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 <u>truthful and accurate</u> 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.
- 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	03/02/2020 15:56
Date Of Accident	31/01/2020 23:55
Exact Location Of Accident	SLE TWDS BKE
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLD39B
Insured/Policyholder	
Name Of Registered Owner	RIWAY (SINGAPORE) PTE LTD
Co Reg No	2XXXXX529C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	CLA45 AMG 4MATIC AUTO
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI19V14374/VPC/R03
Cover Note Number	
Driver	

Name of Driver FONG LI YONG
NRIC No SXXXX087E

Date Of Birth 14/09/1987

Occupation INDOOR

Date Of Driving Pass 12/03/2013

Driving Experience 6 YEARS AND 10 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-91018688

Fax Number

Contact Number OFFICE-91018688

EMail Address NOEMAIL

Address BLK 818 JURONG WEST STREET 81

#09-252

Postcode 640818

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 Registration Number of Briver's Own

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? YES

Foreign Vehicle Registration Number JSR1251 (PRIVATE CAR)

Number of vehicles (including own vehicle)

involved in the accident

3

NO

NO

YES

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name NANYANG NEIGHBOURHOOD POLICE CENTRE

NO

Police Station Address ROAD: 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-7929999 - **FAX NO**: 67912972

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200201/2013.

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 JSR1251

Vehicle Make/Model/Colour HYUNDAI STAREX

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver ABDUL KHAIRUDDIN BIN ABD KARIM

NRIC/Passport Number

Contact Number

Address Postcode Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SJZ6791E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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: (3-0) 10 10 @ 112 100mm

de s

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.: SKETCH PLAN

SLE TOWNRDS BKE 3.5 KM

A - SL039B B - SJZ6791E

C- JSRIYSI

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 31/01/2020, I was driving in my car (SLD39E) on SLE (EXE) heading home. I was
on the most right lane driving at moderate speed. After driving for sometime, I noticed
the far SJI 6791E in front of me had applied brates briefly thus I slowed down.
All of a sudden, SJZ 6791E immediately applied the broke thus I too managed to
stop in time by applying the brates. However, a malaupian car Istixi did not
managed to stop in time and collided with my car. I felt the impact and the car
subsequently rallided with SJZ 6791E.
I then alighted the car and checked upon both 1326791E and JSR1251. I assessed
the damages and noticed that my back bumper was severely damaged. left plusenger
was dented and was unable to open and my bonnet was dented opened while
SJI 6791E had minor dente and scratches on the back tumper. JSR 1751 had his
front bumper come off. I would like to inform TP come drawn to scene to assess and
assist us. I would like to inform that I feel sweness in my left arm however have
yet to fully assess.

DECLARATION

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

Policyholder's Signature Date & Time:

Driver's Signature

(if driver is not the policyholder)
Date & Time: 05.00 - 70.70 @11 - 70.01m

Reporting Centre Personnel's S

Name: NRIC/FIN No.:

Police Report





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

1 of 3 Report No. T/20200201/2013

Tel No: 1800-7929999

REPORT OF A TRAFFIC ACCIDENT

Date/Time 01/02/202		Made:	Vide Report No.: L/20200201/0002	Station 18	Diary No.
Informan	t's Partic	ulars		Management of the Control of the Con	
Name of I FONG LI	nformant: YONG		Address: APT BLK 818 JURON SINGAPORE 640818	G WEST STREET 81 #09-25	2
ID Type / NRIC NO		87E	Contact No.: Home/Office: Mobile: 91018688		
Nationalit SINGAPO		EN	Email:		
Sex: Female	Age: 32	Date of Birth: 14/09/1987	Type of Informant: Driver		
Race: Chinese		Language:	Institution / School	Name:	
Occupation: Other finance and insurance clerks (eg credit clerk)		Driving Licence Inform Class:	Date of Expiry:		

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 01/02/2020 00:00	Straight	Location Road
Location: Along Road 1 SELETAR EX BUKIT TIMAH Weather: Clear		Road Surface:		Road Speed	imit:
Traffic Flow: Traffic Control: One Way Not Controlled			Traffic Volume Moderate	1	
Type of Collis Between Mov	ion: ing Vehicles - Head T	Rear		Anyone conve ambulance: No	yed by

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of	assenger
JSR1251	Car				Slightly Damaged	1	
SJZ6791E	Car				Slightly Damaged	1	
SLD39B	Car				Seriously Damaged	1	

Police Report





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

2 of 3 Report No. T/20200201/2013

Tel No: 1800-7929999

CONTINUATION OF REPORT

Brief Details.

On 31/01/2020, I was driving in my car(V1:SLD39B) on SLE(BKE) heading home. I was on the most right lane driving at moderate speed. After driving for sometime, I noticed the car(V2:SJZ6791E) in front of me had applied brakes briefly thus I slowed down. All of a sudden, V1 then immediately applied the brake thus I too managed to stop in time by applying the brakes. However, a Malaysian car(V3:JSR1251) did not managed to stop in time and collided with my car. I felt the impact and the car subsequently collided with V1.

I then alighted the car and checked upon both V1 and V3. I assessed the damages and noticed that my back bumper was severely damaged, left passenger was dented and was unable to open and my bonnet was dented opened. While V1 had minor dents and scratches on the back bumper, V3 had his front bumper came off. I would like to inform TP came down to scene to assess and assist us. I would like to inform that I feel soreness in my left arm however have yet to fully assess.

Police Report





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999 3 of 3 Report No. T/20200201/2013

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 Recording The Report: J / SC2 INDRA SHAMI BIN KAMSANI	Signature Of Informant:
Signature Of Interpreter: Not-applicable	Date/Time: 01/02/2020 02:40
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	

ACCOUNTING AND CORPORATE REGULATORY AUTHORITY
(ACRA)

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WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Company) of RIWAY (SINGAPORE) PTE. LTD. (200810529C)

Date: 22/11/2019

The Following Are The Brief Particulars of :

Registration No.

2008105290

Company Name.

RIWAY (SINGAPORE) PTE. LTD. (w.e.f.27/10/2011)

Former Name if any

RIWAY INTERNATIONAL (SINGAPORE) PTE. LTD.

Incorporation Date.

28/05/2008

Company Type

EXEMPT PRIVATE COMPANY LIMITED BY SHARES

Status

Live Company

Status Date

28/05/2008

Principal Activities

Activities (I)

RETAIL SALE OF HEALTH SUPPLEMENTS (47214)

Description

Activities (II)

and the contraction

Description

Capital

Issued Share Capital

Number of Shares *

Currency

Share Type

(AMOUNT)

300000

300000

SINGAPORE, DOLLARS

ORDINARY

* Number of Shares includes number of Treasury Shares

Paid-Up Capital

Number of Shares

Currency

Share Type

(AMOUNT)

300000

SINGAPORE, DOLLARS

ORDINAR

COMPANY HAS THE FOLLOWING ORDINARY SHARES HELD AS TREASURY SHARES.

Number Of Shares

Currency

Authentication No.: Z19843971Z

Page 1 of 3

ACCOUNTING AND CORPORATE REGULATORY AUTHORITY (ACRA) DIZ

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Business Profile (Company) of RIWAY (SINGAPORE) PTE. LTD. (200810529C)

Date: 22/11/2019

Registered Office Address

3 ANG MO KIO STREET 62

#01-43/44

LINK@AMK SINGAPORE (569139)

Date of Address

31/03/2016

Date of Last AGM

21/06/2019

Date of Last AR

21/06/2019

FYE As At Date of Last AR

30/04/2018

Audit Firms

NAME

CKS ASSOCIATES

Charges

Charge No.	Date Registered	Currency	Amount Secured	Chargee(s)	
C201513180	19/11/2015		All Monies	UNITED OVE	SEAS BANK

Officers/Authorised	Representative(s)

Name	ID	Nationality	Source of Address	Date of Appointmen
Address		Position Held	Address	
LIM BOON HONG (LIN WENFENG)	\$7512973D	SINGAPORE CITIZEN	OSCARS	28/05/2008
31 PINEWOOD GROVE SINGAPORE (738263)		Director		
QUEK JIN KUANG	S1190757A	SINGAPORE CITIZEN	ACRA	28/05/2008
39 MOUNT SINAI RISE #15-01 FONTANA HEIGHTS SINGAPORE (276957)		Secretary		

Shareholder(s)

Nam	е	ID	Nationality/Place of Incorporation/Origin	Source of Address	Address Changed
Addr	ress		incorporationsorigin	Address	
1	LIM BOON HONG (LIN WENFENG)	S7512973D	SINGAPORE CITIZEN	OSCARS	12/12/2012

Z19843971Z Authentication

Page 2 of 3

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ACCOUNTING AND CORPORATE REGULATORY AUTHORITY
(ACRA)

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Business Profile (Company) of RIWAY (SINGAPORE) PTE. LTD. (200810529C)

Date: 22/11/2019

Shareholder(s)

Name ID Nationality/Place of Source of Address Changed Incorporation/Origin Address

31 PINEWOOD GROVE SINGAPORE (738263)

Ordinary(Number) Currency

300000 SINGAPORE, DOLLARS

Abbreviation

UL - Local Entity not registered with ACRA

UF - Foreign Entity not registered with ACRA

AR - Annual Return

AGM - Annual General Meeting

FS - Financial Statements

FYE - Financial Year End

OSCARS - One Stop Change of Address Reporting Service by Immigration & Checkpoint Authority.

Note:

- The information contained in this Business Profile is extracted from lodgements filed by this entity with ACRA.
- The list of officers for this entity is available for online authentication within 30 days from the date of purchase of this Business Profile. Please scan the QR code available on the last page of this profile to access the authentication page. For more information, please visit www.arh.gov.sg.

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES SINGAPORE

RECEIPT NO.

: ACRA191122101398

DATE

: 22/11/2019

This is computer generated. Hence no signature required.

Authentication No.: 21

Z19843971Z

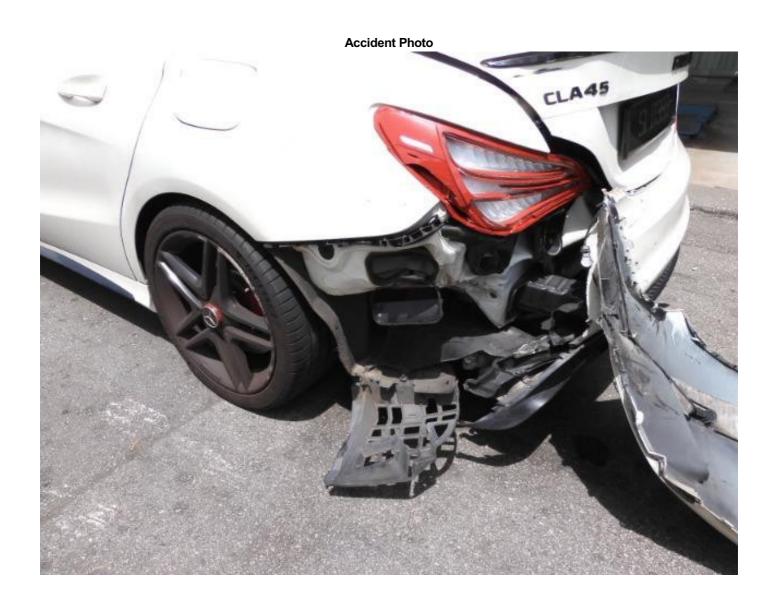
Page 3 of 3

























Addendum Sheet



Policyholder / Driver's Signature

Date:

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: 566550256 / GST Reg. No.: Me00017735

IMPORTANT NOTE:	Please submit the completed Addendum form to the <u>same</u> Authorise	d Reporting Centre
	with whom you submitted the Original Report.	Marie Control

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : MUAN 0015119. _Vehicle Registration No: Sta 39 B. Name(as showner NRIC): Riwing (Singapore) He Ltd. NRIC/FIN/Passport No :_ (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Address Singapore(____Mobile No.:__ Contact (Tel) Email Address Date of Accident : 3|1|20-____Time of Accident : 23:5 9 Place of Accident : SE tods BKE. Insurance Company: Libth (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: accident. Amend time

1

Page 24 of 24

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.: Date: