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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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.
- Any false reporting may be referred to the Police for investigation.
- 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

	ACCIDENT STATEMENT
Date Of Report	07/03/2018 18:36
	07/03/2018 13:00
	ALONG TIONG BAHRU ROAD
	SINGAPORE
DI DI	ETAILS 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) +65-86168803
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	17/11/2016
Driving Experience	1 YEAR AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86168803
Fax Number	
Contact Number	OTHERS-86168803

ZBAOFENG2001@GMAIL.COM

Address

BLK 14 PASIR PANJANG WHOLESALE CENTRE

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

RAINING

Road Surface

WET

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?

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:

: WORKING PARTNER

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

NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJN6048G

Vehicle Make/Model/Colour

CHERRY

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

HUANG QIONG

NRIC/Passport Number

S9477079C

Contact Number

96970520

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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:

Policyholder's Signature V8

李达阿

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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

Policyholder - Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

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

Claim Handling Accident MT/0985173 GST Registration No. Vehicle No. GB045448 5075229618-02 Policy No. Policyholder NRIC Policyholder Name POLHONG TRADING PTE LTD. Loading Consprehensive Cover Type COMMERCIAL VEHICLE INSURAL Product Code Contact No.(Home) Contact No.(Office) 86168603 Contact No.(Mobile) . eCod∈ Special Remark Email Address eCode Reason @ No. Yes @ No Yes KFK NCD Entitlement(%) 20 NCD Protection Accident Details Collision - Head Accident Type Accident Report Within 24 hrs. 07/03/2018 18:49 Report Date Singapore Country of Accident Time of Accident hhumm 07/03/2018 Date of Accident ICM No. Orange Force Reporting Centre ALCRES TIONG BAHRU ROAD Accident Location * Benefits ₩ Excess Windscreen Excess Additional Excess 600.00 Own damage Excess Outside Singapore OD Excess Unnamed Driver Excess Outside Singapore TP Excess 8.00 Third Party Excess S GST Registered Information 01/04/1994 GST Registration Date **GST Registered** Ven **GST Status Ventied** MB80011464 GST Registration No. Modification History Policyholder Mailing Address PASIR PANJANG WHOLESALE CI Address 3 Address 2 BLK 14 #01-34 Address 1 Singapore address Post Code Address Type Address 4 Related Policy Number 5075229618-07 © Of Driver Info Unnamed Driver Driver Type Unnamed Driver Driver Name Driver DOS Driver NRIC LI ZHONGQI Unnamed driver Name Driving Experience 40 Driver Age Register Date of Driver License 17/11/2016 Contact No.(Home) Contact No.(Office) Contact No (Mubile) WHOLESALE CENTRE Address 2 NUK 14 #01-34 Foreign address Address Type SINGAPORE 110014 Address 4 Unit No. Driver Insurer Company Does he own a Singapore Registered car? GBD45W48 Driver Vehicle No. Yes @ No Declaration Breathaiyser or Blood Test Reading? Any injury? Yes @ No Modification History Claim 001 New Insured NRIC POS HONG TRADENG PTE LTC: Insured Name DD-MX Claim Type * Contact No.(Office) Contact No.(Home) Contact No. (Mobile) TR Vehicle Number OI Vehicle Number GBC4544B Email Address Name of Preferred Workshop GBD45448 / S3N6048G ON 7 Mar 2018 Claim Description Preferred Workshop Contact Insured Liability * Preferred Workshop, Name unknown Preference Repair Option Require Finalisation Date Received Claim Close Date 07/03/2016 18:52 Date Registered ROSLI WAHAB Report Taxon By Print AK letter Save Submit Attachment 001 Claim No. MT/0985173 Accident No. 07/03/2018 18:53 Upload Date @ Yes C No. Last Doc. Received Urgency. Confidential Category * - Normal Browse Cear Please Select



A CCIDENT STATEMENT

ACCIDENT DATE: 07 103. 2018 (DD/MM/YYY), TIME: (13. 00)(HH:MM)
Al Trans Bahar Goad
LOCATION: Along Trong Banne roun
1. DETAILS OF VEHICLE CASE 454475
6) VENICLE INDIVIDUAL
b)INSURANCE COMPANT:
C)POLICY NUMBER:
B)MAKE & MODEL! / VEV /VAN / LORRY / MOTORCYCLE, / OTHERS
ALVELICLE CATEGORY ILLERIANIS I COMMITTEE IN THE PROPERTY OF T
THE PART OF THE PA
THE REPORT OF THE PROPERTY OF
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER TRADING P/C IMALE / FEMALE)
b)NRIC/FIN/PASSPORT:
c)ADDRESS:
CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
14 No of persongs DRIVER 1, Zhong Q: (MALE) FEMALE
(Including driver) DINRIC/FIN/PASSPORTI G3294 733 L CONTACT 8616 8803
CLADDRESS! BIK 14 Pasir Rangery Whole See
BIOCCUPATION: (INDOOR / OVIDOS)
IDATE OF DRIVING PINSURED'S COMPANY? (YES! NO)
4. WAS DAILY OF THE DRIVER WITH INSURED!
THE PRIED CONDIDON IUGON NOUS TO
B)ROAD SURFACE: (ORY ME)
7. OJREPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH SIN 6048G
A LIA AL INCLUSIONE OF VEHICLE NUMBER!
(Induding driver) of MRIC/FIN/PASSPORT: 394770796 CONTACT: 96970520
di VEHICLE NUMBER!
4 14 of promer a DRIVER'S NAMEL CONTACTION
(Including delver) 1) NRIC/SIN/PASSPORTI
()
email: zbao feng 2001@gmail.com
email = zbaoten sociegumi com
fax = 68726989

S PASS

Employment of Furnige Manpower Act (Chapter 91A) Republic of Singspore

POR HONG TRADING PTE LTD.

Section SERVICE



LI ZHONGQI

5 Post No. 9 77160965



20-06-2016 01-07-2036 Date of Expert 01-37-2018



L6971653

REPUBLIC OF SINGAPORE DRIVING LICENCE G3294733L LIZHONGO Des Gew 06 Jan 1979 **** One 25 Jul 2015 Valid Till 24/07/2021

VISIT PASS immigration Regulations

LI ZHONGGI



Date of Born. Sec.

56-01-1578 W Fine Unit of Indian CHINESE

G3294733L U1-07-2016 01-07-2018

MILTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CARCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU



YOU ARE ICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES EFFECTIVE DATE

GRENTHE

S / No.9000284357

License Nr. 03294733L



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1950 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA) Certificate Number: \$075239618-02 1. Index mark and Registration Number of Vehicle Chassis Number: \$075239618-02 2. Name of Policyholder : POH HONG TRADING PTE LTD 3. Effective Oate of Insurance : 20 1 Nov 2017 4. Expiry Date of Insurance : 31 Oct 2018 5. Persons or Classes of Persons entitled to drive8 (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 Use8 (a) Use for social domestic and pleasure ourposes and in connection with the P licyholder'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 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 Saction 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) : \$5600 INSURE WITH COE : \$1500 INSURS CHERT EXCESS : \$5100 INSURS CHERT EXCESS : \$5100 INSURS CHERT EXCESS : \$1000 INSURS CHERT EXCESS : \$1000 INSURINS CHERT EXCESS : \$1000 INSURING CHERT EXCESS : \$1000 INS	MOTOR VEHICLES (THIRD PART	TY RISKS AND COMPENSATI	ON) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA) Certificate Number: 5075229618-02: Cover: Comprehensive Lindex mark and Registration Number of Vehicle Chassis Number: THATSSYXDX203646 2. Name of Policyholder: POI HONG TRADING PTE LTD 3. Effective Date of Insurance: 101 Nov 2017 4. Expiry Date of Insurance: 31 Oct 2018 5. Persons or Classes of Persons entitled to drivee (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 Usee (a) Use for social domestic and pleasure our poses and in connection with the P licyholder's business or profession. (b) Use for the carriage of passengers or goods in connection with the Policyh. der's business or profession. (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle. # Umitations 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): SS600 EXCESS (SECTION 1): SS600 INSURE WITH COE: YES HIRE PURCHASE COMPANY: N/A MINDSCREED EXCESS: SS5100 INSURE WITH COE: WAS MAKET 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) For NTUC INCL ME INSURANCE CO-OPERATIVE LIMITED **Countersigned By:** **Countersigned By:**	MOTOR VEHICLES (THIRD PART	TY RISKS AND COMPENSATI	ION) RULES, 1960
Certificate Number: S07529618-02 1. Index mark and Registration Number of Vehicle Chasis Number 2. Name of Policyholder 2. Name of Policyholder 3. Effective Date of Insurance 3. Effective Date of Insurance 4. Expiry Date of Insurance 3. The Policyholder (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 Use8 (a) Use for social domestic and pleasure our poses and in connection with the P licyholder'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 racing, pace-making, reliability trial or speed-testing. (c) Use whits drawing a trailer except the towing of any one disabled mechanically propelled vehicle. # Umitations 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) EXCESS (SECTION 1) EXCESS (SECTION 2) EXCESS (SECTION 2) EXCESS (SECTION 3) EXCESS (SECTION 1) EXCESS (SECTION 1) EXCESS (SECTION 1) EXCESS (SECTION 1) EXCESS (SECTION 2) EXCESS (SECTION 1) EXCESS (SECTION 2) EXCESS (SECTION 1) EXCESS (SECTION 2) EXCESS (SECTION 1) EXCESS (SECTION 1) EXCESS (SECTION 1) EXCESS (SECTION 1) EXCESS (SECTION 2) EXCESS (SECTION 1) EXCESS (SECTION 2) EXCESS (SECTION 2) EXCESS (SECTION 3) EXCESS (SECTION 1) EXCESS (SECTION 1) EXCESS (SECTION 2) EXCESS (SECTION 2) EXCESS (SECTION 3) EXCESS (SECTION 3) EXCESS (SECTION 3) EXCESS (SECTION 4) EXEMPTI			
1. Index mark and Registration Number of Vehicle Chassis Number Ch			LAYSIA)
Chassis Number : ITFAT3SYX0X203646 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 driveth (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 illcensing 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 P licyholder'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 fried prevent. (a) Use for inice 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) : SS600 EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : S5100 INSURE WITH COE : VES			Cover : Comprehensive
2. Name of Policyholder 3. Effective Date of Insurance 4. Expiry Date of Insurance 5. Persons or Classes of Persons entitled to drive 6. In the Policyholder. 6. In the Policyholder. 7. In the Policyholder of the Policyholder's order or with his/her permission. 8. 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 Use8 6. Limitations as to See (a) Use for social domestic and pleasure ourposes and in connection with the P licyholder's business or profession. 8. It is Policy does not cover 8. Use for hire or reward. 8. Use for hire or reward. 9. Use for hire or reward. 9. Use for hire or reward. 9. 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) SS600 EXCESS (SECTION 2) N/A WINDSCREEN EXCESS SS100 INSURE WITH COE 1. WAS 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) For NTUC INC. Me Insurance Co-Operative Limited For NTUC INC. Me Insurance Co-Operative Limited Ccuntersigned By:		n Number of Vehicle	: GBD4544B
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