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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.

- 8. 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 cons aforesaid. 	ent to the archiving of this report at the centre and to copies of the report being made available
《西京大学》(1987年)	ACCIDENT STATEMENT
Date Of Report	17/05/2018 18:30
Date Of Accident	04/05/2018 10:00 /
Exact Location Of Accident	ALONG TELOK BLANGAH CRESCENT
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJK463X
Insured/Policyholder	
Name Of Registered Owner	STRATA PAK BOXES (S) PTE LTD
Co Reg No	200009203G
Email Address	STRATAPAKBOX1038@GMAIL.OM
Mobile Phone No	(LOCAL) +65-97979354
Alternative Phone No	OFFICE-97979354
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE

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 HIRE

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

5094276440

Cover Note Number

Driver

Name of Driver CHUA CHYE HUAT

NRIC No S0229656Z Date Of Birth 12/09/1950 OUTDOOR Occupation 30/05/1968 Date Of Driving Pass

Driving Experience 49 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97979354

Fax Number

Contact Number OTHERS-97979354

EMail Address STRATAPAKBOX1038@GMAIL.OM Address

BLK 33 TELOK BLANGAH WAY

#11-1038

Postcode

090033

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

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)

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 Make/Model/Colour

Vehicle Registration Number

SGS6326M TOYOTA

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)

SKETCH PLAN

IMPORTANT NOTICE

- 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.

Policyholder's Signature

Date & Time:

Driver's Signature

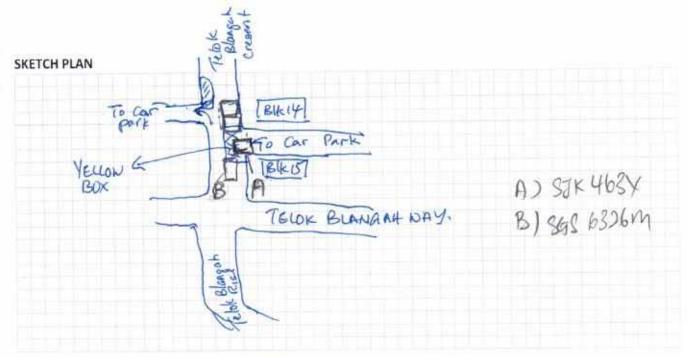
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

at about 10 am. I was deloing my can st 2018 Blangah along Telok Light. Two behicle one was pedestrian Traffic 006 otek-up was a In front DAS RED. was which was trying drive my car another Righer 543 6326 M to let him brake his one the lirst time iam me he 0 brake again to stop jam his again rear his Car bumper touches for the police. I told him car and said call he want means, I will stay put and wait till the police arrived, took side bumper right and also My egr order he make inease report a told him that brake swural DIV jaming YOU NSWARCE Policy Car Are is very dangerous. this manner to cause towards CIM dissing about 055 25 Mas 15

DECLARATION

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

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

Reporting Centre Personnel's Signature

NRIC/FIN No

Policyholder's Signature Date & Time:

Claim Handling) E)
Accident MT/099335	1										
Holey No.	5094228445	Vehicle NV.	53#463#			GST Registration	on No.	20	0000920	10	
Policyholder Name	STRATA PAK BOXES (S) PTE LTD		1			Policyholder NR	esc.	20	0000438	500	
Product Code:	PRIVATE CAR INSURANCE	Caner Type	grivo CLIIST	SIC:		Loading		10			
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Report Date	58/05/2018 GE:18	Accident Aspert Within 24 hr	n Ver			Accident Type		176	a Landau		
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	11-1111	Address Type	Singapore a			Paul Code		.0	940033		
Unit No.	11-1036	Related Policy Number	509427646								
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Driver Name		Driver Type									
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Register Date of Criser	(1)C#0166	Driver Agu				Diving Expens	1112.00				
Contact No.(Mobile)		Contact No.(Office)				Comed No.(H)	(mir)				
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Address 4		Address Type	Foreign add	Fress		Post Code					
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Email Address	97979354	Contact No.(Hume)				Contact No.(Of	100	24	EL.		
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New		Indused Cability *	Not wi Faul	ft. (*)							
Require Finalication	Yes. •	Preference Repair Diction	Preferred V	Warkshop, Name unitr	NIWIY	GIA PRINCE			Received		*
Date Registered	17705/2018 18:27	Claim Date Date				Date Received		1	7/05/201	6.00:00	
Report Taken By	HOSE WAHAB										
Attachment			fave Sci	ismin .							
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Display in New Window | Scan and uploading

BUSINESS PROFILE



REQUEST CRITERIA

(You have requested to search on the following)

Date of Request :

06/06/2017

Name of Requestor:

DP INFORMATION NETWORK PTE LTD (BUREAU)

Requested Entity Name:

STRATA PAK BOXES (S) PTE LTD

Requested Entity Number:

200009203G

SEARCH RECORD

Entity Name:

1) STRATA PAK BOXES (S) PTE LTD

2) ADVANCED FUNERAL PRODUCTS (S) PTE LTD

Entity Number:

200009203G

ACCOUNTING AND CORPORATE REGULATORY AUTHORITY
BUSINESS PROFILE (COMPANY)

ACRA

WHILST EVERY ENDEAVOUR IS MADE TO ENSURE THAT THE INFORMATION PROVIDED IS UPDATED & CORRECT, THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

DETAILS OF COMPANY

Entity Name:

STRATA PAK BOXES (S) PTE LTD

Entity Number:

200009203G

Date Of Registration (dd/mm/yyyy):

28/10/2000

Country Of Incorporation:

SINGAPORE

Date Of Change Of Name:

28/01/2002

1) Former Name (Effective Date):

ADVANCED FUNERAL PRODUCTS (S) PTE LTD (28/10/2000)

Type Of Company:

EXEMPT PRIVATE COMPANY LIMITED BY SHARES

Registered Office Address:

33 TELOK BLANGAH WAY

#11-1038

SINGAPORE 090033

Date Of Change Of Address:

-27/02/2016

Principal Activity / Activities:

1)MANUFACTURE OF CORRUGATED PAPER AND PAPERBOARD (17021) SUPPLIER FOR PAPER BOXES, CARTON BOXES, PALLETS

AND PACKAGING MATERIAL

2)PASSENGER LAND TRANSPORT N.E.C. (EG PRIVATE CARS FOR

HIRE WITH OPERATOR AND TRISHAWS) (49219)

Status:

LIVE COMPANY

Status Date:

28/10/2000

CAPITAL STRUCTURE

Capital Structure:	No. Of Shares	Currency	Amount
ISSUED ORDINARY	70,000.00	SINGAPORE, DOLLARS	70,000.00
PAID-UP ORDINARY	±2	SINGAPORE, DOLLARS	70,000.00

Note: The number of shares is displayed up to two decimal points.



Our Ref: MT/CA/TP/001/0993353-001/JLY/VU

08 May 2018

STRATA PAK BOXES (S) PTE LTD BLK 33 #11-1038 TELOK BLANGAH WAY SINGAPORE 090033

Dear Policyholder

CLAIM NUMBER: MT/0993353-001

ACCIDENT INVOLVING SJK463X / SGS6326M on 4 May 2018

We would like to inform you that a claim has been made against your motor policy.

We need to respond to this claim within seven days. We would appreciate it if you could provide us:

a. additional evidence, if any, such as accident photographs, video clips or witnesses' statement

b. Information on whether you are making a claim against the other party

We wish to remind you that under this motor insurance policy, you are required to report the accident, whether there is damage or not, within 24 hours or the next working day after the accident at any of our reporting centres. If you have not done so, please report this accident to us immediately. Otherwise, we regret to inform you that we may not be able to handle the claim on your behalf.

You need not respond to us if you have already reported the accident and do not have any further information.

We wish to remind you not to admit liability, make offer or payment without informing us and getting our approval. If you are making a claim against another party or have instructed your workshop or lawyers to act on your behalf, please update us on the developments. This is important as any liability undertaken by you may have serious implication on the third party claim against you, and may result in us not being able to handle the claim for you.

E Par

If you have any queries, please contact our Customer Service Officers at 6788 6616 or email us at motor@income.com.sg.

Yours sincerely

Goh Peng Hong

Manager

Motor Insurance

NTUC Income Insurance Co-operative Limited

Income Centre 75 Bras Basan Road Singapore 189557 + Tel: 6788 1777 + Fax: 6338 1500 • Email: csquery@income.com.sg · Website: www.income.com.sg

🚃 an NTUC Social Enterprise 📟

ACCIDENT STATEMENT

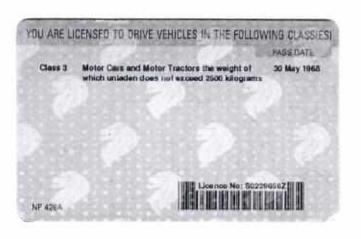
	ACCIDENT DATE: (04/05/2018) (DD/MM/YYYY).	TIME: (COM) (HH:MM)
	LOCATION Pelole Hengah Cresent.	· · · · · · · · · · · · · · · · · · ·
	LOCATION: TOTAL STENDER COMME	
	1. DETAILS OF VEHICLE	
	CTH 412 Y	55-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
	B)INSURANCE COMPANY: INCOME	44.7
	CIPOLICY NUMBER: 5094276440	
		a verifice o a province o Tilifetti
	d)POLICY TYPE (COMPREHENSIVE) THIRD PART	
	OMAKE & MODEL: TO YOTA AL	The state of the s
	FITYPE (SALOONY COUPE / MPV /VAN / LORRY	
	g) VEHICLE CATEGORY: (PRIVATE / COMMERCIA	
	h) PURPOSE OF USING AT ACCIDENT TIME: DIC	The state of the s
	i) ARE YOU CLAIMING UNDER YOUR OWN INSUR	
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / RE	ORTING ONLY)
(1)	2. INSURED / POLICY HOLDER	Contract of the second
	AJNAME: CHUN CHYE HUAT.	(IMALE) FEMALE)
NUMBER OF	bjnRiC/FIN/PASSPORT: S0229686-2	CONTACT: 97974354
PACSANGER	CIADDRESS: BIK 33 # 11-1038	90033)
michigance delivered		
	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOL 3. DRIVER STRATA PAK BOYES (S) PTO	
	GINAME: CHUA CHYC HUAT,	(MALE / FEMALE)
100	b)NRIC/FIN/PASSPORT:	CONTACT:
	CIADDRESS: AS ABOVE	_CONTACT
	CIADDRESS. 10 TIDOVE	
	*d) DATE OF BIRTH: (12 /09 /1950) (DD/N	(NA /VVVV)
	e)OCCUPATION: (INDOOR OUTDOOR)	niv() () ()
	FIDATE OF DRIVING PASE : 1968	
	4. WAS DRIVER AN EMPLOYEE OF THE INSURE	D'S COMPANYZ (VES (NO)
	IF NO, RELATIONSHIP OF THE DRIVER WITH	
	5. a) WEATHER CONDITION: CLEARY RAINING / C	
	b ROAD SURFACE: ORY WET / OTHERS	7111113
	6. WAS ANYBODY INJURED (YES (NO))	
	7. a) REPORTED TO POLICE (YES (NO)	1
	IF YES, PLEASE STATE WHICH POLICE STATION:	H/A
	8. THIRD PARTY VEHICLE	
()	a) VEHICLE NUMBER: SGS 6326M	MODEL: TOYOTA.
NUMA AND OF	b) DRIVER'S NAME: NA.	
MUMBER OF	b) DRIVER'S NAME: NA.	CONTACT: N A
PASSANGHE	9 THIRD PARTY VEHICLE	
INCTRIDING DEMAK	d) VEHICLE NUMBER:	MODEL:
	e) DRIVER'S NAME:	
NUMBER OF	f) NRIC/FIN/PASSPORT:	CONTACT:
POSSONIGHIR	trans consistential in Consistent Southfalls	- Jerosti i kana terro (Al
INCLUDING DELUGIL		
Name of the Assessment		
		* P

1) EMAIL: stratorpakbox 1038@gmail.com.











Certificate of Insurance

MOTOR VEHICLES (THIRD P	ARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD P	ARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 19	37 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Cover : drivo CLASSIC Certificate Number: 5094276440 /

Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

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.

: SJK463X /

: MR053ZEE206108150

: 18 Sep 2017 /

: 01 Oct 2018

: STRATA PAK BOXES (S) PTE LTD

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) Use for any purpose in connection with the Motor Trade.

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.

: \$\$2,000 EXCESS (SECTION 1) : 5\$1,500 EXCESS (SECTION 2) : \$\$100 WINDSCREEN EXCESS : N/A ADDITIONAL EXCESS : PLEASE REFER OVERLEAF UNNAMED DRIVER EXCESS : NO REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : NO NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO EXCESS WAIVER

: N/A PRIMARY DRIVER : N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : MARKET VALUE OF INSURED VEHICLE LESS RESIDUAL COE/PARE

SUM INSURED

VALUE 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)

: REV AUTO PTE LTD (00000571335)

Date of Issue

: 18 Sep 2017 12:54 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive