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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 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.

By the lodgement of this report to the insurers, you hereby consaforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
The second second second	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

BLK 14 PASIR PANJANG WHOLESALE CTR Address

#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

NO

ambulance?

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?

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)

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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.

A POLICY ON THE PROPERTY OF TH

Policyholder's Signature Date & Time:

Driver's Signature

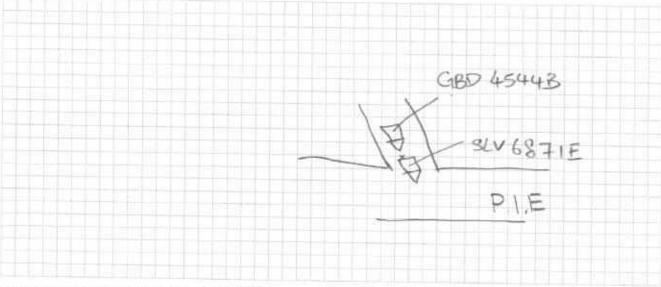
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As	1 wes	turning	into	the	filte	r lane	on To	i
	lorony 2							
the .	SW 6871E	driver	he	sudd	J	brake	infrant	
	which							
time.								

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

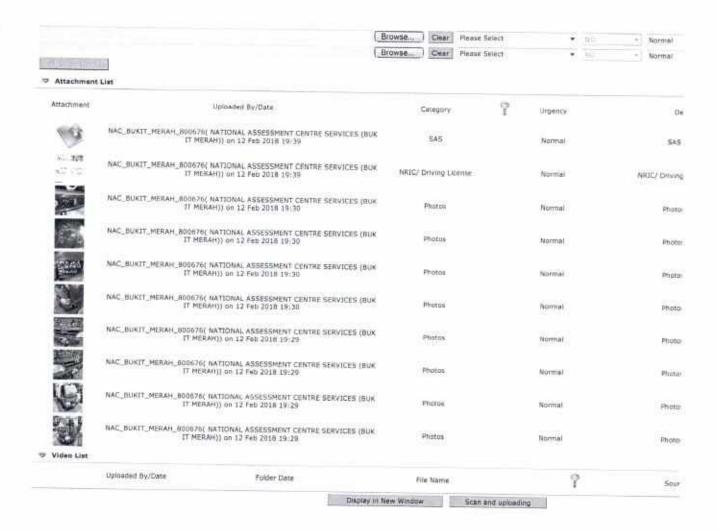
(If driver is not the policyholder)

Date & Time:

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

STABLE SANCESTING OF V.

Claim Handling						
ccident MT/0982000	D00000000000	2000	022502		25000 0000	
Ricy No.	5075229618-02	Vehicle No.	GB04544B		GST Registration No.	
Ricyholder Name	POLHONG TRADING PTE LTD	181 320	61 (0.5)		Policyholder NR3C	
oduct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehens	pyte.	Loading	
ontact No.(Mobile)	No.	Contact No.(Office)			Contact No.(Home)	
mail Address		Special Remark			eCode	
PK.	⊕ No Yes	TCA	iii No Ye	5.	eCode Resson	
ICD Protection	No	NCD Entitlement(%)	20		Private Hire	
Accident Details						
eport Date	12/02/2018 16:18	Accident Report Within 24 hrs	Yes		Accident Type	
rate of Accident	10/02/2018	Time of Accident hhomm	16:15		Country of Accident	
eporting Centre		Ovarige Force			ICM No.	
codent Location	TUA PAYON EXIT TO PIE CHANGE				2007	
♥ Benefits	TOW PRICE LEATE TO FILE CHRISTING					
♥ Excess		61 31230 ANA 24230 AN				
Wn damage Excess	686.00	Additional Excess			Windscreen Excess	
Innamed Driver Excess		Outside Singapure OD Excess				
Third Farty Excess	9.00	Outside Singapore TP Excess				
ST Registered Inform	ution					
ST Registered	Yes		GST	Registration Date	01/04/1994	
ST Registration No.	MBB0011464		GST	Status Verified	yes	
fedification History						
	apparet.					
Policyholder Mailing A						
Address 1	BUK 14 #01-34	Address 2	PASIR PANI	IANG WHOLESALE CY	Address 3	
Address 4		Address Type	Singapore a	ddress	Post Code	
int No.		Related Policy Number	507522961	8-02		
◆ OI Driver Info						
Driver Name		Driver Type				
Jimamed driver Name		Driver NRSC			Driver DOB	
Register Date of Driver Licens	e	Driver Age			Driving Experience	
Cuntact No. (Mobile)		Contact No.(Office)			Contact No.(Home)	
Address 1		Address 2			Address 3	
Address 4		Address Type	Foreign add	ress	Post Code	
LIST NO.		DESCRIPTION OF THE PROPERTY OF	V. 1. COV (1. CAL)			
Does he own a Singapore	Yes i No	Driver Vehicle No.				
Registered car?	(22) 10- (40)	THIVEL ABUILDS 40.			Oriver Insurer Compe	100
Modification History						
Claim 002 New						
Cleim Type *	00-MK +	Invared Name	POI HONG	TRADING PTE LTD	Insured NRIC	
Contact No. (Mobile)	50	Contact No.(Home)			Contact No.(Office)	
Email Address		Of Vehicle Number	GBO45446		TP Vehicle Number	
Claim Description	GB045448 / SLV9871E ON 10 Feb 201	2004047ac4484848697	Contract of the last		Name of Preferred Wo	rieshon
Preferred Workshop Contact	COUNTY OF SECURITIES OF SECURITIES OF	S DATE:			Victorial Manager	STATE OF
No.		Insured Liability *	Fully at Fa	ult •		
Require Finalication	Yes	Preferend Repair Option	Proferred \	Workshop, Name unknown	 GIA report 	
Date Registered	12/02/2018 19:29	Claim Close Date			Date Received	
Report Taken By	ROSLI WAHAV					
Print AX letter						
Attachment			Save Sub	unit		
	MTIAGESTAN	Claim No.		603		
Accident No.	MT/0982000					
Last Doc, Received	₩ Yes © No	Uplied Date		12/02/2018 19:39		
	Parn *			Category *	Confidential	ürgen
		Browse	Clear	Please Select	* htt +1	Normal
		(Browse	Clear	Please Select	 4 (g) 4 (g) 	Normal
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		Browse	Clear	Please Select	* (40 ·	Normal
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A:CCIDENT'STATEMENT

	SENT DATE: 10 102/18 1(DD/MM/YYYY), TIME: 16.10 1(HH:MM)
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FUCA	FIGN: COA VAYOF LOR 2 YEMPROS HIRS-
27	DYFA II A DA CANTA DA
To the	DETAILS OF VEHICLE GEO VIIVE
396	alvehicle number 660 4549 B.
	DINSURANCE COMPANY: NTUC
8	01POLICY NUMBER: 6075229619-0)
	DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
	BIMAKE & MODEL: TO VOIN DYNIT:
	()TYPE: (SACOON / COUPE /MPV /VAN LORRY / MOTORCYCLE. / OTHERS)
	g) VEHICLE CATEGORY: [PRIVATE / COMMERCIAL / MOTORCYCLE]
	h) PURPOSE OF USING AT ACCIDENT TIME: WEEK MICH
11.	I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) INSURED / POLICY HOLDER TEADING PL (MALE LEEMALE)
No.	INSURED / POLICY HOLDER / PAUL PL
(NONG FIR)	ANAME: TO THAT I MALE FEMALE
and o(W)	DINRIC/FIN/PASSPORT: 2010/2058 CONTACTI 9/8/12001
y N	CJADDRESS:
	CONTINUE TO 2 4 IS DRIVED ALSO BOLION HOLDER
1811. 1	* CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER
Algo of bussonals	DRIVER
(Including diriver)	a) NAME: [MALE, / FEMALE) 2
(0)	JIMIC TON ACT
43	CIADORESSI BIK 14 Proir Pariore Whole soils center.
10	#01-34 , Sigrapore 110014
18	*d)DATE OF BIRTH: (
77 361	ejoccupation: (Indoor / Outdoor)
1.90	IDATE OF DRIVING PASS
9 ,	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES) NO)
	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED
9,	O) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
** G	b)ROAD SURFACEI (DRY / WET / OTHERS
7.	WAS ANYBODY INJURED (YES (NO) O[REPORTED TO POLICE (YES / NO)
The state of	IF YES, PLEASE STATE WHICH POLICE STATION
1 8	TUIDO O LARV LIGUICIA
45 No of passenger	0) VEHICLE NUMBER: SLV 6871E MODEL: Hunda: ELANTRA
	[
(Induding driver)	
-+/ 9,	THIRD PARTY VEHICLE
* No of passinger	d) VEHICLE NUMBER: MODEL! "
	e) DRIVER'S NAME:
neludina delucto	
(Including driver)) I) NRIC SIN/PASSPORT: CONTACTION :
(Including driver	
(Including driver	

email: zbeofeng 2001@gmail:com
fax = 6872 6989



SPASS

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

POI HONG TRADING PTE. LTD.

Section SERVICE



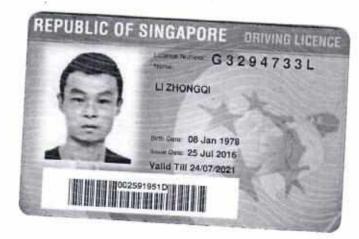
LI ZHONGQI Cocupation LORRY DRIVER

E Pack No. 0 77160955

100

20-05-2016 Date of Issue 01-07-2016 01-07-2016

L6971653



VISIT PASS Immigration Regulations

LI ZHONGQI



Date of Birth Sex

08-01-1978 M

Date of feare

CHINESE

G3294733L 01-07-2016 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 CENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES! EFFECTIVE DATE Mator cars we 3000 kg with m 7 paramagner, emissive of the driver; and paster trackers relative m 2500 kg GAZIMTALL S / No.9000284357 Licence No.33294733L



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RIS MOTOR VEHICLES (THIRD PARTY RIS ROAD TRANSPORT ACT, 1987 (MALI MOTOR VEHICLES (THIRD PARTY RIS Certificate Number: 5075229618-0 1. Index mark and Registration Num Chassis Number 2. Name of Policyholder 3. Effective Date of Insurance 4. Expiry Date of Insurance 5. Persons or Classes of Persons er (a) The Policyholder	KS AND COMPENSATI AYSIA) KS) RULES, 1959 (MAI DZ	ON) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALJ MOTOR VEHICLES (THIRD PARTY RIS Certificate Number: 5075229618-0 1. Index mark and Registration Num Chassis Number 2. 'Name of Policyholder 3. Effective Date of Insurance 4. Expiry Date of Insurance 5. Persons or Classes of Persons er (a) The Policyholder.	AYSIA) IKS) RULES, 1959 (MAI DZ	AYSIA) Cover : Comprehensive : GBD4544B : JTFAT35YX0K203646
MOTOR VEHICLES (THIRD PARTY RIS Certificate Number: 5075229618-0 Index mark and Registration Num Chassis Number Name of Policyholder Effective Date of Insurance Expiry Date of Insurance Persons or Classes of Persons er (a) The Policyholder	KS) RULES, 1959 (MAI 02	Cover : Comprehensive : GBD4544B : JTFAT35YX0K203646
Certificate Number: 5075229618-0 1. Index mark and Registration Number 2. Name of Policyholder 3. Effective Date of Insurance 4. Expiry Date of Insurance 5. Persons or Classes of Persons er (a) The Policyholder	02	Cover : Comprehensive : GBD4544B : JTFAT35YX0K203646
Index mark and Registration Nur Chassis Number Name of Policyholder Effective Date of Insurance Expiry Date of Insurance Persons or Classes of Persons er (a) The Policyholder		: GBD4544B : JTFAT35YX0K203646
Chassis Number 2. 'Name of Policyholder 3. Effective Date of Insurance 4. Expiry Date of Insurance 5. Persons or Classes of Persons er (a) The Policyholder.	mber of Vehicle	: JTFAT35YX0K203646
2. Name of Policyholder 3. Effective Date of Insurance 4. Expiry Date of Insurance 5. Persons or Classes of Persons er (a) The Policyholder.		
3. Effective Date of Insurance 4. Expiry Date of Insurance 5. Persons or Classes of Persons er (a) The Policyholder.		: POI HONG TRADING PTE LTD
Expiry Date of Insurance Persons or Classes of Persons er (a) The Policyholder.		
 Persons or Classes of Persons er The Policyholder. 		: 01 Nov 2017
(a) The Policyholder.		: 31 Oct 2018
	ntitled to drive#	
(b) Any other person who is dr	ving on the Policyhold	er's order or with his/her permission.
the Motor Vehicle or has be enactment or regulation in	en so permitted and i	ccordance with the licensing or other laws or regulations to drive s not disqualified by order of a Court of Law or by reason of any ng the Motor Venicle.
6. Limitations as to Use#		
		d in connection with the P licyhalder's business or profession.
	engers or goods in cor	nection with the Policyh: der's business.
This Policy does not cover		
(a) Use for hire or reward.	EXWS 520	
(b) Use for racing, pace-making		
(c) Use whilst drawing a trailer	except the towing of	any one disabled mechanically propelled vehicle.
EXCESS (SECTION 1) EXCESS (SECTION 2) WINDSCREEN EXCESS	: \$\$600 : N/A	
INSURE WITH COE	5\$100	*
HIRE PURCHASE COMPANY	: YES : N/A	
SUM INSURED	THE STANFART OF THE STANFART O	JE OF INSURED VEHICLE AT TIME OF LOSS
SUM INSURED	WARRET VALU	DE OF INSORED VEHICLE AT TIME OF FOSS
Vehicles (Third Party Risks and Com	to which this Certificat pensation) Act (Chapti WAI FAH CYNTHIA (000	te relates is issued in accordance with the provisions of the Motor er 189) and Part IV of the Road Transport Act, 1987 (Malaysia)
	2017 11:31 hrs	**************************************
mentalisation is tolerable	mer manda (19.9)	
		For NTUC INC. ME INSURANCE CO-OPERATIVE LIMIT
Ton	#	Ju-
#1 05 12 00 00 00 00 00 00 00 00 00 00 00 00 00	Ĉ.	
Countersigned By:		
SUB-DUTY CONTROL OF THE SECOND	authorised Officer	Chief Executive