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.

Date Of Accident 02/07/2019 14:20 Exact Location Of Accident SUNTEC TOWER 2 ROUNDABOUT Country/State of Loss SINGAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number SLG7509A Insured/Policyholder Name Of Registered Owner PRESTIGE LEASING PTE. LTD 20 Reg No 201723326H Email Address NOEMAIL Moticle Particulars Malternative Phone No OFFICE-91449265 Vehicle Particulars Manufacturer MAZDA MAZDA MAZDA 3 Exact Purpose for which vehicle was being used at lime of accident Very you claiming under your own insurance policy or repair to your vehicle? Insurance Company Insuran		ACCIDENT STATEMENT
Exact Location Of Accident Country/State of Loss DETAILS OF OWN VEHICLE Vehicle Registration Number Name Of Registered Owner Co Reg No Core Reg No C	Date Of Report	03/07/2019 11:34
DETAILS OF OWN VEHICLE Vehicle Registration Number Name Of Registered Owner PRESTIGE LEASING PTE. LTD 20 Reg No 201723326H NOEMAIL Mobile Phone No Alternative Phone No Vehicle Particulars Manufacturer Model Marzon A Sexact Purpose for which vehicle was being used at lime of accident Ime of accident The party or repair to your vehicle? If No, Please state action to be taken THIRD PARTY PRIVATE HIRE Insurance Company Name of Insurance Company No The Porty Fire And/OR THEFT No The Porty Fire And/OR THEFT No Solyakashoo-ot Solyakashoo Solyakashoo Solyakashoo	Date Of Accident	02/07/2019 14:20
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Name of Insurance Company	Vehicle Category	PRIVATE HIRE
Type Of Coverage THIRD PARTY FIRE AND/OR THEFT NO Policy Number 5094838100-01 Cover Note Number - Driver Name of Driver ZHANG WEI NRIC No S8572170D Date Of Birth 23/02/1985 Occupation OUTDOOR Date Of Driving Pass 06/07/2009 Driving Experience 9 YEARS AND 11 MONTHS Gender MALE Mobile Number (LOCAL) +65-90625693	Insurance Company	
NO	Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Policy Number 5094838100-01	Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Cover Note Number	Fleet Policy	NO
Driver ZHANG WEI NRIC No \$8572170D Date Of Birth 23/02/1985 Occupation OUTDOOR Date Of Driving Pass 06/07/2009 Driving Experience 9 YEARS AND 11 MONTHS Gender MALE Mobile Number (LOCAL) +65-90625693	Policy Number	5094838100-01
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Date Of Birth 23/02/1985 Docupation OUTDOOR Date Of Driving Pass 06/07/2009 Driving Experience 9 YEARS AND 11 MONTHS Gender MALE Mobile Number (LOCAL) +65-90625693	Name of Driver	ZHANG WEI
Occupation OUTDOOR Date Of Driving Pass 06/07/2009 Oriving Experience 9 YEARS AND 11 MONTHS Gender MALE Mobile Number (LOCAL) +65-90625693	NRIC No	S8572170D
Date Of Driving Pass 06/07/2009 Driving Experience 9 YEARS AND 11 MONTHS Gender MALE Mobile Number (LOCAL) +65-90625693	Date Of Birth	23/02/1985
Oriving Experience 9 YEARS AND 11 MONTHS Gender MALE Mobile Number (LOCAL) +65-90625693	Occupation	OUTDOOR
Gender MALE Mobile Number (LOCAL) +65-90625693	Date Of Driving Pass	06/07/2009
Mobile Number (LOCAL) +65-90625693	Driving Experience	9 YEARS AND 11 MONTHS
And the state of t	Gender	MALE
personal and the second	Mobile Number	(LOCAL) +65-90625693
Fax Number	Fax Number	
Contact Number	Contact Number	
EMail Address NOEMAIL	EMail Address	NOEMAIL

Address

BLK 12B MARSILING LANE #05-69

Postcode

732012

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

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 (including own vehicle) involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

NO 2

Passenger 1

NAME:

: UNKNOWN

GENDER:

: FEMALE

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

I WAS TRAVELLING ALONG SUNTEC CITY AT THE ROUNDABOUT ON THE EXTREME LEFT LANE, WHILE APPROACHING TOWER 2 DROP OFF POINT, SUDDENLY VEH B FROM THE CENTER LANE CUT INTO MY LANE AND HIT ONTO MY VEH RIGHT HAND SIDE.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SDQ3322P

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

- 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.
- 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:

Driver's Signature

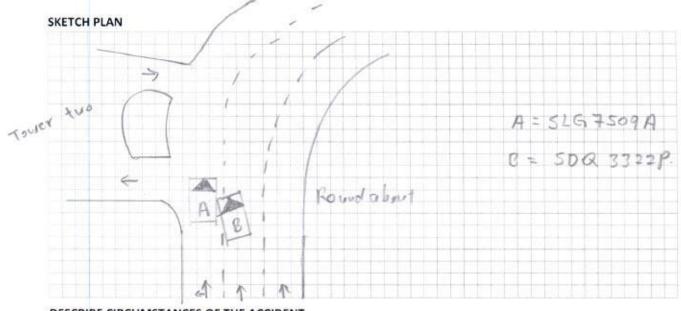
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please	Refer	40	Statement	
			1	
		1		

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)

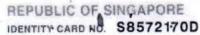
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:









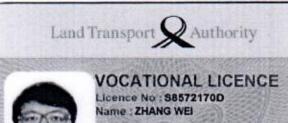
ZHANG WEI



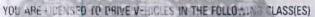
Date of birth 23-02-1985 Country/Place of birth CHINA



5518375



Please visit www.lta.gov.sg to check the status of this vocational licence



PASS INTE

Lictor Cara =< \$300kg with =<7 passangers, exclusive 06 and 200 of the driver; and other motor vehicles =< 2500kg

NP 4284

For LKK/NAC Use Only

25-08-2015

APT BLK 12B MARSILING LANE

#05-69 SINGAPORE 732012

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type

Description

Issue Date

13

PRIVATE HIRE CAR VL

16/05/2018

For LKK/NAC Use Only



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5094838100-01

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: SLG7509A

Chassis Number

: JM6BM42A8G0343690

2. Name of Policyholder

: PRESTIGE LEASING PTE. LTD

2. Name of Policyholder

OF 0 . 2010

Effective Date of Insurance

: 05 Oct 2018

4. Expiry Date of Insurance

: 04 Oct 2019

5. 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 or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.
 - # 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.

EXCESS (SECTION 1) : N/A EXCESS (SECTION 2) : \$\$1,500 ADDITIONAL EXCESS : N/A UNNAMED DRIVER EXCESS : N/A REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION : NO PRIMARY DRIVER : N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : TAI THONG LEE TRADING PTE LTD SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency

: ANIKA INS BROKERS & CONSULTANTS P/L (00000690423)

Date of Issue

: 05 Oct 2018 11:04 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Claim Handling

Accident MT/1051741					
Policy No.	5094838100-01	Vehicle No.	SLG7509A	GST Registration No.	
Certificate No.				and higher the	
Policyholder Name	PRESTIGE LEASING PTE, LTD			Policyholder NRIC	200
Product Code	FLEET INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	2017
Contact No.(Mobile)	91449265	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No. 1
KFK	• No Yes	TCA	■ No : Yes	eCode Reason	1.00
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
Report Date	03/07/2019 15:35	Accident Report Within 24 hrs	Yes	Accident Type	Collis
Date of Accident Reporting Centre	02/07/2019	Time of Accident nh:mm	14:20	Country of Accident	Singa
Accident Location		Orange Force		ICM No.	
♥ Excess	suntec tower 2 roundabout				
Own damage Excess	0.00				
Unnamed Driver Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Third Party Excess	1,500.00	Outside Singapore OD Excess	0.00		
⇒ Benefits	1,300.00	Outside Singapore TP Excess	1,500.00		
✓ GST Registered Inform	nation				
GST Registered	No		GST Registration Date		
GST Registration No.	1077		GST Status Verified	Yes	
Modification History				res	
	ddress				
Address 1	53 UBI AVENUE 1	Address 2	#05-44 PAYA UBI INDUSTRIAL F	Address 3	24,040
Address 4		Address Type	Singapore address	Post Code	SING
Unit No.	01-62	Related Policy Number	5094836100-01	rost code	40893
♥ OI Driver Info			415400000000000000000000000000000000000		
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	ZHANG WEI	Driver NRIC	S8572170D	Driver DOB	23/02
Register Date of Driver License	06/07/2009	Driver Age	34	Driving Experience	9
Contact No.(Mobile)	90625693	Contact No.(Office)		Contact No.(Home)	7.5
Address 1	BLK 12B #05-69	Address 2	MARSILING LANE	Address 3	STRAI
Address 4 Unit No.	SINGAPORE 732012	Address Type	Singapore address	Post Code	73201
Does he own a Singapore	05-69				
Registered car?	_ Yes := No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	⊌ Yes ⊛ No		
Hodification History					
Claim 001 New					
Claim Type *			OD-MX	Insured PRESTIGE LEAST	
Contact No (Manua)			COUNTRY	Name PRESTIGE LEAST	NO PIE. LTD
Contact No.(Mobile)			91449265	No. (Home)	
Email Address				Oi	
				Vehicle SLG7509A Number	
Claim Description			SLG7509A /	SDQ3322P ON 2 Jul 2019	
Preferred Workshop (c	Insured Liability Met at	Pariste -	ANADYS: MAN		
Workshop 0 Soutsiet No. Finalisation Yes	Repair Preferred Workship	n. Name unknown v GIA Paralisad	•		
Date Registered	Option	report Meceived		Claim	
Seport Taken By			03/07/2019	15:38 Close Date	
кероге такентау			LIEW SHAN H	HUI	
Print AK letter					
			Save Submit		
Attachment					
4	(2000)				
Accident Ng.	MT/1051741	Claim No.	001		

Clear

Last Doc. Received

Choose File No file chosen

Yes No

Path *

Upload Date

Please Select

Urgency *

▼ Normal

* NO

	n .		Clear	Please Select	NO T	Normal	7
Choose File No file chose	n		Clear	Please Select	NO T	Normal	٠
Choose File No file chose	n		Clear	Please Select	NO •	Normal	•
Choose File No file chose	n		Clear	Please Select	NO *	Normal	*
Choose File No file chose	n		Clear	Please Select	NO *		*
Choose File No file chose	n		Clear	Please Select	NO T		*
dessage Read					October 1	No.	_
Attachment List							
Attachment	Uploaded By/Date	Category	P	Urgency	Descri	ption	
NAC.)	PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Jul 2019 15:39	NRJC/ Driving License		Normal	NRIC/ Driving Lie	cense 2019-7-3	
NAC.	PAYA_UBI_BIOGGO1(NATIONAL ASSESSMENT CENTRE SERVICES) g 03 Jul 2019 15:39	SAS		Normal	SAS 20	19-7-3	
NAC.J	AYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Jul 2019 15:39	Photos		Normal	Photos 20	019-7-3	
NAC_I	AYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 03 Jul 2019 15:39	Photos		Normal	Photos 20	019-7-3	
NAC.	AYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Jul 2019 15:39	Photos		Normal	Photos 20	019-7-3	
NAC_F	AYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 03 Jul 2019 15:39	Photos		Normal	Photos 2	019-7-3	
NAC.	AYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Jul 2019 15:39	Photos		Normal	Photos 20	019-7-3	
NAC 8	AYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Jul 2019 15:38	Photos		Normal	Photos 20	019-7-3	
NAC_E	AYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Jul 2019 15:38	Photos		Normal	Photos 20	719-7-3	
NAC_F	AYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Jul 2019 15:38	Photos		Normal	Photos 20	19-7-3	
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