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SN0821930005 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 03/09/2021 16:51 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (03/09/2021 16:51 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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.
- 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 03/09/2021 16:51 (SGT) Date of Accident 01/09/2021 15:00 (SGT) **Exact Location of Accident** Lor 1 Toa Payoh, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP8623U

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner CHEONG FATT PET SUPPLY Company Reg No 5XXXX289A **Email Address** zhaoguoweialvin@icloud.com Mobile Phone No (Phone) +65-96864985 Alternative Phone No +65-96864985

VEHICLE PARTICULARS

Manufacturer Hino Model XZU710R Variant Exact purpose for which vehicle was being used at time of accident **Employment** Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Commercial vehicle

Transmission CC

Manual 4009

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 2070061292-01 Cover Note Number

DRIVER

Name of Driver ZHAO GUOWEI, ALVIN NRIC No SXXXX888Z

Date Of Birth 20/06/1983 Occupation Outdoor Date Of Driving Pass 13/01/2005 Driving experience 16 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-96864985 Alt. Phone Number Email Address zhaoguoweialvin@icloud.com Address BLK 636B SENJA ROAD #23-323 Address complement Postcode 672636 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 Collision - Major/Minor Rd Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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? Yes Police Station Name Tanglin Division Headquaters Police Station Phone No. (Phone) +65-18003910000 Alt. Police Station Phone No. (Fax) +65-63964900 Police Station Address 21 Kampong Java Road Singapore 228892 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT E/20210902/7007 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 GBE5705S Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle

Name of Driver	2
Contact Number	5347 221
Address	Established
Address complement	-
D	•
Insurance Company Name	ERGO Insurance Pte. Ltd.
Nature Of Damage	-
Details of property damaged in accident	
No. Of Passenger (Including Driver)	OTA
training Directly	•

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ZHAO GUOWEI. ALVIN
Gender	Male
Phone No	(Phone) +65-96864985
Address	()
Address Complement	-
Post Code	_
Approximate Age Years Old	
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	YP8623U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
	11.55.00

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.
- 3. 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 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. 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.
- 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
- (i) 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' law yers/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.

UEN: S3204289A

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Sketch Flan	
Toa Payoh Wor 1	Veh A: YP8623U
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Declaration

Time

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

Driver's Signature (if driver is not the policyholder) / Date & Time

Winessed by Reporting Centre Personnel





1 of 1

Report No. E/20210902/7007

POLICE REPORT (NP299)

Police Station Of Origin Tanglin Division HQ 21 Kampong Java Road SINGAPORE 228892 Tel No:1800-3910000

Date/Time Report Made Vide Report No. Station Diary No. 02/09/2021 11:45 Name Of Informant Address ZHAO GUOWEI, ALVIN 636B SENJA ROAD #23-323 SINGAPORE 672636 ID Type / ID No. Contact No. NRIC NO / S8318888Z Home/Office: Mobile: 96864985 Nationality **Email Address** SINGAPORE CITIZEN zhaoguoweialvin@icloud.com Occupation Sex Age Date of Birth Race Self employed 38 Male 20/06/1983 Chinese Institution/School Name Language English Date/Time Of Incident Location Of Incident 01/09/2021 15:00 LORONG 1 TOA PAYOH

Brief details.

On the stated date and time I vehicle YP8623U was travelling straight on the stated venue. Suddenly vehicle GBE5705S who was coming out from the carpark on my right side came and hit onto my vehicle right portion. The impact was great and I suffered pain on my body.

I later then proceeded to unihealth 24hr clinic at jurong East to seek treatment and I was given 3 days MC.

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 02/09/2021 11:45
Officer In-Charge Of Case:	Classification Of Case:



Date of Accident	: 1 9 21 Accident Time: 15 WHR. (24-HR-Format)
Accident Place	: Lor 1 Toepayoh tuds Lor 1
Vehicle. No. (Car Plate No.)	: YP8623 U Make/Model: Hino (7 tome)
Insurace Company	Policy No: 207066 292-0
Owner or Company Name /IC No.	: Cheong Fatt Pet Supply 53204289A
Owner or Company Contact No.	: 96864985 Owner's Hp Company Tel
DRIVER'S Name / IC No.	: Zhao Guowei, Alnin 88318888Z
DRIVER'S Date Of Birth	: 20/6/83 DRIVER'S License Pass Date 13/01/05
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling Employer\ Others:
DRIVER'S Address	: BIK 636B Senja Rd #23-323 S (672636)
DRIVER'S Contact No./ Alt No.	:1) 96864985 2)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	zhaoguoweialvin@icloud.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	rriver): O
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
	Party Driver's Particular (if any)
Vehicle, No: GBE 570	S. (2260) 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:



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder Period of Insurance

: CHEONG FATT PET SUPPLY : 11 Apr 2021 To 10 Apr 2022

Engine No. Chassis No. : N04CVV10163

: JHHUCV1H60K025187

Vehicle No.

: YP8623U

: 2070061292-01

Policy No. Issued Date

Endorsement No.

: 19 Mar 2021

ABOUT THE COVER

Make/Model

: HINO XZU710R 4.0 Manual

Engine Capacity/Tonnage : 3 Tonnage

Sum Insured : Market Value

First Year of Registration : 2018

Driver Restriction

: NA

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

a) Any person who is driving on the Policyholder's order or with their permission.
 b) This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less

Age Condition

: All Age Condition

Limitation as to use*

1) Use in connection with the Policyholder's business

1) Use in connection with the Policyholder's business.
2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business.
3) Use for social, domestic or pleasure purposes. This Policy does not cover a) use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, and b) use whilst drawing a trailer except the lowing of anyone disabled using a mechanically propelled vehicle c) use for any purpose in connection with Motor Trade.

Loss Of Use (7 Days) Commercial Auto

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$1000 Theft - \$0 Flood Cover - \$0

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the Any account repairs to the venture must be certified out of the original of the management of the venture must be certified in original of the venture must be certified in original or the solid original origina

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles(Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0503982000

KHC HOLDINGS PTE. LTD.

389A BALESTIER ROAD SINGAPORE 329796

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Seah Kit Ng

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Business
Owner ID: /ehicle Details	289A
/ehicle No.:	YP8623U
ehicle to be Exported:	No
ntended Deregistration Date:	30 Sep 2021
ehicle Make:	HINO
ehicle Model:	XZU710R 14FT WIDE CAB 7T
rimary Colour:	White
lanufacturing Year:	2017
ngine No.:	N04CVV10163
hassis No.:	JHHUCV1H60K025187
laximum Power Output:	-
pen Market Value:	\$34,436.00
riginal Registration Date:	11 Apr 2018
rst Registration Date:	11 Apr 2018
ansfer Count:	0
ctual ARF Paid: Itended PARF Rebate Details	\$1,722.00
ARF Eligibility:	No
ARF Eligibility Expiry Date:	-
ARF Rebate Amount: tended COE Rebate Details	\$0.00
DE Expiry Date:	10 Apr 2028
DE Category:	C - Goods Vehicle & Bus
DE Period(Years):	10
QP Paid:	\$31,571.00
DE Rebate Amount:	\$20,608.00
tal Rebate Amount:	\$20,608.00

The information contained herein is correct as at 02 Sep 2021