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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 <u>truthful and accurate</u> 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.
- 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	02/10/2018 14:38
Date Of Accident	27/09/2018 15:30
Exact Location Of Accident	PIE (TUAS) AFTER TOH GUAN RD EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YP475H
Insured/Policyholder	
Name Of Registered Owner	UNI TAT ICE & MARKETING PTE LTD
Co Reg No	199406736C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	HINO
Model	HINO XZU700R-HKFMS3
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MOMVC000002029-01-000
Cover Note Number	
Driver	
Name of Driver	FU QIANG
Passport No/FIN	G8180437R
Date Of Birth	15/12/1983
Occupation	OUTDOOR
Date Of Driving Pass	04/11/2009
Driving Experience	8 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90080672
Fax Number	
Contact Number	OFFICE-90080672
EMail Address	NOEMAIL

51 UBI AVENUE 1 Address

#01-26 PAYA UBI INDUSTRIAL PARK

Postcode 408933

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

1

NO

GBF6840Y

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

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?

Was any other material or property damaged? YES I have been approached by unknown person(s) NO

soliciting/offering accident claims assistance. 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

REFER TO STATEMENT.

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

COMMERCIAL VEHICLE

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 18

IMPORTANT NOTICE

- Please report correctly 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.
- 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.
- 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.
- 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

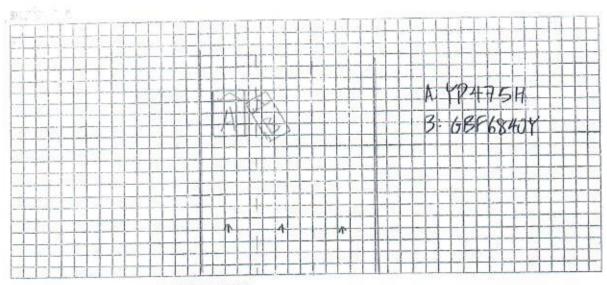
Date & Time:

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

Name:

Reporting Centre Personnel's Signature

NRIC/FIN No .:



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DECLARATION

I/We declare the foregoing 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.:

ZIN BARONE ACCIDENT STATEMENT

HVOC TANT ACTICE

- Complete and submit this form to the individual insurance authorised reporting centre. Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful 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.

 Any false reporting may be referred to the traffic police department for investigation.

	ACCIDENT DETAILS	on at a his last
Date of accident	17/09/18	(DD/MM/YY)
Time of accident	1530	(HM:AARA)
Exact location of accident	PIE after Ton Guan Road towards Jurone)

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	INSURANCE IN	ORMATION	
Insurance company	(steat	American	
Policy number	MOMVEDO	0002029-01-000	
Type of policy	Comprehensive E	Third party fire & theft	TP only

SENSON CONTRACTOR	INSURED / POLICY HOLDER	to be freezed and	Private Value
Name '	uni- Tat Ice & Marketing	PTE LTO Male [Female D
NRIC / Fin / Passport number	1994067366		
Contact		1552 1 16 10 WWW.	
Address	51 usi Ave 1 A01-26 Paya Usi	tobestrial	

DRIVER	SAME AS INSURED ABOV	/E 🗉 (SKIP TO D.O.B)
Name	TU QIANG	Male Female
NRIC / Fin / Passport number	6 0180437R.	
Contact	90080672	
Address	51 Ubi Ave 1 #01-26 . PAYA	4 upi Industrial. S (4089 33)
Email address		
Date of birth	15/12/1983	
Occupation	Indoor Outdoor	
Driving date pass	04/11 /2000	

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S PASS

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

Employer
UNI-TAT ICE & MARKETING PTE LTD

Sector: MANUFACTURING



Date of Application 04-08-2017

Date of Issue
29-08-2017
Date of Expiry

29-08-2019



L8260691



Immigration Regulations VISIT PASS

FU GIANG Name

Nationality Sex 15-12-1983 Date of Birth

Date of Issue

G8180437R

FIN

Date of Expiry

CHINESE

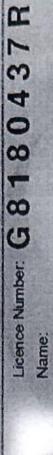
29-08-2019 29-08-2017

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.



REPUBLIC OF SINGAPORE DRIVING LICENCE



FU GIANG

Valid Till 03 Nov 2019 Birth Date: 15 Dec 1983 Issue Date: 16 Oct 2014

002356106K

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

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Class 2B Motorcycles =< 200 CC

Class 3 Mot

Class 4

Motor cars =< 3000 kg with =< 7 passengers, exclusive of the

driver; and motor tractors/vehicles =< 2500 kg Heavy motor cars and motor tractors > 2500 kg

05 Feb 2015

G8180437R

S/No. 9000213721

Licence No: G8180437R



NP 428A



GREAT AMERICAN INSURANCE COMPANY

UEN: T15FC0029B GST REG. NO.: M90370081T 3 TEMASEK AVENUE, #16-01 CENTENNIAL TOWER

SINGAPORE 039190 TEL: +65 6804 6000 FAX: +65 6235 2616

CERTIFICATE OF INSURANCE

Policy Details

Certificate Number Policyholder Name MOMVC000002029-01-000

Chassis Number

: Commercial Vehicle (Comprehensive) : JHHTGS3H40K002921

NCD Entitlement

Uni-Tat Ice & Marketing Pte Ltd 20% Fleet Discount

Engine Number

: N04CUS25232

Hire Purchase

DBS BANK LTD.

Registration Number

: YP475H

Period of Insurance

From 08/12/2017 (00:00) To 07/12/2018 (23:59) (Both Dates Inclusive)

Persons or Classes of Persons entitled to Drive

Any person who is driving on the Policyholder's order or with their permission

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor or so has been Vehicle 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

Limitations as to Use

- a) Use in connection with Policyholder's business
- Use for carriage of passengers (other than for hire and reward) in conection with the Policyholder's business b) This Policy does not cover:
- Use for Hire and Reward
- Use for racing, pace making, reliability trial or speed testing
- * Limitations rendered inoperative by Section 8 of the Motor Vehicles (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)

SGD 800.00

Excess (Section 2)

N/A

Windscreen Excess

SGD 100.00

ADDITIONAL EXCESS

Please refer overleaf

Driver Details

Named Driver 01

Any driver driving on the policyholder's order or permission

Name of Intermediary

Tan Insurance Brokers Pte Ltd

Date of Issue

27/11/2017

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Signed for and on behalf of

Great American Insurance Company

陳保險經紀私營有限公司 TAN INSURANCE BROKERS PTE LTD 3A/5A Aliwal Street, Chenn Leonn Building Singapore 199896 www.tib.com.sg

Tel: (65) 6742 6766 Fax: (65) 6742 6669