NATIONAL Assessment Centre	Services.	wel I Jan'03] .			rat 1
Date in: 19/12/19 13: 39	Job description		Date & Time Compl	ctcd	Done by
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	LQ 284 R	. INC(.)/Non-INC().	
and the state of t			Tel:)
Policy No: () Perio	od: ()	Cover Type: ()
Confirmed by : ()
Insured/Driver Liability: (%) [N	ote-Est. Status (W	70): N: 0-2	0%; P: 21-79%. P	: 80-100%]	
Year of Registration: (') W	arranty: YES ()/NO()		
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.

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.

	ACCIDENT STATEMENT
Date Of Report	19/12/2019 13:39
Date Of Accident	19/12/2019 10:00
Exact Location Of Accident	PIE NEAR BEDOK EXIT
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	XD2939Z
Insured/Policyholder	
Name Of Registered Owner	ENG BAN HUAT PTE LTD
Co Reg No	201022829M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97512212
Vehicle Particulars	
Manufacturer	ISUZU
Model	touries profession
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5094866346-02
Cover Note Number	
Driver	
Name of Driver	WANG XIN
NRIC No	G8191974M
Date Of Birth	10/08/1975
Occupation	OUTDOOR
Date Of Driving Pass	18/06/2008
Driving Experience	11 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94864902
Fax Number	
Contact Number	
EMail Address	NOEMAIL
	Page 1 of

Address

BLK 30 LORONG 16 GEYLANG #07-04

Postcode

398870

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

DRIZZLING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

NO

Was any body injured in the Accident? 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.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

KAMPONG UBI NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 9 EUNOS CRESCENT #01-2687, POSTCODE: 400009,

COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-7479999 - FAX NO: 67453410

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT T/20191219/2066

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

SLQ284R

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category 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

- 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:
 - 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.

Mesassonos Mesass

Policyholder's Signature Date & Time: 王家

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

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

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B		B = SLQ 284R
	PIE Mear Bedol	Exit

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Refer	to	Police	Report	7/20191219/2066
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		18		

DECLARATION

I/We declarethe foregoing particulars are true in every respect.

Policyholder's Signature Date & Time:

NEZSZZOLOZ Reg. No.

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

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:





Report No. T/20191219/2066

Police Station Of Origin: Kampong Ubi NPP 9 Eunos Crescent #01-2687 SINGAPORE

Tel No: 1800-7479999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/12/2019 13:06		lade:	Vide Report No.:	Station Diary No.: 14	
Informa	nt's Particu	ılars	THE RESERVE OF THE PARTY OF		
Name of WANG X	Informant: (IN		Address: APT BLK 30 LORONG 16 GE LODGE SINGAPORE 398870		
ID Type / ID No.: FIN NO / G8191974M		M	Contact No.: Home/Office: Mobile: 94864902		
National CHINES			Email:	and the second s	
Sex: Age: Date of Birth: Male 44 10/08/1975		Participation of the participa	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupat		and lorry drivers	Driving Licence Information: Class: 3,4	Date of Expiry:	

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 19/12/2019 10:00	Type of Location Straight Road
Location: Along Road 1 PAN ISLAND NEAR BEDO	EXPRESSWAY		88	
Weather: Drizzling	IX EATT	Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collis	sion: ving Vehicles - Head	To Rear		Anyone conveyed by ambulance:

A STATE OF THE PARTY OF THE PAR	Condition	Color	Model	Make	Tunn	V-CI-L-NI-
0		00.01	Model	IVIANC	Type	venicie ivo.
0					Car	Vehicle No. Type SLQ284R Car
0	No					
0	4.6000		17		Lorry	XD2939Z
0	No Damage		17		Lorry	XD2939Z





72013121372000

. 2 of 3

Report No. T/20191219/2066

Police Station Of Origin: Kampong Ubi NPP 9 Eunos Crescent #01-2687 SINGAPORE 400009

Tel No: 1800-7479999

CONTINUATION OF REPORT

Brief Details.

On 19/12/2019 at about 1000hrs I was travelling along PIE towards Tuas. I was driving my Heavy Vehicle on the third lane. It was raining and the traffic is quite heavy, subsequently all the car in front of me slowed down. I also slowed down upon noticing the cars ahead of me slowed down however I accidentally hit the rear of the car (SLQ284R) and the rear of the car sustained dent on the rear area. There is no damage on my vehicle. I immediately came out of my vehicle and apologize to the driver of the said vehicle. Both of us were not injured.





Report No. T/20191219/2066

Police Station Of Origin: Kampong Ubi NPP 9 Eunos Crescent #01-2687 SINGAPORE 400009 Tel No: 1800-7479999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recordi G /	ng The Report:	Signature Of Informant:
Sgt 1 YIP YONG NAN	b	£ 35
Signature Of Interpreter: Not applicable		Date/Time: 19/12/2019 13:06
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI		Classification Of Case:
Contact No.: 65476151	SINGAPORE PORCE	
Authentication Stamp NP168	1	AS GNATUR!



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: 5094866346-02 Cover : Third Party

1. Index mark and Registration Number of Vehicle XD2939Z

Chassis Number

JALCYZ52L87000084 2. Name of Policyholder

ENG BAN HUAT PTE LTD 3. Effective Date of Insurance 11 Oct 2019

4. Expiry Date of Insurance : 18 Sep 2020

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Palicyholder'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 business or profession.
- (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- # 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)	: N/A	
INSURE WITH COE	: N/A	
HIRE PURCHASE COMPANY	: N/A	
SUM INSURED	: N/A	

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

: VV INSURANCE AGENCY PTE. LTD. (00000614878)

Date of Issue

: 11 Sep 2019 17:11 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Claim Handling

ccident MT/1076465							
olicy No.	5094866346-02	Vehicle No.	XD2939Z		GST Registration No.		
ertificate No.							
olicyholder Name	ENG BAN HUAT PTE LTD				Policyholder NRIC	201022	829M
oduct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Third Party		Loading	0	
ontact No.(Mobile)	97512212	Contact No.(Office)			Contact No.(Home)		
mail Address		Special Remark			eCode	No Y	
ĸ	e No Yes	TCA	* No Yes		eCode Reason		
CD Protection	No	NCD Entitlement(%)	15		Private Hire	No	
Accident Details							
port Date	19/12/2019 15:01	Accident Report Within 24 hrs	Yes		Accident Type	Collision	- Head to Rear
ite of Accident	19/12/2019	Time of Accident hh:mm	10:00		Country of Accident	Singapo	ore
eparting Centre		Orange Force			ICM No.		
cident Location	PIE NEAR BEDOK EXIT						
▼ Total Excess Applicable							
coess Type	Per Accident	Windscreen Excess		0.00			
#2 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Man			0.00			
D Standard Excess	0.00	TP Standard Excess YIED TP Excess		0.00	Driver is Covered?	Covered	1
ED OD Excess	0.00	FIED IP EXCESS		0.00	Director destroyer	050000	70
dditional Excess	5000	Total TP Excess Applicable		0.00			
rtal OD Excess Applicable	0.00	social IP Extens Applicable		0.00			
⇒ Benefits	lon.						
GST Registered Informat	Yes		GST Regist	ration Date	01/08/2011		
T Registered IT Registration No.	201022829₩		GST Status		Yes		
dification History		stem changed GST Registered from Na to stem changed GST Registration No. from n	Yes				
	19/12/2019 15:03:33 Sy 19/12/2019 15:03:33 Sy	stem changed GST Registration No. from n stem changed GST Registration Date from	null to 201022829M null to 01/08/2011				
Policyholder Mailing Add							
ddress I	57 UBI AVENUE 1	Address 2	#06-03 UBI CENTR	E	Address 3		PORE 408936
ddress 4		Address Type	Singapore address		Post Code	408936	8
nit No.	08-03	Related Policy Number	5081814589-03				
♥ OI Driver Info							
river Name	Unnamed Driver	Driver Type	Unnamed Driver				
nnamed driver Name	WANG XIN	Driver NRIC	G8191974M		Driver DD8	10/08/	1975
egister Date of Driver License	18/06/2006	Oriver Age	44		Driving Experience	11	
ontact No.(Mobile)	94864902	Contact No.(Office)			Contact No.(Home)		
ddress 1	30 LORONG 16 GEYLANG	Address 2	#07-04 CRYSTAL C	ODGE	Address 3	SINGA	PORE 398870
			Singapore address		Post Code	398870)
ddress 4		Address Type	amgapure appress				
Address 4	07-04	Address Type	singapore doubless				
Mit No. Does he own a Singapora		Address Type Oriver Vehicle No.	singapore socress		Driver Insurer Company	v	
Jnit No.	07-04 Yes » No		singspare dovess		Driver Insurer Company	Y	
Mit No. Joes he own a Singapora Registered car?			angapure due ess		Driver Insurer Company	Y	
wit No. Does he own a Singapora Legistered car? reclaration breathabyser or Blood Test			Yes a No		Driver Insurer Company	Y	
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wit No. Noes he own a Singapore egistered car? eclaration reathalyser or Blood Test coding? Claim 001 New Claim Type * Contact No. (Mobile)	Yes » No	Oriver Vehicle No.	12/00	ОО-НХ	T Insured ENG BAN HI Contact No. (Herms) OI Vehicle XD29392		NRIC ES
wit No. Noes he own a Singapore egistered car? eclaration breathalyser or Blood Test leading? Claim 001 New Claim Type * Contact No.(Mobile) Imail Address	Yes » No	Oriver Vehicle No.	12/00		Insured ENG ban H Contact No. (Home) OI Vehicle XD29392 Number		NRIC S Contact No. [Office] TP Vehicle Number Name of
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Anit No. Does he own a Singapore legistered cor? ectaration breathalyser or Blood Test leading? Claim 1001 New Claim Type * Contact No. (Mobile) Imail Address Claim Description Preferred Workshop Foodwar No. Yes	O mg	Driver Vehicle No. Any injury?	Yes a No	XD29392 / 5LQ284R ON	Insured ENG BAN HI Contact No. (Home) OI Vehicle XD29392 Number 19 Dec 2019 Claim Close		NRIC COntact No. (Office) TP Vehicle SL Number Name of Preferred Workshop
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