MNA 118158388. NATIONAL Assessment Centre Services. [wel 1 Jan 03] . Done by Date &Time Completed Jeb description Date In: 7/12/18 15:41 SAS c-filing Ref No: MA/ 1MC18022059/64 E-mail (within 5hrs, AIC 2hrs) Vch No: GOF 3565 L. MT/1023096 -001 i-Motor Claim Form 10/12/18 D.O.A 7/12/18 13:45 . I-Motor W/O (Within: OD 2hts, TP 4hrs) OD THE ! Reporting Only I-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Fax: Preferred Wksp / INC Assign Wksp / QW: (INC ()/Non-INC (Veh No: TP Particulars: SH 69168. Tcl: Owner / Driver: (). Cover Type: (Period: (Policy No: () Time: Date: Confirmed by : (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 30-100%] Insured/Driver Liability: ()/NO(Year of Registration: (Warranty: YBS (Loading: \$1,000 ()/\$2,000(Excess: (\$ General Remarks at 1 1 1 1 1 1) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer. : to e-mail Insurer URGENTLY.) Total Loss Case); Towing Co: (); Invoice: YES () / NO (Drive-In ()/Towed-In (Remarks:- (INC hothic) 6788 6616) 12) / Courtesy Car (1) Apply for Transfort Allowance (2) QC Check / Post Repair Inspection) 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time / Actions That is 1) AR : Accident Reporting (530); Chumant's Particulars is 2) DA : Damego Assessment (\$100); INC (\$30) \$40/\$45 3) TF : Towing Fee Driver/Owner: \$120 4) FT : Follow-Through Survey 230 5) PT : Pollow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 2005) Contact No: \$75 6) TR : Re-inspection Damaged Portion: \$160 7) N1 : Idao DA + SMRT Survey 8) NTUC Additional Services:-QD. \$5 *NS: Courtesy Car / Tpt Allowanse QC Checked by (Engr-In-Charge): 510 • N6: Repair Co-ordination \$25 * N7; Fost Repair Inspection Auditors! Comments: NB: DV / Collect Excess Coordination 35 TP (NII): TP (Non INC) against INC \$20 Cat. 1: 9) N12: Idao Mobile Fee Charges Involce dated 1 2/3: WASHING. Fee Charged Involce dated

i a per et et en

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 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.
- 5. 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 afreespid.

ehicle Registration Number	07/12/2018 15:41 07/12/2018 13:45 KAKI BUKIT AVE 1 B4 KAKI BUKIT RD 1 SINGAPORE DETAILS OF OWN VEHICLE GBF3565L LEONG CHAI KEE FOOD MANUFACTURER PTE LTD
Exact Location Of Accident Country/State of Loss Pehicle Registration Number	KAKI BUKIT AVE 1 B4 KAKI BUKIT RD 1 SINGAPORE DETAILS OF OWN VEHICLE GBF3565L LEONG CHAI KEE FOOD MANUFACTURER PTE LTD
Country/State of Loss Polyehicle Registration Number	SINGAPORE DETAILS OF OWN VEHICLE GBF3565L LEONG CHAI KEE FOOD MANUFACTURER PTE LTD
ehicle Registration Number	GBF3565L LEONG CHAI KEE FOOD MANUFACTURER PTE LTD
ehicle Registration Number	GBF3565L LEONG CHAI KEE FOOD MANUFACTURER PTE LTD
	LEONG CHAI KEE FOOD MANUFACTURER PTE LTD
nsured/Policyholder	
Name Of Registered Owner	
Co Reg No	199300070D
mail Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64543343
/ehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5
xact Purpose for which vehicle was being used at me of accident	WORKING
are you claiming under your own insurance policy or repair to your vehicle?	NO
No, Please state action to be taken	THIRD PARTY
ehicle Category	COMMERCIAL VEHICLE
nsurance Company	
Jame of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
ype Of Coverage	COMPREHENSIVE
leet Policy	NO
Policy Number	5084833844-02
Cover Note Number	•
Driver	
lame of Driver	LIU ZHENGYOU
assport No/FIN	G3379872K
Date Of Birth	07/06/1994
Occupation	OUTDOOR
Pate Of Driving Pass	19/01/2018
riving Experience	0 YEAR AND 10 MONTH
Gender	MALE
fobile Number	(LOCAL) +65-87401302
ax Number	
Contact Number	
Mail Address	NOEMAIL

Address 13 KAKI BUKIT RD 1 SINGAPORE

Postcode 415928

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

*

NO

General Information of the Accident

Type Of Accident CHAIN COLLISION

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?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

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

AFTER THE FIRST NO COLLISION INCIDENT HAPPENED AT AROUND 1340HRS ALONG SLIP RD FROM PIE EXIT TO EUNOS LINK, I WAS ON THE WAY BACK TO MY COMPANY, WHEN I WAS AT THE KAKI BUKIT AVE 1 BEFORE KAKI BUKIT RD 1, VEH C (BEARING NO GBG2711H) SUDDENLY JAMMED BRAKE, AS SUCH I MANAGE TO STOP ON TIME. ALL OF A SUDDEN, I FELT AN GREAT IMPACT FROM BEHIND. THE IMPACT PUSH MY VEH MOVE FORWARD HIT ONTO VEH C, AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED I WAS INVOLVED IN A 4 CAR CHAIN COLLISION ACCIDENT. VEH B (BEARING NO SH6916B) FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

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 SH6916B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

GBG2711H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SLW6016C

Vehicle Make/Model/Colour

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.
- 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 (all insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of ".
 - (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.

Section 1998 A FEBRUARY

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.:



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

Employer LEONG CHAI KEE FOOD MANUFACTURER PTE LTD

Sector MANUFACTURING

LIU ZHENGYOU DRIVER

Wolk Permit No. 0 77624988

16-08-2017

04-09-2017 18-08-2019

L8359407



VISIT PASS Immigration Regulations

LIU ZHENGYOU

Date of Birth Sec 07-06-1994 M

Date of tea

Date of Expiry G3379872K 04-09-2017 18-08-2019

CHINESE

MULTIPLE JOURNEY VISA ISSUED



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

FEFECTIVE DATE

G337987280

S / No.9000304956

NP 428A





Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY	RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PART)	RISKS AND COMPENSATION) RULES, 1960
BOAD TRANSPORT ACT 1987 (N	AALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA) Certificate Number: 5084833844-02 Cover : Comprehensive : GBF3565L 1. Index mark and Registration Number of Vehicle : JN1SC2F24Z0858935 Chassis Number : LEONG CHAI KEE FOOD MANUFACTURER PTE LTD 2. Name of Policyholder : 22 Sep 2018 3. Effective Date of Insurance : 21 Sep 2019 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. 6. Limitations as to Use# (a) Use for social domestic and pleasure purposes and in connection with the Policyholder'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 hire 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. : \$\$600 EXCESS (SECTION 1) : N/A EXCESS (SECTION 2) WINDSCREEN EXCESS : \$\$100 : YES INSURE WITH COE : UNITED OVERSEAS BANK LIMITED HIRE PURCHASE COMPANY : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS SUM INSURED 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) : HON BROTHERS MOTOR (00000571733) Agency : 24 Aug 2018 14:04 hrs Date of Issue For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED Countersigned By: Chief Executive **Authorised Officer**

Claim Handling							
Accident MT/1023096							92027
Policy No.	5084833844-02	Vehicle No.	GBF3565L	G	IST Registra	ation No.	NA.
Cortificate No.					olicyholder	NOTE	100000
Policyholder Name	LEONG CHAI KEE FOOD MANUFACTURER PTE LTD	Cover Type	Comprehensive		oncynoiger	MALL	19930
Product Code	COMMERCIAL VEHICLE INSURAF	Contact No.(Office)	Comprehensive		Contact No.((Home)	
Contact No.(Mobile)	64543343	Special Remark			Code		No *
C &	» No Yes	TCA	+ No Yes		Code Reaso	on	
II.D Protection	No	NCD Entitlement(%)	15		rivate Hire		No
Accident Details	100		M				
Logart Date	10/12/2018 09:31	Accident Report Within 24 hrs	Yes	A	Accident Typ	e	Chain
Into of Acodent	07/12/2018	Time of Accident hhimm	13:45		Country of A		Singap
legarting Centre	0771271010	Orange Force			CM No.		
Accident Location	KAKI BUKIT AVE 1 B4 KAKI BUKIT RD 1						
- Excess							
own damage Excess	600.00	Additional Excess		,	Windscreen	Excess	100.0
Innamed Driver Excess		Outside Singapore OD Excess					
Turd Party Excess	0.00	Outside Singapore TP Excess					
→ Benefits							
F GST Registered Informat	tion						
HF Registered	Yes		GST Registra	ation Date	01	1/01/2015	
SF Registration No.	NA		GST Status	Verified	No	0	
dication History							
Policyholder Mailing Add	ress						
Vodress 1	13 KAKI BUKIT ROAD 1	Address 2	#05-07 null		Address 3		SING
vadrass 4		Address Type	Singapore address	p	Post Code		41592
Init No.	05-07	Related Policy Number	5095404475-01				
OI Driver Info							
lover Name	Unnamed Driver	Driver Type	Unnamed Driver				
Innamed driver Name	LIU ZHENGYOU	Driver NRIC	G3379872K		Driver DOB		07/06
inglister Date of Driver License	19/01/2018	Driver Age	24		Driving Expe		0
Invluct No.(Mobile)	87401302	Contact No.(Office)			Contact No.	(Home)	0.575.00
vide:49 1	13 KAKI BUKIT ROAD 1	Address 2			Address 3 Post Code		SING
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Claim Type *				OD-MX ¥	Insured Name	LEONG CHAI KEE F	OOD MANU
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Claim No.

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