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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.

- 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	18/04/2019 16:22
Date Of Accident	17/04/2019 12:30
Exact Location Of Accident	ALONG ANG MO KIO TOWARDS HOUGANG
Country/State of Loss	SINGAPORE
Comments of the Comment of the	PETAILS 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) +65-98474108
Alternative Phone No	OFFICE-67740019
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	CANTER FEB71ER4SDEC
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	5073521119-03
Cover Note Number	
Driver	
Name of Driver	TOK KOK GUAN (ZHUO GUOYUAN)
NRIC No	S7111855Z
Date Of Birth	13/04/1971
Occupation	OUTDOOR
Date Of Driving Pass	06/08/1991
Driving Experience	27 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98474108
Fax Number	ATLIERY MACADEN ADVINORANCE DATON ZEDENPERA
Contact Number	OFFICE-67740019
EMail Address	ZBAOFENG2001@GMAIL.COM

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

NO COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

NO 2

involved in the accident

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)

2

Passenger 1

NAME:

: 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

XE2182J

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)

SKETCH PLAN

IMPORTANT NOTICE

- 1. 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 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:
 - (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:

Reporting Centre Personnel's Signatu

Name:

NRIC/FIN No.:

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one u	who hit me. He claim he got video
attach,	place verly it.
DECLARATION /We declare the foregoing part	ficulars are true in every respect.
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel Signature Name: NRIC/FIN No.:

Accident MT/1040859 Policy No. Contricate No. PolicyNotice Name Product Code	9073521819-03							
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lagister Date of Driver License	06/08/1991	Driver Age	48		Onwing Experience	27		
iontact No.(Mobile)	94874108	Contact No.(Diffice)			Contact No.(Home)			
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Claim Handling(accident reporting Claim Task)

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NAC BUKIT MERAH BOOGTS NATIONAL ASSESSMENT CENTRE SERVICE S DEUKTT MERAH)) on 15 Apr 2019 18:05 NAC_BUNIT_MERAW_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAW)) on 18 Apr 2019 18:05

NAC BUACT MERAH, 800676; NATIONAL ASSESSMENT CENTRE SERVICE S (DUNIT MERAH); on 18 Apr 2019 18:05

NAC_BUNCT, MERAN, BOOKTS, NATIONAL ASSESSMENT CENTRE BRIVICE S (BOKIT MERAN)) on 18 Apr 2019 18-05

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S. (BUKIT HERAH); un 19 Apr 2010 12:05 NAC_BUKIT_MERAH_800676| NATIONAL ASSESSMENT CENTRE SERVICE S (RUNCT MERAH)) in 18 Apr 2059 13:05

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South Action

ACCIDENT STATEMENT

, ÁGC	IDENT DATE	18 04	2019	_)(DD/M	WAYYY), TIMI	:(12::	30)(HH:MM)
LOC.	ATION:	ANG	No	KID	TOWARD	Hove	GANG
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		E NUMBER:_	5		2763	(A)	1 8 a an
(4		NCE COMP	CONTRACTOR OF THE PARTY OF THE	-	C INCOM		
		NUMBER:_		-		03	
		MODEL:	MAREHEN	CURICH	RD PARTY / TI	HIRD PART	Y FIRE &THEFT)
8		Committee of the commit			LORRY / MC	TORCYCL	E / OTHERS)
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- Hu of passenger	DRIVER		7.5			1	
Clincluding driver	a)NAME:_	Tok !		G44N)/ EEMALE)
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565					TIDDIMMIA	(۲۲۲	Ü 196
Œ		ATION: (INDO FDRIVING		UIDOGR	1991	*	
4.	WAS DRIV	ER AN EMP	LOYER	OF THE I	NSURED'S	OMPANY?	(YES) ANO
	IF NO, RE	LATIONSHI	P OF TH	E DRIVE	R WITH INS	URED:	
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. 6.	WAS ANYB	JRFACE: (DR					-
	aJREPORTE						*** 90
		EASE STATE	WHICH P	OLICE ST	ATION:		
# No of passenger	THIRD PART	Y VEHICLE LE NUMBER:		HA XE	2182JMO	DEL.	12
(Induding driver)						OC4	
()	c) NRIC/I	FIN/PASSPO	RT:		co	NTACT:	
9.	THIRD PART		A	LA	502		
* No of passanger	al DRIVE	LE NUMBER:			мо	DEL:	
(Including driver		IN/PASSPOI	RT:		CO	NTACT:	
()		nazArros trataloca	ii)				
	W				20	65	

email = zbaofang 2001 agmail com

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7111855Z





TOK KOK GUAN (ZHUO GUOYUAN)



CHINESE

13-04-1971 Country of birth BINGAPORE







20-09-2010

APT BLK 129A CANBERRA STREET #08-638 SINGAPORE 751129

NRIC No: \$7111855Z

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 Motorcycles = 2000kg with =<7 passengers, exclusive 06 Aug 1991 of the driver; and other motor vehicles =< 2500kg of the driver; and other motor vehicles =< 2500kg of the driver; and other motor vehicles =< 2500kg of the driver; and other motor vehicles =< 2500kg of the driver; and the unladen weight > 2500kg of the driver; and the unladen weight < 7250kg





Countersigned By:

Authorised Officer

Certificate of Insurance

				Certifica	ite of	ilisurance	
		HICLES (THIRD PARTY RIS					
	MOTOR VE	HICLES (THIRD PARTY RIS	KS AN	ID COMPENSAT	ION) RUI	ES, 1960	
	ROAD TRA	NSPORT ACT, 1987 (MAL	AYSIA				
	MOTOR VE	HICLES (THIRD PARTY RIS	KS) RI	ULES, 1959 (MA	LAYSIAJ		
	Certificate	Number: 5073521119-	03			Cover : Comprehensive	
	1 Index r	nark and Registration Nu	mber i	of Vehicle	1	YN9276S	174
		Number			- 8	FEB71EA10156	
2. Name of Policyholder					-	POI HONG TRADING PTE LTD	
	3. Effective	e Date of Insurance			- 8	07 Sep 2018	
	4. Expiry	Date of Insurance			93	06 Sep 2019	
	5. Person	s or Classes of Persons er	titled	to drive#		Constitution of the second contraction of th	
	(a) Th	e Policyholder.					
	(b) An	y other person who is dr	ving o	n the Policyhold	ier's ord	er or with his/her permission.	
	Pro	ovided that the person di e Motor Vehicle or has be	iving i en so	s permitted in a permitted and i	ccordan is not dis	e with the licensing or other laws or regulations to d qualified by order of a Court of Law or by reason of a	rive ny
		actment or regulation in	that b	ehalf from drivi	ng the M	otor Vehicle.	
		ions as to Use#	50475353				
	(a) Us	e for social domestic and	pleas	ure purposes an	id in con	nection with the Policyholder's business or profession	1
			enger	s or goods in cor	nnection	with the Policyholder's business.	
		does not cover					
(a) Use for hire or reward.							
(b) Use for racing, pace-making, reliability trial or spee					ed-testi	ng.	
	(c) Us	e whilst drawing a trailer	excep	t the towing of	any one	disabled mac rically propelled vehicle.	
	Ac	nitations rendered inoper t (Chapter 189) and Secti adings.	ative on 95	by Section 8 of t of the Road Trai	the Moto	or Vehicle (Third Party Risks and Compensation) tt, 1987 (Malaysia), are not to be included under the	se
	EXCESS (SE	CTION 1)	-	5\$600	-		
	EXCESS (SE	CTION 2)	2	N/A			
	WINDSCRE	EN EXCESS		5\$100			
	INSURE WI	TH COE	- 1	YES			
HIRE PURCHASE COMPANY : GOLDBELL ENG		GINEERII	IG PTE LTD				
	SUM INSURED : MARKET VALUE			MARKET VALL	E OF INS	URED VEHICLE AT TIME OF LOSS	
	I/We hereb Vehicles (T	by Certify that the Policy t hird Party Risks and Com	o which	ch this Certificat tion) Act (Chapt	te relate: er 189) a	is issued in accordance with the provisions of the M nd Part IV of the Road Transport Act, 1987 (Malaysia	otor)
Agency : WAN KWAI FAH CYNTHIA (0000)				H CYNTHIA (000	0005191	54)	
	Date of Issu			6:38 hrs		But	
	Reprint	21 Aug 2					
			HOLEN	WES/WES			

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive