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I'l Particulars: Veh No: Sc	D16937.	, INC()/Non-INC()		
Osvner / Driver: (Tel:)
Policy No: () Perio	d: ()	Cover Type: ()
Confirmed by ; (Date:	Time:)
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Excess: (\$) Loading: \$1,000					
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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.
- 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	18/09/2019 15:56
Date Of Accident	17/09/2019 16:40
Exact Location Of Accident	PIE TWDS CHANGI B4 CTE EXIT
Country/State of Loss	SINGAPORE
THE STREET WHEN THE STREET	DETAILS OF OWN VEHICLE
Vehicle Registration Number	XD9846L
Insured/Policyholder	
Name Of Registered Owner	WAH & HUA PTE LTD
Co Reg No	200000076M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63620078
Vehicle Particulars	
Manufacturer	IVECO
Model	TRAKKER 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?	NO
If No, Please state action to be taken	THIRD PARTY
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	5111430253
Cover Note Number	-
Driver	
Name of Driver	YANG LEI
NRIC No	G8296562P
Date Of Birth	19/01/1981
Occupation	OUTDOOR
Date Of Driving Pass	13/05/2011
Driving Experience	8 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	+65-86921642
Fax Number	
Contact Number	

NOEMAIL

Address 11 KRANJI CRESCENT

Postcode 728656

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 - 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

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

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

I WAS TRAVELLING ALONG PIE TWDS CHANGI B4 CTE EXIT ON THE THIRD LANE, VEH B COMING FROM KIM KEAT LINK SLIP RD ENTER TO PIE AND HE CUT ACROSS 3 LANE TO THE SECOND LANE AND HAD A COLLISION WITH VEH C COMING FROM THE SECOND LANE, THEN THE VEH B SPIN INTO MY PATH AND HIT ONTO MY VEH FRONT PORTION. DUE TO THE IMPACT WITH MY TRUCK. THE VEH B SPIN AGAIN AND STOP TO THE FIRST LANE AND END UP FACING AGAINST THE TRAFFIC. AFTER THE INCIDENT, I REALIZED VEH C AFTER HITTING WITH VEH B, VEH C ALSO LOST CONTROL HIT ONTO ANOTHER VEH D. TOTAL 4 VEH INVOLVED IN THE INCIDENT.

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

SCQ1693T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

SHOHEL

NRIC/Passport Number

G6651958P

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

UNKNOWN

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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

PC5503C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

BUS

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

YANG LEI

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

XD9846L

Were seat belts worn?

YES

Was this injured conveyed to hospital by

NO

ambulance? Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 <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>.
- 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.
- 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:
 - 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

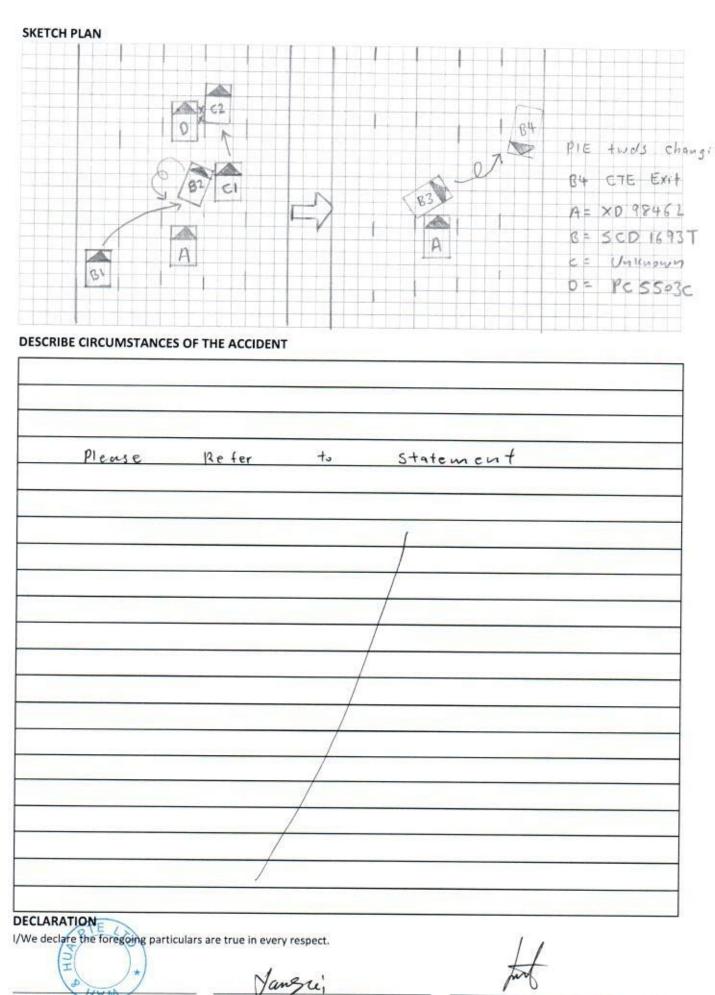
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



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.:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 - 17:00

UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

		A	DDENDU	M				
)	PARTICULARS OF PERSO	ONMAKINGTHEAME	NDMENTS:					
	Original Report No :_	MMA 1191238	40	Vehicle Regi	stration	No:	XD 9841	s L
	Name(as shownin NRIC):							
	(*Vehicle Driver/Vehic							
	Address :						_Singapore(
	Contact (Tel) :			Mobile No. :	630	(200	78	
	Email Address :							
	Date of Accident :	1719/19	· ·	Time of Acci	dent:	16:	40.	
	Place of Accident :							
	Insurance Company :		7					
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	Date:	natare		Name:	centre Pe	ersonne	el's Signature	

NRIC/FIN No .:

1919/19.

Date:

GIARMC addendumform_V3



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RI MOTOR VEHICLES (THIRD PARTY RI		[15] [17] [17] [17] [17] [17] [17] [17] [17
ROAD TRANSPORT ACT, 1987 (MAL		N) ROLES, 1960
MOTOR VEHICLES (THIRD PARTY RI	CONTRACTOR OF THE PARTY OF THE	YSIA)
Certificate Number : 5111430253-0		Cover : Preferred Workshop Plan
1. Index mark and Registration Nu	mber of Vehicle	: XD9846L
Chassis Number		: WJME2NSS40C281138
2. Name of Policyholder		: WAH & HUA PTE LTD
3. Effective Date of Insurance		: 22 Jul 2019
4. Expiry Date of Insurance		: 21 Jul 2020
5. Persons or Classes of Persons er	ntitled to drive#	
(a) The Policyholder.		
(b) Any other person who is dri	iving on the Policyholder'	's order or with his/her permission.
Provided that the person do the Motor Vehicle or has be enactment or regulation in	een so permitted and is n	ordance with the licensing or other laws or regulations to drive not disqualified by order of a Court of Law or by reason of any the Motor Vehicle.
6. Limitations as to Use#		
(a) Use for social domestic and	pleasure purposes and in	n connection with the Policyholder's business or profession.
(b) Use for the carriage of pass	engers or goods in conne	ection with the Policyholder's business.
This Policy does not cover		
(a) Use for hire or reward.		
(b) Use for racing, pace-making	g, reliability trial or speed	-testing.
(c) Use whilst drawing a trailer	except the towing of any	y one disabled mechanically propelled vehicle.
		Motor Vehicle (Third Party Risks and Compensation) oort Act, 1987 (Malaysia), are not to be included under these
EXCESS (SECTION 1)	: S\$1,500	
EXCESS (SECTION 2)	: N/A	
WINDSCREEN EXCESS	: S\$200	
INSURE WITH COE	: YES	
HIRE PURCHASE COMPANY	: HONG LEONG FIN	NANCE LIMITED
SUM INSURED	: MARKET VALUE (OF INSURED VEHICLE AT TIME OF LOSS
Vehicles (Third Party Risks and Comp Agency : TAN INS		relates is issued in accordance with the provisions of the Motor 189) and Part IV of the Road Transport Act, 1987 (Malaysia) TD (00000690287)
		To- NITH CHICOME INCOME INCOME
	1	For NTUC INCOME INSURANCE CO-OPERATIVE LIMITE
Jon	AT	Jun
012		10
Countersigned By:		K500

Chief Executive

Authorised Officer

Claim Handling

Accident MT/1063010					
Policy No.		Supplement of the second	0.00 Sec. and	7 (2) (200) (300) (300) (300)	
Certificate No.	5111430253	Vehicle No.	XD9846L	GST Registration No.	200000076M
Policyholder Name	5111430253-000002				
Product Code	WAH & HUA PTE LTD			Policyholder NRIC	200000076M
	FLEET MASTER INSURANCE	Cover Type	Preferred Workshop Plan	Luading	0
Contact No.(Mobile) Email Address	63620078	Contact No.(Office)		Contact No.(Home)	
KFK	No. No. of the last	Special Remark		eCode	No T
	No Yes	TCA	« No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
→ Accident Details	0.000.000.000.000.000				
Report Date	18/09/2019 16:58	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cros
Date of Accident	17/09/2019	Time of Accident hh:mm	16:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	CONSTRUCTION OF THE PROPERTY O
Accident Location	PIE TWDS CHANGI 84 CTE EXIT				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	200,00		
OD Standard Excess	1,500.00	TP Standard Excess			
VIED OD Excess	0.00	YIED TP Excess			
Additional Excess	0.00	TIED IF EXCESS	0.00	Driver is Covered)	Covered
Total OD Excess Applicable	VEGO 60	The state of the s			
♥ Benefits	1500,00	Total TP Excess Applicable	0.00		
Coverage					
Third Party Working Risk			Sum Insured		
	tion		99999999999999		
SST Registered	Yes				
IST Registration No.	200000076M		GST Registration Date	03/01/2000	
fodification History	25554407411		GST Status Verified	Yes	
Policyholder Mailing Add	frees				
Address 1	11 KRANJI CRESCENT	Address 2			
Address 4	11 KNAVI CREDCENT		SINGAPORE 728656	Address 3	
Init No.		Address Type	Singapore address	Post Code	728656
♥ OI Driver Info		Related Policy Number	5111431474		
Driver Name	Unnamed Driver	Driver Type	No. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10		
Innamed driver Name	YANG LEI	Driver NRIC	Unnamed Driver G8296562P		NAME AND ADDRESS OF
Register Date of Driver License	13/05/2011	Driver Age	38	Driver DQS	19/01/1981
Contact No.(Mobile)	86921642	Contact No.(Office)	.86	Driving Experience	8
Address 1	11 KRANJI CRESCENT	Address 2		Contact No.(Home)	
Voidress 4	11 MANUEL CHESCENT		# WH BUILDING	Address 3	SINGAPORE 728656
Init No.		Address Type	Singapore address	Post Code	728656
Does he own a Singapore					
Registered car?	Yes a No	Driver Vehicle No.		Driver Insurer Company	
eclaration					
freathalyser or Blood Test leading?	0 mg	Any injury?	* Yes No		
fodification History					
1 10 6					
Claim 001 New					
11 100 100					
laim Type •			Ор-мх	Insured Wall & HILL PTF IT	Insured 20000
			ОО-МХ	Insured WAH & HUA PTE LT	NRIC 20000
			OD-MX	Contact No.	NRIC 20000 Contact No. 63620
Contact No.(Mobile)			OD-MX	Contact No. (Home)	NRIC 20000 Contact No. (Office) 63620
Contact No.(Mobile)			OD-MX	Contact No. (Home) OI Vehicle KD9846L	NRIC 20000 Contact No. 63620 (Office) TP Venicle Scott
Contact No.(Mabile)				Contact No. (Home) OI Vehicle Number	NRIC 20000 Contact No. 63620 (Office) TP Vehicle Number Name of
Contact No.(Mabile) mail Address Talm Description			QD-MX XD9846L / SCD16931	Contact No. (Home) OI Vehicle Number	NRIC 2000L Contact No. 63620 (Office) TP Vehicle Scott Number Name of Preferred 0
Contact No. (Mabile) Imail Address Taim Description Interferred Knristnon	Insured Liability Not at 6			Contact No. (Home) OI Vehicle Number	NRIC 20000 Contact No. 63620 (Office) TP Vehicle Number Name of
Contact No. (Mabile) Imail Address Taim Description Interferred Knristnon	Repair Preferred Workshop	Name unknown . GIA Benefited	XD9846L / SCD16937	Contact No. [Home) OI Vehicle Number OW 17 Sept 2019	NRIC 2000L Contact No. 63620 (Office) TP Vehicle Scott Number Name of Preferred 0
mail Address laim Description referred sorishop detect No.	Preterened Prot at 19		XD9846L / SCD16937	Contact No. (Home) OI Vehicle Number	NRIC 2000 Contact No. 63620 (Office) TP Vehicle SCD1 Name of Perferred 0 Workshap
Claim Type = Contact No.(Mobile) Email Address Claim Description Preferred Norkshop Total Registered	Repair Preferred Workshop	Name unknown . GIA Benefited	xD9846L / SCD16931 • IR/09/2019 17:01	Contact Ne. (Home) OI Vehicle Number ON 17 Sept 2019	NRIC 20000 Contact No. (Office) TP vehicle Number Name of Preferred 0 Workshop
contact No.(Mobile) Imail Address Italian Description Interferred	Repair Preferred Workshop	Name unknown . GIA Benefited	XD9846L / SCD16937	Contact No. (Home) OI Vehicle Number ON 17 Sept 2019 Claim Close	NRIC COUNTY Contact No. 63620 (Office) TP Vehicle ScDIt Number Name of Perferred Workshop Date Isonoc
mail Address Ilaim Description referred workshop Address No. Yes ate Registered deport Taken By	Repair Preferred Workshop	Name unknown . GIA Benefited	xD9846L / SCD16931 • IR/09/2019 17:01	Contact No. (Home) OI Vehicle Number ON 17 Sept 2019 Claim Close	NRIC COUNTY Contact No. 63620 (Office) TP Vehicle ScDIt Number Name of Perferred Workshop Date Isonoc
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