733L**

LI ZHONGQI

Date of Birth: **08 Jan 1978**

Issue Date: **25 Jul 2016**

Valid Till: **24/07/2021**

002591951D



VISIT PASS
Immigration Regulations

Name:
LI ZHONGQI

Date of Birth: **08-01-1978** Sex: **M** Nationality: **CHINESE**

FIN: **G3294733L** Date of Issue: **01-07-2016** Date of Expiry: **01-07-2018**

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 **17 Nov 2016**

Motor cars \leq 2000 kg with \leq 7 passengers, exclusive of the driver, and motor trucks/trailers \leq 2500 kg

G3294733L

S / No. 9000264357

429A

002591951D



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 Number : 5075229618-02

Cover : Comprehensive

- | | |
|---|----------------------------|
| 1. Index mark and Registration Number of Vehicle | : GBD4544B |
| Chassis Number | : JTFAT35YX0K203646 |
| 2. Name of Policyholder | : POI HONG TRADING PTE LTD |
| 3. Effective Date of Insurance | : 01 Nov 2017 |
| 4. Expiry Date of Insurance | : 31 Oct 2018 |
| 5. 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/her 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. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |
| This Policy does not cover | |
| (a) Use for hire or reward. | |
| (b) Use for racing, pace-making, reliability trial or speed-testing. | |
| (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle. | |

Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency : WAN KWAI FAH CYNTHIA (00000519164)

Date of Issue : 17 Oct 2017 11:31 hrs

For NTUC INC. ME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive