

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 withholding 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 | 13/08/2019 15:32 |
| Date Of Accident | 10/08/2019 09:00 |
| Exact Location Of Accident | JALAN BUKIT MERAH JUNCTION |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | PC90J |
| Insured/Policyholder | |
| Name Of Registered Owner | LKT TRANSPORT SERVICES PTE LTD |
| Co Reg No | 201201351E |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-91161985 |
| Alternative Phone No | OFFICE-91161985 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | TOYOTA |
| Model | HIACE-3.0 (A) |
| Exact Purpose for which vehicle was being used at time of accident | COMMERCIAL USE |
| 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 | INDIA INTERNATIONAL INSURANCE PTE LTD |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | NO |
| Policy Number | D19MCV0003524 |
| Cover Note Number | 09/07/2019 - 08/07/2020 |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | NG ZHENGWEN |
| NRIC No | S8509710E |
| Date Of Birth | 19/03/1985 |
| Occupation | INDOOR |
| Date Of Driving Pass | 13/07/2005 |
| Driving Experience | 14 YEARS AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91161985 |
| Fax Number | |
| Contact Number | OTHERS-91161985 |
| Email Address | NOEMAIL |

| | |
|---|-----------------------------|
| Address | 927 HOUGANG ST 91 #08-79 |
| Postcode | 530927 |
| 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 | COLLISION - HEAD ON COLLISION |
| 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? | YES |
| 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: : EDLYN ZHENG SHU PING 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

REFER TO THE SKETCH PLAN BY DRIVER

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 | SJZ4505D |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE HIRE |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

| | |
|---|-------------|
| Name | UNKNOWN |
| Approximate Age | |
| Injuries Sustain | BODY UNWELL |
| Injured person in which vehicle? | SJZ4505D |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
6. 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.
7. 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.

LKT TRANSPORT SERVICES PTE LTD

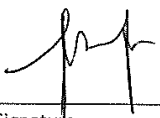
ROC: 201201351E

60 Paya Lebar Road, Paya Lebar Square

010-57 Singapore 409051

Policyholder's Signature

Date & Time:



Driver's Signature

(If driver is not the policyholder)

Date & Time:



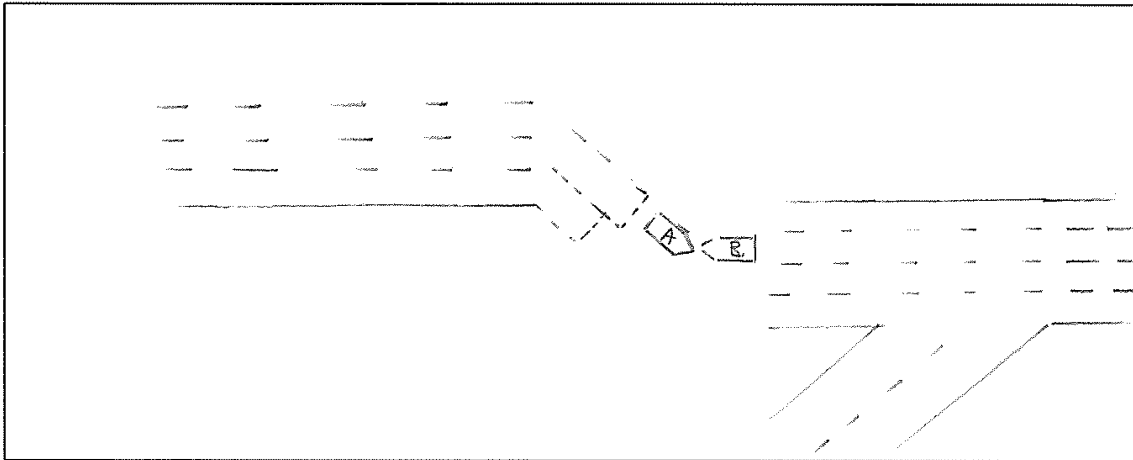
Reporting Centre, Person's Signature

Name:

NRIC/FIN No.:

Sketch Plan Pg. 2

Date of accident: 10/8/2019 Time: 09:00 Location: JALAN BUKIT MERAH JUNCTION
 My Vehicle A: PC90J Vehicle B: SJZ4505D Vehicle C: _____
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Jalan Bukit Merah towards Redhill when I wanted to make a right turn onto CTE.

Both directions were on green light and as I was slowing down at the traffic, due to a misjudgement, didn't see vehicle B oncoming. ~~By the time~~ ~~I saw the vehicle~~

By the time I saw the vehicle, it was too late even I jammed down on the brakes resulting in the collision.

☐ Claim OD/TP at Ah Lim Motor ☐ Claim OD/TP at other workshop ☒ Reporting Only

Remarks : Please forward a copy of my efile accident report to :
 My workshop :
 Email address :
 & myself :
 Email address :

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

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

LKT TRANSPORT SERVICES PTE LTD
 ROC 201351E

60 Raffles Road, Raffles Square
 Date 10/8/2019 Singapore 409051

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



Reporting Centre Person's Signature
 Name:
 NRIC/FIN No.:

AH LIM MOTOR COMPANY



INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST. Reg. No. M2-0078806-X

64 | Cecil Street | #04 | #05 | #06-02 | IOB Building | Singapore 049711

Office (65) 63476100 Email insure@iii.com.sg

Fax (65) 62244174 Website www.iii.com.sg

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)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

| | |
|---|--|
| CERTIFICATE NO.: D19MCV0003524 | COVER: Third Party Fire & Theft |
| <p>1. Index Mark and Registration Number of Vehicle : PC90J</p> <p>Chassis No : JTFHT02P200089999</p> <p>2. Name of Policyholder : LKT TRANSPORT SERVICES PTE. LTD.</p> <p>3. Effective date of Insurance : 09 Jul 2019</p> <p>4. Expiry date of Insurance : 08 Jul 2020</p> <p>5. Persons or Classes of Persons entitled to drive*</p> <p>Any person provided he/she is in the Policyholder's employ and is driving on their 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 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.</p> <p>6. Limitations as to use*</p> <p>Use only for the carriage of passengers or goods in connection with the Policyholder's business. The Policy does not cover</p> <p>(1) Use for racing, pace-making, reliability trial or speed-testing. (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p> <p>*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.</p> | |
| <p>Excess Sect II : SGD1,500.00</p> <p>TERRITORIAL LIMIT : WITHIN THE REPUBLIC OF SINGAPORE ONLY</p> <p>Hire Purchase Company : United Overseas Bank Limited</p> <p>FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN ADDITIONAL EXCESS OF \$2500/- ON SECTION II WILL BE APPLICABLE.</p> | |
| <p>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).</p> | |
| <p>Agent/Broker : B000060/PHILLIP SECURITIES PTE LTD</p> <p>Date of Issue : 05/07/2019 16:53:00</p> <p>MZ600C - (PUBLIC) Omnibuses (company's use)</p> | <p>For India International Insurance Pte Ltd</p> <p>_____ Authorised Signatory</p> |

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8509710E



Name

NG ZHENGWEN
(WU ZHENGWEN)

吴正文

Race
CHINESE

Date of birth
19-03-1985

Sex
M

Country/Place of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

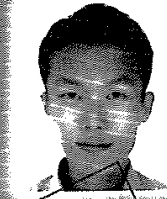
Licence Number S8509710E

Name

NG ZHENGWEN
(WU ZHENGWEN)

Birth Date: 19 Mar 1985

Issue Date: 27 Dec 2017



STRICTLY
FOR WORKSHOP USE
USE FOR ACCIDENT
REPORTING ONLY

3rd Party
P/Hire

9116 1985

DLC

inging - 78 Foreigner

40 video.

24hr

(E) Edlyn Zheng Shu Ping.

STRICTLY
FOR WORKSHOP USAGE
USE FOR ACCIDENT
REPORTING ONLY



NRIC No. S8509710E



Date of issue
26-12-2017

Address

APT BLK 927 HOUGANG STREET 91
#08-79
SINGAPORE 530927

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

EFFECTIVE DATE

Class 3

Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$

13 Jul 2005

NP 428A



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

