NATIONAL Assessment Centr	o Comicas				
Date In: 4 12-12-17	Jeb descripti				-
			Date & Time Completed	De	one by
Rei No. NAJINC 2000 07 13/24	SAS e-filin	g			
Veh No: GRAZGOT	E-mail (with	hin Shrs, AIC 2hrs)			
D.O.A: 3/1/20-06-35	i-Motor Cl	aim Form	m 1078743-001	411/20	18:
OD TP Reporting Only	i-Motor W	O (Within: OD 2hr	s, TP 4hrs)		
	i-Photo Up	loaded	1		
TP Insurer:	Assessment/S	Survey Report			
	Ass't Report	by Fax / Hand t	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (ax:	
TP Particulars: Veh No: 0367	38R	, INC(With the second	ex.	
Owner / Driver: (,	Tel:	- ·	
Policy No: () Peri	iod: ()	Cover Type: (/	
Confirmed by : (Date:	Time:		
Insured/Driver Liability: (%) [N	ote-Est. Status ((WO): N: 0-20	%; P: 21-79%. F: 30-1	00%1	
V CD	arranty: YES ()		-
Excess: (\$) Loading: \$1,00			The state of the s	-	
General Remarks:		1888-288-452 TV0-24	THE REPORT OF THE PARTY OF THE	ज्ञार का नामा र ाज	
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() Walk-In Customer: Customer's inform	nation strictly Co	onfidential & Stri	ctly NO refer of repairer.		
() Total Loss Case : to e-mail Insurer	URGENTLY.				
			E2 0740 45 00 00		
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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.

By the lodgement of this report to the insurers, yo aforesaid.	ou hereby consent to the archiving of this report at the centre and to copies of the report being made available
March 20 Village Control of the Control	ACCIDENT STATEMENT
Date Of Report	04/01/2020 17:52
Date Of Accident	03/01/2020 06:35
Exact Location Of Accident	JUNC JLN SENANG & JLN KRIAN
Country/State of Loss	SINGAPORE
The said the court of the said on the said of	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBB790T
Insured/Policyholder	
Name Of Registered Owner	TAN YOU PENG FOOD INDUSTRIES P/L
Co Reg No	1XXXXX003R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

TOYOTA Manufacturer

DYNA 150 MANUAL Model

Exact Purpose for which vehicle was being used at WORKING

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

THIRD PARTY If No, Please state action to be taken

COMMERCIAL VEHICLE Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

THIRD PARTY Type Of Coverage

NO Fleet Policy

Policy Number 5029610923-11

Cover Note Number

Driver

FENG JUNHAL Name of Driver GXXXX556X Passport No/FIN 11/03/1984 Date Of Birth OUTDOOR Occupation Date Of Driving Pass 03/10/2014

5 YEARS AND 3 MONTHS Driving Experience

MALE Gender

Mobile Number (LOCAL) +65-86169736

Fax Number

OFFICE-86169736 Contact Number

NOEMAIL EMail Address

Address 94J JALAN SENANG

Postcode 418476

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 - MAJOR/MINOR RD

Weather Conditions CLEAR DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

1 Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY Police Station Name

NO

YES

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200103/2019.

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

CB6338R

Vehicle Make/Model/Colour

Details Of Properties

BUS Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF INJURED PERSON 1

FENG JUNHAI Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

BACK

GBB790T

YES

NO

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material
 facts may allow insurance companies to repudiate policy liability.
- 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 .:

Refer to	Police Report	
	20	
		9

DECLARATION

regoing particulars are true in every respect. I/We destate

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Name:

NRIC/FIN No.:

Reporting Centre Persoonel's Signature

*	Personal Particulars	NV 1020	
	Date of Accident: 3 1 2020 Time of Acc	ident: 6-35	am
	Exact Location of Accident: JIn Soung Jin & Peng Jindustres (Sacr	
	Owner's Name: Tan You toud	NRIC No:	
	Driver's Name: Feng Juhai	MRIC No: 624455	56 MP No: 8616973
	Date of Birth: 11 3 1984 Driving Licence Passing Date: 3	0 2014 Occupation	: Indoor / Outdoor
	Address: 94J JA Senang S (4184	16)	U
	Relationship of Driver with Insured: Emplayee Email Address:		
	Vehicle No: GBB 790T Make & Model:		
	Insurance Co: NTUC Coverage:	Policy No: _	
	*Purpose of Reporting? Own Damage Claim / 3rd Per	ty Claim / Not Claimin	g, Just Reporting Only
6	*Exact Purpose of The Vehicle Was Being Used At T	ime Of Accident:	Private Use / Work
**	*Weather Condition ? Clear / Raining / Others:	Wet / (r	y / Others:
	* Any passenger inside vehicle involved? (Yes / No)	If yes, Vehicle No	& How many pax:
•	A: 1+0 B. 1+8 children	C:	_D:
	*Was Anybody Injured ? (Gs / No) If yes,		
		306	
	J	100	
	*Was The Accident Reported To The Police ?		
	O No Q Yes, Which Police Station?		
	*Does the Driver Own Any Other Vehicle?		
-	O No O Yes, Vehicle Registration No: insu	rer:	
	*Was any foreign vehicle involved? (Yes / 16) If ye	s, Vehicle No & Catego	ry:
	*Was there any video captured by Car Camera? (Y		
	Third Party Driver's Particulars		
	Vehicle & No: CB 6338 R Make & Model:		
	Driver's Name:		
	Driver's Name:	NRIC No:	HP No.
	Witness Particulars		
	Name:	NRIC NO.	THE SECOND
	indirection of the second of t	1414071403	HY NO:



T/20200103/2019

0200103/2015

1 of 3

Report No. T/20200103/2019

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

DEDODT	OF A	TRAFFIC	ACCIDENT
REPURI	UFA	IKAFFIC	ACCIDENT

	ne Report M 20 09:13	lade:	Vide Report No.: G/20200103/0055	Station Diary No.		
Informa	nt's Partice	ulars				
Name of FENG J	Informant: JNHAI		Address: 94J JALAN SENANG SINGA	APORE 418476		
ID Type / ID No.: FIN NO / G2445556X			Contact No.: Home/Office:	Mobile: 86169736		
National CHINES			Email:			
Sex: Male	Age:	Date of Birth: 11/03/1984	Type of Informant: Driver			
Race: Chinese			Language:	Institution / School Name:		
Occupat			Driving Licence Information:	Date of Expiry:		

Type of Accident:	Injury Conveyed By Ambula	Drink Drive: No	Date/Time of Accident: 03/01/2020 06:	Type of Location: X-Junction		
Location: Junction of R JALAN SENA JALAN KRIA						
Weather: Clear		Road Surface: Dry		Road Speed Limit:		
Traffic Flow:		Traffic Control		Traffic Volume: No Traffic		
Two Way				Anyone conveyed by		

Vehicle No.		Make	Model	Color	Condition	No of Passenge
CB6338R	Van	ТОУОТА	HIACE 3.0DX A	Silver	Slightly Damaged	0
GBB790T	Lorry	TOYOTA	DYNA 150 MANUAL	White	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



2 of

Report No. T/20200103/201

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

				ID No.		G2510144N
Driver	XUE DEFA		1	10 110.		
Name	7,00	-		Contact	No.	NIL
Related Vehicle	CB6338R (Van)					
Related Vernois	Material Control of the Control of t			Class o	f	Class: 3,4
Hospital/Clinic	NIL			Driving		Date of Expiry: NIL
Hospital S.	1.719.50-24-44	Licence &				
				Expiry		
			Date Disc	JI ICH ST	NIL	
Date Treatment	NIL II LL COVO	VIL	Degree o	f Injury	NIL	
(D aror	1 - 1 Modical Leave					
No. of Days grai	ited iviedical Eduto				776	C2445556X
No. of Days gran	nted Medical Leave	Value III		ID No.		G2445556X
	FENG JUNHAI			1-6-00/05-006-006-006-006-006-006-006-006-006-0	- No	
Name	FENG JUNHAI			ID No.	ct No	
Driver	FENG JUNHAI			Conta		. 86169736 Class: 3
Name Related Vehicle	FENG JUNHAI GBB790T (Lorry)			Conta	of	. 86169736 Class: 3
Name	FENG JUNHAI			Conta Class Drivin	of g	86169736
Name Related Vehicle	FENG JUNHAI GBB790T (Lorry)			Class Drivin Licen	of g ce &	. 86169736 Class: 3 Date of Expiry: NIL
Name Related Vehicle	FENG JUNHAI GBB790T (Lorry)		Data Di	Class Drivin Licend Expire	of g ce & / Date	Class: 3 Date of Expiry: NIL
Name Related Vehicle Hospital/Clinic	FENG JUNHAI GBB790T (Lorry) NIL	NIL	Date Di	Class Drivin Licen	of g ce & / Date	Class: 3 Date of Expiry: NIL

Brief Details.

REF REPORT NUMBER: G/20200103/0054

ON THE ABOVE MENTIONED DATE, TIME & LOCATION.

I WAS TRAVELLING ALONG JALAN SENANG, WHEN I WAS AT A JUNCTION OF JALAN SENANG 8 JALAN KRIAN SUDDENLY VEHCILE CB6338R CAME OUT AND I HIT THE REAR SIDE OF IT I THEN JAMMED MY BRAKES AS THE SPEED WAS NOT VERY FAST DUE TO THE DARK ENVIRONMENT WAS ABLE TO STOP MY VEHICLE. AND THE VEHICLE CB6338R STARTS TO SPIN AND HIT MY SIDE OF THE VEHICLE. BOTH OF US GOT OUT OF OUR VEHICLES AND HELP THE STUDENTS I GET OFF FROM VEHICLE CB6338R. BOTH ME AND THE DRIVER OF CB6338R THEN EXCHANGE PARTICULARS. A PASSERBY THEN CALLED THE AMBULANCE, THE AMBULANCE CAME THEN THE POLICE CAME. THE STUDENTS WHO WERE INJURED WERE THEN CONVEYED TO KK HOSPITAL.

THAT IS ALL.





3 of 3

Report No. T/20200103/2019

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

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

Signature Of Officer Recording The Report: TP /	Signature Of Informant:
WINSTON KOH WEN ZHONG Signature Of Interpreter:	Date/Time:
Not applicable	03/01/2020 09:13
Officer In Charge Of Case:	Classification Of Case:
TP / GIT / Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI	SHEAPOPE
Contact No.: 65476904	A POLICE FORCE

Hello, NAC_PAYA_UBI_80	0601				100000		Character			THE REAL PROPERTY.	alClaim
	0001						Change	e Languag	e Char	ige Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	Vo.				Date o	of Accident		03/01/2020	06:35	
	Vehicle	No.(Far Motor)	GBB790	OT.		Certifi	cate Number				
					100	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5029610923- 11		PENG FOOD INDUSTRIES P/L	199404003R	GCV	Third Party	GBB790T	GBB790T	27/06/2019	26/06/2020

Policy No.	5029610923-11	Policyholder Name	TAN YOU	PENG FOOD INDUSTRI	Policyholder NRIC	199404003R	
Certificate No.							
Address	94J JALAN SENANG SINGAPORE	418476					
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N	
Policy Issue Date	01/06/2019	Effective Date	27/06/20	19 00:00	Expiry Date	26/06/2020 23	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess	0	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/	/Inexperience Driver Excess
Agent	THOMSON CREDIT (S) PTE LTD	Agent Tel.	NIL		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyh	older Mailing Address						
Address 1	94J JALAN SENANG	Addre	ss 2	SINGAPORE 418476	i	Address 3	
Address 4		Addre	ss Type	Singapore address	3	Post Code	418476
Unit No.		Relat Numb	ed Policy er	5094331731-02			
	d Object: GBB790T						
Insure In							
Insured	ements						

laim Handling						
ccident MT/1078543						
icy No.	5029610923-11	Vehicle No.	G88790T	4	GST Registration No.	
sificate No.						
icyholder Name	TAN YOU PENG FOOD INDUSTRIES P/L				Policyholder NRIC	199404003R
sduct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Third Party	1	Loading	0
eact No.(Mobile)	D	Contact No. (Office)	0		Contact No. (Home)	0
al Address		Special Remark			eCode:	(11. V)
	® No ○Yes	TCA	® No ○Yes		eCode Reason	
	11.11	NCD Entitlement(%)	0		Private Hire	No
D Protection	No	record and the control of	7.0			
Accident Details				9	Acodent Type	Collision - Major Minor Road
ourt Date	04/01/2020 18:04	Accident Report Within 24 hrs	Yes			
e of Accident	03/01/2020	Time of Accident hh:mm	06:35		Country of Accident	Singapore
orting Centre		Orange Force		1	ICM No.	
ident Location	JUNC JUN SENANG & JUN KRIAN					
Total Excess Applicable						
ess Type	Per Accident	Windscreen-Excess	0.	.00		
Standard Excess	0.00	TP Standard Excess	0.	.00		
D OD Eacess	0.00	YIED TP Excess		3	Driver is Covered?	
ditional Excess						
	8.00	Total TP Excess Applicable				
el DD Excess Applicable	0.00	Commence of the commence of th				
Benefits	anaz					
GST Registered Informa			GST Registration Date		01/09/2011	
f Registered	Y65 199404003R		GST Status Venfied		Yes	
T Registration No.		vision channel GST Repistered from N			11.355	
dification History	04/01/2020 18:05:45 5	ystem changed GST Registered from N ystem changed GST Registration No. fr ystem changed GST Registration Date t	om null to 199404003R			
. Sallanhatta Maria		taren manifert das veiligiggen hate i	THE RESERVE AND ADDRESS.			
Policyholder Mailing Ad		72722	STRUCTURE AND THE		Address 3	
idress 1	94) JALAN SENANG	Address 2	SINGAPORE 418476		Post Code	418476
tdress 4		Address Type	Singapore address		Post Code	4104/0
nit No.		Related Policy Number	5094331731-02			
OI Driver Info						
river Name	Unnamed Driver	Driver Type	Unnamed Driver			
named driver Name	PENG JUNHAL	Driver NRIC	GXXXX556X		Oriver DOS	11/03/1984
gister Date of Driver License	83/10/2014	Driver Age	35		Onving Experience	5
ontact No.(Mobile)	86169736	Contact No.(Office)	Ď.		Contact No.(Home)	D
idress 1	94) JALAN SENANG	Address 2	SINGAPORE 418476		Address 3	
	SAU SACAN SERANG	Address Type	Singapore address		Post Code	418476
ddress 4		Address Type	angepare see cas			
nit No.						
oes he own a Singapore egistered car?	○ Yes (● No	Oriver Vehicle No.			Driver Insurer Company	
eclaration						
reathalyser or Blood Test eading?	0 mg	Any injury?	® Yes ○ No			
and the same of th						
odification History						
Claim 001 New						
am Type *	ор-их	Iroured Name	TAN YOU PENG FOOD INDUS	STR.	Insured NRIC	199404003R
ontact No.(Mobile)	1	Contact No (Home)		317	Contact No.(Office)	97369871
		Of Vehicle Number	G88790T		TP Vehicle Number	C863384
nail Address Islmant Type Claimant Type •	Please Select Y	Type of Benefit +	The state of the s	V		(02/02/02
aimant Type Claimant Type *	The state of the s	Claimant NRJC +		100		
	22	Andrew Market	la contract of the contract of			
almant Address					Name of Preferred Work	ohan
aim Description	GBB790T / CB6338R ON 3 Jan 2020				THE RESERVE OF THE PARTY OF THE	7015 01
eferred Workshop Contact		Insured Liability +	Not at Fault	$\overline{}$		Teller of the second
equire Finalisation	Yes v	Preferend Repair Option	Preferred Workshop, Name	unknown: 🗡	GIA report	Received
ate Registered	04/01/2020 18:06	Claim Close Date:		10	Date Received	04/01/2020 00:00
		a cross to second to				
eport Taken By	Jackson					
Print AK letter						
			Save Submit			
			management management .			
Attachment						
9						
	MICHOTOGRAS	Claim No.	001			
ccident No.	MT/1078543		04/01/202	10 18:07		
ast Doc. Received	Yes No	Upload Date			100000000000000000000000000000000000000	
	Path *			egory *		Urgency * Descript
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		Brows	e Clear Please Scient	v	No V No	ormai 🔍
		Brows	I specialize processing	-		
	Total Control of the		- Description			Vince Till
		Brows	e Clear Please Select			
		Para and	d Class Saled	·	No. 10 No.	ermai V

