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MNA418067591 / National Assessment Centra Services - Built Marah ENTRY DATE & TIME: 24/06/2018 14:29 SUBMITTED BY: ROSL) BIN ABDUL WAHAB

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.

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.

The second secon	ACCIDENT STATEMENT
Date Of Report	24/05/2018 14:29
Date Of Accident	10/05/2018 15:00
Exact Location Of Accident	MARINA BARRAGE
Country/State of Loss	SINGAPORE
Chromo transcribe and the contract of	ETAILS OF OWN VEHICLE
Vehicle Registration Number	YN9276S
Insured/Policyholder	
Name Of Registered Owner	POI HONG TRADING PTE LTD
Co Reg No	201012058E
Email Address	ZBAOFENG2001@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91872801
Alternative Phone No	OFFICE-94874108
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	CANTER
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	5073521119-02
Cover Note Number	
Driver	

TOK KOK GUAN (ZHOU GUOYUAN) Name of Driver

S7111855Z NRIC No 13/04/1971 Date Of Birth OUTDOOR Occupation 06/08/1991 Date Of Driving Pass

26 YEARS AND 9 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-91872801 Mobile Number

Fax Number

OTHERS-94874108 Contact Number

ZBAOFENG2001@GMAIL.COM EMail Address

Address

BLK 129A CANBERRA STREET

#06-638

Postcode

751129

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

COLLIDED INTO PROPERTY

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

1

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

Passenger 1

NAME:

: WORKING COLLEGUE

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

Vehicle Make/Model/Colour

Details Of Properties

BARRIER

Vehicle Category

NAJUNKNOWN

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 <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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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.
- 6. 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.
- 7. 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)
 - (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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

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	close down and but my larry but the bar	
	without fall off so I just drive of	
You	can check the CCTV regarding this ma	the

DECLARATION

biologoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

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

NRIC/FIN No.:

Reporting Centre Personnel's Signature
Name: FCLAI WAYARS

Ciaim Handling Accident HT/0994544												Ext
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Register Date of Driver (License	Driver Age				Driving Ex	penence					
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Our Ref: MT/CA/TP/001/0994544-001/HT/VU

17 May 2018

POLHONG TRADING PTE LTD BLK 14 #01-34 WHOLESALE CENTRE SINGAPORE 110014

Dear Policyholder

CLAIM NUMBER: MT/0994544-001 ACCIDENT INVOLVING YN9276S / BARRIER on 10 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:

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

If you have any queries, please contact our Customer Service Officers at .788 6616 or email us at motor@income.com.sg.

Yours sincerely

Goh Peng Hong Manager

Motor Insurance

ACCIDENT STATEMENT

_ 1600

PACSANGER *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER *DRIVER *QINAME: SE NOR (21406 90 400) *[MALE / FEM *DINRIC/FIN/PASSPORT: CONTACT: 946 *d)DATE OF BIRTH: (/	
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1) EMAIL: zbadeug2001@qmail.com	

1) EMAIL: zbaoleg2001@gmil.com

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7111855Z





TOK KOK GUAN (ZHUO GUOYUAN)

Race

CHINESE

Date of butte

13-04-1971 Country of birth

SINGAPORE







4837168

20-09-2010

APT BLK 129A CANBERRA STREET #06-638 SINGAPORE 751129

NRIC No: \$71118552

Date: 02/11/2017

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc 27 Jun 1985
Class 3 Motor Cara =< 2000 kg with =<7 passengers, exclusive 06 Aug 1991
of the driver; and other motor vehicles =< 2500kg
Motor vehicles which are constructed to carry lead or passengers and the unladen weight > 2500kg
Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg

Licence No: \$7111855Z

NP 428A



THE SCHEDULE

Commercial Vehicle Insurance Policy

This Policy sets out the terms of a contract between NTUC income insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

- 1. any Endorsement specified as operative in the Schedule
- 2. the Conditions and General Exclusions of this Policy, and
- 3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document. GST Reg No. M4-0003030-8

Policy Number

5073521119-02

The Policyholder

POLHONG TRADING PTE LTD

BLK 14 #01-34 WHOLESALE CENTRE SINGAPORE 110014

Period of Insurance

: 07 Sep 2017 To 06 Sep 2018

Sum Insured

: Market Value of Insured Vehicle at Time of Loss

Premium (inclusive GST)

: \$\$1,770.61

Interest Insured

Cover Type Make/Model : Comprehensive

: MITSUBISHI/OTHERS Capacity

: 4.2 ton(s)

Number of Seater

: 2

Registration Number

: YN92765

Registration Date

: 07 Sep 2015

Chassis Number

: FEB71EA10156

Insure with COE

: Yes

Excess (Section 1)

: 55600

NCD Entitlement

20%

Excess (Section 2)

: N/A

Loyalty Discount

: 5%

Hire Purchase Company

: GOLDBELL ENGINEERING PTE LTD

Memo A: N/A

Endorsement Operative : N/A

Agency

: WAN KWAI FAH CYNTHIA (00000519164)

Date of Issue

: 08 Aug 2017 11:21 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

Chief Executive