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SN082114000G / National Assessment Centre Services [159721] ENTRY DATE & TIME: 04/01/2021 19:52 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (04/01/2021 19:52 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the cisims 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 flability.
- 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.
 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 inter-sted 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 Submission Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

04/01/2021 19:52 (SGT) 01/01/2021 01:30 (SGT) 205A Compassvale Ln, Singapore 541205

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

YP9942S

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No. Email Address Mobile Phone No Alternative Phone No

Yes ANG KEE LOGISTICS PTE LTD 2XXXXXX311H feliciatee@halifa-bobo.com (Phone) +65-83099463 +65-89427679

VEHICLE PARTICULARS

Manufacturer Model Variant

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? Vehicle Category Hino

XZU710R 14FT WIDE CAB 5T

Employment

No - Reporting only Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

MSIG Comprehensive No P 90430943 MKC

DRIVER

Name of Driver Passport No/FIN WANG SHAOLIN GXXXX070P

Date Of Driving Pass 17/08/2018 Driving experience 2 YEARS AND 5 MONTHS Gender Male Mobile Number (Phone) +65-89427679 Alt. Phone Number Email Address feliciatee@halifa-bobo.com Address 257 PANDAN LOOP Address complement Postcode 128434 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Employee Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collided into Parked Vehicle Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) 1 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN 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 SLG9539A Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver Contact Number Address Address complement Dostondo

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.

Policyholds Sugnature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

eporting Centre Personnel's S

Name:

NRIC/FIN No.:

BLK 205 A	Compressione LAHE (CARPR
VEH-A-YP99425	
VEH.B-SLG 9539A	BIA

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

6N	THE STATED DATE AND TIME. I, VEH. A	/
ACCIDE	ENTALLY KNOCK ONTO VEH. B PIGHT SIDE	
portio	N. NO DRIVER WAS INSIDE VEH. B AT	
TIME	OF ACCIOENT.	

DECLARATION

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

Policybolder salphature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Name:

NRIC/FIN No.:

Date of Accident	:_01/01/2021 Accident Time:_0130 (24-HR-Format)
Accident Place	: BIK 205A COMPASSVALE LANE (CARPARK)
Vehicle. No. (Car Plate No.)	: YP99425 Make/Model: HIND 14FT. WIDE CAB
Insurace Company	: MSIG Policy No: P90430943 MKC
Owner or Company Name /IC No.	: ANG KEE LOGISTICS PTELTO (20123/3/14
Owner or Company Contact No.	: \$3099463 Owner's Hp Company Tel
DRIVER'S Name / IC No.	: WANG SHADLIN GZ697070P
DRIVER'S Date Of Birth	: 05/01/1985 DRIVER'S License Pass Date 17/08/2018
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling Employee Others:
DRIVER'S Address	: 257 PANDAN LOOP SIZ8434
DRIVER'S Contact No./ Alt No.	:1) 89427679 2)
DRIVER'S Occupation	: INDOOR OUTDOOR e.g. working inside or outside office)
Email Address	: feliciatee chalifa-bobo-com
Weather & Road Surface	:CLEAR & DRY\RAINING & WET\AFTER RAIN & WET
Reporting Type	Reporting Only Claim Other Party Claim Own Insurance
Number of Passengers (Including D	river): 0/
Was there any video Captured by ca Exact purpose for which vehicle wa Any Injury (If YES, Pls state):	s being used at the time of accident; Private use \ Work purpose
(B) Other	Party Driver's Particular (if any)
Vehicle, No: SLG 953°	Vehicle, No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact:

* NEW - Passenger's name & gender:



MSIG Insurance (Singapore) Pte. Ltd. 4 Shenton Way, #21-01, SGX Centre 2, Singapore 068807 Tel +65 6827 7888, Fax +65 6827 7800 Co.Reg No. 200412212G GST Reg. No. 20-0412212G A Member of MISSAD INSURANCE GROUP

COMMERCIAL VEHICLE

RENEWAL CERTIFICATE

Insured

: Ang Kee Logistics Pte Ltd

Date of Issue

: 18/11/2020

Period of Insurance: 10/12/2020 to 09/12/2021

Address

: 220 Pandan Loop

Singapore 128409

Policy No.

: P 90430943 MKC

Premium

: SGD2,906.00

(inclusive of GST)

Business

RISK NUMBER 1

Registration No.

: YP9942S

Year of Registration : 2018

Make/Model

: Hino XZU710R-HKMMV3 Euro 6

Capacity

: 2.46 TON

Refrigerated Vehicle

Seating Capacity

: 02 (Incl. Driver)

Engine No.

: N04CVV10506

Chassis No.

: JHHUCV3H70K028712

Financial Interest

: DBS Bank Ltd as Hire Purchase Owners

Type of Cover

; Comprehensive

Sum Insured

: Market Value at the Time of Loss

Windscreen

: Unlimited

Windscreen Excess

: SGD100

No Claim Discount

: 15%

NCD Protector

: Not Covered

Annual Premium

: SGD2,715.89

Excess

: SGD700 (Own Damage (Comprehensive) Deductible)

Authorized Driver(s): Any other person provided he is driving on the Policyholder's order or with the Policyholder's

permission.

Limitations As To Use: Use in connection with the Policyholder's business. Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. Use for social domestic and pleasure

purposes. The Policy does not cover

(1) Use for hire or reward or for racing pace-making reliability trial or speed-testing.

(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

Clauses/Endorsements applicable to the above Risk

This Policy extends to include the following endorsements and clauses subject otherwise to the terms conditions and exceptions/exclusions of this Policy:

Hire Purchase

It is hereby understood and agreed that the Owner specified in the Schedule (hereinafter referred to as the Owners) are the owners of the Insured Vehicle and that the Insured Vehicle is the subject of a Hire Purchase Agreement made between the Owners of the one part and the Insured of the other part. It is further understood and agreed that any payment made in respect of loss or damage (which loss or damage is not made good by repair reinstatement or replacement) under Section 1 of this Policy shall be made to the Owners as long as they are owners of the Insured Vehicle and their receipt shall be a full and final discharge to the Company in respect of such loss or damage. It is also understood and agreed that notwithstanding any provision in the Hire Purchase Agreement to the contrary this Policy is issued to the Insured named in the Schedule as the principal party and not as agent or trustee for the Owners and nothing herein shall be construed as constituting the Insured an agent or trustee for the Owners or as an assignment (whether legal or equitable) by the Insured to the Owners of his rights benefits and claims under this Policy. It is lastly understood and agreed that the Insured shall not assign his rights

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

311H

Vehicle Details

Vehicle No.:

YP9942S

Vehicle to be Exported:

No

Intended Deregistration Date:

31 Jan 2021

Vehicle Make:

HINO

Vehicle Model:

XZU710R 14FT WIDE CAB 5T

Primary Colour:

White

Manufacturing Year:

2018

Engine No.:

N04CVV10506

Chassis No.:

JHHUCV3H70K028712

Maximum Power Output:

Open Market Value:

\$39,292.00

Original Registration Date:

10 Dec 2018

First Registration Date:

10 Dec 2018

Transfer Count:

0

Actual ARF Paid:

\$1,965.00

Intended PARF Rebate Details

PARF Eligibility:

No

PARF Eligibility Expiry Date:

7.7

PARF Rebate Amount:

\$0.00

Intended COE Rebate Details

COE Expiry Date:

09 Dec 2028

COE Category:

C - Goods Vehicle & Bus

COE Period(Years):

10

QP Paid:

\$29,501.00

COE Rebate Amount:

\$23,180.00

Total Rebate Amount:

\$23,180.00

The information contained herein is correct as at 04 Jan 2021