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TP Insurer:		Survey Report	<u> </u>		
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Owner / Driver: (dw12246M	. INC()/Non-INC()		
Policy No: (Period: (Cover Type: (
Confirmed by : (7 61104. (Date:	Time:		
Insured/Driver Liability: (%) [Note-Est Status (7tme: 0%; P: 21-79%. P: 80-)	
Year of Registration: () Warranty: YES ()/NO(7%, P: 21-79%. P: 80-	100%]	
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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 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

aforesaid,	ou nereby consent to the archiving of this report at the centre and to copies of the report being made available
water and the property	ACCIDENT STATEMENT
Date Of Report	17/04/2019 12:18
Date Of Accident	16/04/2019 13:50
Exact Location Of Accident	SLIP RD CTE (SLE) TWDS AMK AVE 1
Country/State of Loss	SINGAPORE
WAS TO THE REAL PROPERTY.	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBE7860M
Insured/Policyholder	
Name Of Registered Owner	AKM MANUFACTURERS & IMPEX PTE LTD
Co Reg No	201414124E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67488786
Vehicle Particulars	
Manufacturer	TOYOTA

Model HIACE VAN TURBO 4 DR AUTO

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?

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 5108691313

Cover Note Number

Driver

Name of Driver ABDUL WAHAB SHAIK FAREED

Passport No/FIN G5386353T Date Of Birth 07/11/1978 Occupation OUTDOOR Date Of Driving Pass 27/05/2013

Driving Experience 5 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96528105

Fax Number

Contact Number OFFICE-96528105

EMail Address NOEMAIL

3017 BEDOK NORTH STREET 5 Address

#06-03 GOURMET EAST KITCHEN Postcode 486121

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

2

NO

1

NO

1

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 (including own vehicle)

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)

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?

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE AS THERE THE PEDESTRIAN CROSSING ON ZEBRA CROSSING. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE 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 SMJ2346H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver HUANG HANXIANG

NRIC/Passport Number S8804858Z

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 14

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:
 - (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:

Co. Reg. No. 201414124E

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

Reporting Centre rsonnel's Signature

Name: NRIC/FIN No.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	St. 41 St. 50 St. 50 St. 50 St. 50 St. 40 St. 50 St
polor to	statement.
166-11	TI STEMPTO

DECLARATIONS &

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

Policyholder's Signature Date & Time:

201414124E

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

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

S PASS

Employment at Farsign Manpower Act (Chapter 91A) Republic of Singapore

AKM MANUFACTURERS & IMPEX PTE. LTD.



ABDUL WAHAB SHAIK FAREED

0.36924616

SERVICE

K1204980



VISIT PASS Immigration Regulations

27-02-2018

ABOUL WAHAB SHAIK FAREED

G5386353T

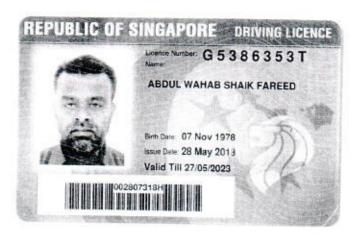
Date of Sinh 07-11-1978

INDIAN

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.





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

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc
Motor cars with unladen weight =< 3000kg with =< 7
passengers, exclusive of driver; and other motor
vehicles with unladen weight =< 2500kg

27 May 2013 27 May 2013

NP 428A





	Certifica	ate of	nsurance	
MOTOR VEHICLES (THIRD PARTY MOTOR VEHICLES (THIRD PARTY ROAD TRANSPORT ACT, 1987 (MA MOTOR VEHICLES (THIRD PARTY	RISKS AND COMPENSAT ALAYSIA)	ION) RULI		
	The state of the s	IT4121W		
Certificate Number : 510869131			Cover : Comprehensive	
1. Index mark and Registration N	lumber of Vehicle		GBE7860M	
Chassis Number			JTFHT02P900161555	
Name of Policyholder			AKM MANUFACTURERS &II	MPEX PTE, LTD.
3. Effective Date of Insurance			08 Apr 2019	
Expiry Date of Insurance		£00	30 Jun 2020	
 Persons or Classes of Persons The Policyholder. 	entitled to drive#			
	bining on the Della hal	2010	ALC: A	
(b) Any other person who is a				
the Motor Vehicle or has enactment or regulation i	been so permitted and	s not disq	ualified by order of a Court	laws or regulations to drive of law or by reason of any
6. Limitations as to Use#				
(a) Use for social domestic ar	id pleasure purposes an	id in conn	ection with the Policyholder	r's business or profession.
(b) Use for the carriage of par	ssengers or goods in cor	nnection v	ith the Policyholder's busir	iess.
This Policy does not cover				
(a) Use for hire or reward.				
(b) Use for racing, pace-making				
(c) Use whilst drawing a traile	er except the towing of	any one d	sabled mechanically prope	iled vehicle.
# Limitations rendered inop Act (Chapter 189) and Sec headings.	erative by Section 8 of t tion 95 of the Road Trai	the Motor nsport Act	Vehicle (Third Party Risks a , 1987 (Malaysia), are not t	and Compensation) o be included under these
EXCESS (SECTION 1)	: 5\$600			
EXCESS (SECTION 2)	: N/A			
WINDSCREEN EXCESS	: \$\$100			
INSURE WITH COE	; YES			
HIRE PURCHASE COMPANY	: UNITED OVER	SEAS BAN	K LIMITED.	
SUM INSURED	: MARKET VALL	JE OF INSU	RED VEHICLE AT TIME OF L	.OSS
	y to which this Certifical mpensation) Act (Chapt POWER ENTERPRISE (00 - 2019 09:49 hrs	er 189) an	d Part IV of the Road Trans	the provisions of the Motor part Act, 1987 (Malaysia)
Countersigned By:	Authorised Officer		Jun 1	RANCE CO-OPERATIVE LIMITED

eBao Tech					THE REAL PROPERTY.			Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601	romathorza webshaladowa	24. s (WWW.) (1944)	Control Control	Change L	anguage	• Change	Password	· Log Ou
My Desktop	Policy Query								
Natice of Loss	Policy No.			Date	of Accident	1	6/04/2019 13	50	
	Vehicle No. (For Motor)	GBE7860M		Certi	ficate Number				
			E E	Search					
	Select Policy No.	rtificate Policyholder umber Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5108691313	AKM MANUFACTURERS 8JMPEX PTE. LTD.	201414124E	GCV	Comprehensive	GBE7860	(0.000)		30/06/2020
		LID.	C	ontinue	1				

Policy No.	5108691313	Policyholde Name	AKM MANU	FACTURERS &IMPEX	Policyholder NRIC	201414124E	
Certificate No.	*	SAME.			HAIC		
Address	3017 BEDOK NORTH STREET 5	06-23 GOU	RMET EAST K	ITCHEN SINGAPORE	486121		
Product Name	COMMERCIAL VEHICLE INSURAL	Plan			Group Policy Flag	N	
Policy Issue Date	08/04/2019	Effective Date	08/04/201	9 00:00	Expiry Date	30/06/2020 23	:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess		OS Premium	1874.29				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/	Inexperience Driver Excess
Agent	HIGH POWER ENTERPRISE	Agent Tel.	NIL		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	holder Mailing Address						
Address 1	3017 BEDOK NORTH STR	EET 5 Add	ess 2	#06-23 GOURMET	EAST KITCHE	Address 3	SINGAPORE 486121
Address 4		Addi	ess Type	Singapore address		Post Code	486121
			ted Policy	5108691313			
Unit No.	06-23	Num	001				
Unit No.	06-23 d Object: GBE7860M	Num					
Unit No.	d Object: GBE7860M	Num		Sept. Co. Localisms			

### 0.1414124E 7/04/2019 20:20:14 System of 7/04/2019 20:20:14 System of 7/04/2019 20:20:14 System of TH STREET 5 HAIK FAREED TH STREET 5 340H ON 16 Apr 2019	Total TP Excess Applicable henged GST Registered from No. Innanged GST Registration No. Innanged GST Registration Date in Address 2 Address Type Related Policy Number Oriver Type Driver NRIC Driver NRIC Driver NRIC Driver Webicle No. Any Injury? Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit + Claimant NRIC + Insured Liability * Preferered Regair Option Claim Close Date	om null to 201414124E	Driver is Covered? 13/10/2014 Yes Address 3 Post Code Driving Experience Contact No. (Home) Address 3 Post Code Driver Insurer Company Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	\$2NGAPORE 456121 486121 07/11/1978 5 0 SINGAPORE 486121 496121 201414124E SM12346H Received 17/04/2019 00:00
### 0.1414124E 7/04/2019 20:20:14 System of 7/04/2019 20:20:14 System of 7/04/2019 20:20:14 System of TH STREET 5 HAIK FAREED TH STREET 5 340H ON 16 Apr 2019	henged GST Registered from No. finanged GST Registration No. finanged GST Registration Date in Address 2 Address Type Related Policy Number Driver Najac Driver Vehicle No. Any injury? Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit + Chairmant Najac + Insured Liability + Preferered Regair Opcion	OST Status Verified o to Yes om null to 201414124E from null to 13/10/2014 #06-23 GOURMET EAST KITCHE Singapore address \$108691313 Unnamed Driver GS385353T 40 GOURMET EAST KITCHEN Singapore address O Ves ® No AKM MANUFACTURERS AIMPEX GBE7860M Please Select Not at Fault Not at Fault	13/10/2014 Yes Address 3 Post Code Driver DDB Driving Experience Contact No.(Home) Address 3 Post Code Driver Insurer Company Insured NRIC Contact No.(Office) TP Vehicle Number	\$2NGAPCRE 486321 486121 07/11/1978 5 0 \$SINGAPCRE 486121 486121 201414124E SMJ2346H Received V
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es 01414124E		GST Status Verified	13/10/2014	
es -	Total TP Excess Applicable			
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	Total TP Excess Applicable		Driver is Covered?	
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600.00	TP Standard Excess	0.00		
	Windscreen Excess	100.00		
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) TWDS AMK AVE 1				
	Orange Force		ICH No.	
	Time of Accident hh:mm	13:50	Country of Accident	Singapore
		Yes	Acodem Type	Collision - Head to Rear
		00/00-		
	NCD Entitlement(%)	0	Private Hire	No
	TCA	® No ○Yes	eCode Reason	
	Special Remark		eCode	FIG. M
	Contact No. (Office)	67488786	Contact No.(Home)	0
	Cover Type	Comprehensive	Loading	0
RERS BIMPEX PTE. LTD.			Policyholder NR1C	201414124E
		- Salar Sala	and regulater rec	
	Vehicle No.	GRE7860M	GST Banistration No.	
	RERS BIMPEX PTE. LTD. MICLE INSURA 9	Vehicle No. REES BIMPEX PTE. LTD. **GCLE INSURA* Cover Type Corract No. (Office) Special Remark TEA NCD Entitlement(%) 9 Accident Report Within 24 hrs Time of Accident hh:mm Orange Force	RERS BIMPEX PTE. LTD. HIGLE INSURA: Cover Typ* Connect No. (Cmce) 67486786 Special Remark TCA NCD Entitlement(%) 0 Accident Report Within 24 hrs Time of Accident hh:mm 13:50 Orange Force	RERS BIMPEX PTE. LTD. Policyholder NRIC Loading Comact No. (CMIce) 67488788 Comact No. (Home) Special Remark eCode TCA ® No ○ Yes #Code Reason NCD Entitlement(%) 0 Private Hire Accident Report Within 24 hrs Time of Accident hh:mm 13:50 Country of Accident Orange Force 1CM No.

