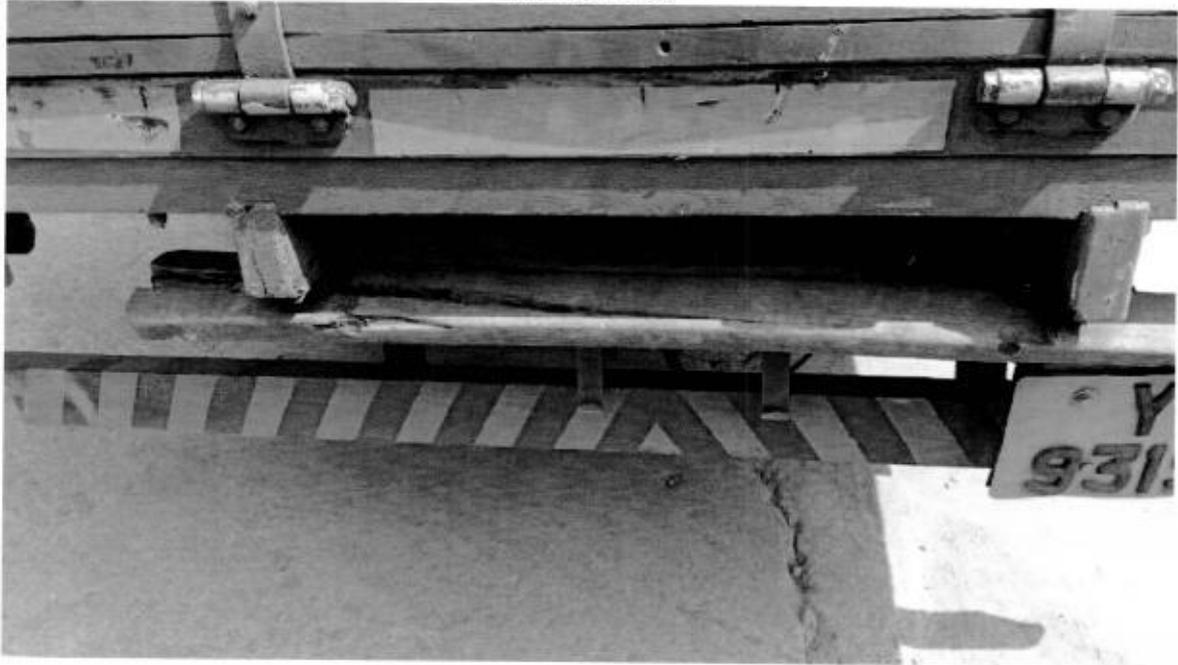


Accident Photo



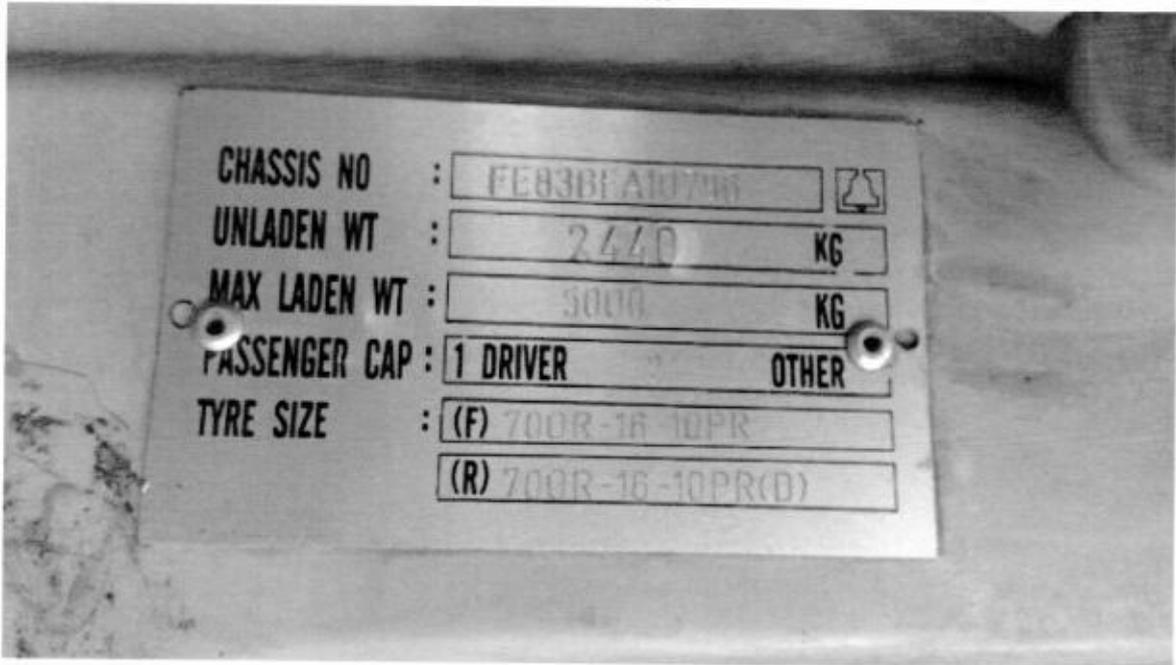
Accident Photo



Accident Photo



Accident Photo



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	10/06/2019 15:39
Date Of Accident	08/06/2019 14:00
Exact Location Of Accident	ALONG TUAS SOUTH AVENUE 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XB9454U
Insured/Policyholder	
Name Of Registered Owner	CA TRANSPORTATION & WAREHOUSING PTE LTD
Co Reg No	199200740D
Email Address	CHINHO.CHUA@CATPTN.COM
Mobile Phone No	
Alternative Phone No	OFFICE-65600028

Vehicle Particulars

Manufacturer	NISSAN
Model	CKB45ABTN2-12.5 D (M)
Exact Purpose for which vehicle was being used at time of accident	
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	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D18MTHCVE002293
Cover Note Number	

Driver

Name of Driver	WEI GUOSONG
Passport No/FIN	G5088460R
Date Of Birth	29/05/1984
Occupation	OUTDOOR
Date Of Driving Pass	24/04/2014
Driving Experience	5 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87416124
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	NIL
Postcode	
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 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	2
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)	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

REFER TO THE ATTACHED STATEMENT.

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	YM9319H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	PONNAIAH SELV AKUMAR
NRIC/Passport Number	G7675481R
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

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**.
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**.
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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 purposes 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.

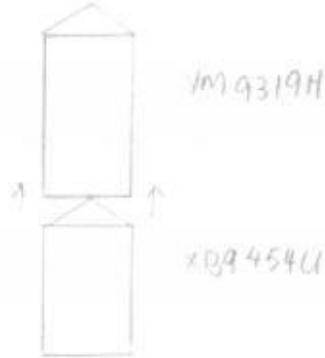


Policyholder's
Date & Time

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

Reporting Centre Personnel's Signature
Name
NRIC/FIN No.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 08/06/2019, around 1400 hrs, I was travelling along Fern
South Avenue B. When the traffic light went red, the front vehicle
stopped I could not stop in time and as a result my
vehicle's front portion hit the vehicle's rear.
No injury. Took's net.

DECLARATION

I/We declare that 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.



Sompo Insurance Singapore Pte. Ltd.
 11, South Bridge Road, Singapore 058811
 Tel: 65 6333 1111 Fax: 65 6333 1112
 11, South Bridge Road, Singapore 058811
 Tel: 65 6333 1111 Fax: 65 6333 1112

Certificate of Insurance

**MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 188)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1990
 ROAD TRANSPORT ACT, 1997 (MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1993 (MALAYSIA)**

Cert No./Policy No. D18M1HCVE500280
 1. Registration No. K83454J
 2. Insured Name CA TRANSPORTATION & WAREHOUSING PTE LTD
 3. Commencement Date 10 SEPTEMBER 2018 00:00
 4. Expiry Date 09 SEPTEMBER 2019 23:59
 5. Coverage Third Party
 6. Excess NIL
 7. Persons or Classes of Persons entitled to drive*
 1) What the vehicle is being used in connection with the insured's business:
 a) The Insured
 b) Any other person provided he is in the insured's employ and is driving on his order or with his permission.
 2) What the vehicle is being used for social, domestic or pleasure purposes -
 a) The Insured
 b) Any other person who is driving on the insured's order or with his 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.
 And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.
 8. Limitations as to use*
 1) Use in connection with the insured's business
 2) Use for the carriage of passengers (other than for hire or reward) in connection with the insured's business.
 3) Use for social, domestic or pleasure purposes.
 The Policy does not cover:
 1) Use for racing, pacemaking, reliability trial or speed-testing
 2) Use whilst drawing a greater number of trailers in all than is permitted by law
 3) Use for the carriage of passengers for hire or reward.
 9. Executive Workshops & Accident Reporting
 It is a condition precedent to liability that the Policyholder shall, together with the Motor Vehicle, call at the Company's Accident Reporting Centres and report the accident within 24 hours of the accident or in an emergency and for deliveries to the Company's Accident Reporting Centres, please contact our Emergency Hotline : (65) 6461 6555

Visit www.sompo.com.sg for list of Accident Reporting Centers.

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 188) and Part IV of the Road Transport Act, 1997 (Malaysia).

Sompo Insurance Singapore Pte. Ltd.

Stallap

Date/Time of Issue: 14 AUGUST 2018 12:14

Insurance provided in accordance with Section 2 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 188) and Section 21 of the Road Transport Act, 1997 (Malaysia) are or to be issued under these headings.

IMPORTANT NOTES

1. Insureds are hereby warned that under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 188), it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicle without a valid policy of insurance under this Act.
2. Insureds are further warned that in the case of a motor vehicle or if for any reason the insured is not insured during its currency, they must surrender the Certificate of Insurance and the Money to the insurance company if the Certificate of Insurance has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 188).
3. The Policy will cease to be valid once the Motor Vehicle has been sold to another person. It is not worthwhile to a new owner of the Vehicle.
4. Please note that this insurance is subject to the premium being paid and received in full by the Company on or before the expiration date when the Policy is to be issued to an insured, or 30 days in the period specified in the Premium Payment Schedule applied to the Policy in an other insurance.
5. Insurance coverage under this Policy is subject to the terms and conditions as attached in the Motor Insurance Policy.

Intermediary Code & Name: 11504660 & SH SFEET INSURANCE AGENCY PTE LTD. CI Code: 260 R, BIPFNACPLBMAZJ

Driver's SP & DL

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

Employer
CA TRANSPORTATION & WAREHOUSING PTE LTD

Name
WEI GUOSONG

IC Pass No.
G 74244998

Service
SERVICE

80205452



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **G5088460R**

Name
WEI GUOSONG

Birth Date **29 May 1984**

Issue Date **26 May 2016**

Valid Till **21 06/2021**

002569226C



VISIT PASS
Immigration Regulations

Name
WEI GUOSONG

IC No.
G5088460R

Issue Date
29-05-1984

Nationality
CHINESE

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

Download S@WorkPass App to obtain status




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

Class	Description	Effective Date
Class 2	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver, and other motor vehicles with unladen weight <= 2500kg	22 Jun 2011
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight <= 7250kg	24 Apr 2014

NP 425A

License No: G5088460R



Accident Photo



Accident Photo



Accident Photo



Accident Photo

