

NATIONAL ASSOCIATION OF COMPENSATION SURVEILLORS, Inc. 51082/C60001

Date: 08/18/2021 12:39  
Ref No: 116116210/24014  
V.A. No: 6841442K  
D.O.A: 11/11/2021 03:15

(1) : TP / Reporting Only

Job description	Butt & Yarns Completed	Done by
SAS Billing		
Employment/Status/Status		
Motor Vehicle		
Motor Vehicle (Vehicle ID/Status)		
Police Reported		
Assessment/Report		
Assessment by	Max/Field to Owner/Status	

Produced Work/NO Affected Work/OWI  
Policy No: 449997 NO: /Non-NO: /  
Owner/Driver: /  
Period: / Cover Type: /  
Confirmed by: / Date: /

Insured/Driver Liability: % (Not to show (WO) N/A-2021 P1 2579% P1 00.100%)  
Year of Registration: /  
Losses: \$1,000 / \$2,000

( ) Within Customer / Customer's information likely compromised & should NO report of report  
( ) Total Loss Case / to email Insurer URGENTLY  
Driver in: / involved in: / involved in: / NO: /

- 1) Apply for Insurance Allowance ( ) / Country of: ( )
- 2) QO Check/Post Repair Inspection ( )
- 3) Upload Repair Photo (Repair Costs > \$3,000) ( )

Injury: /  
/

Driver/Owner	1) QO Check/Post Repair Inspection ( )	2) Upload Repair Photo (Repair Costs > \$3,000) ( )
Company No:	3) Apply for Insurance Allowance ( ) / Country of: ( )	4) Total Loss Case / to email Insurer URGENTLY
Uninsured Portion	5) Within Customer / Customer's information likely compromised & should NO report of report	6) Motor Vehicle / Motor Vehicle (Vehicle ID/Status)
QO Checked by (Signature/Status)	7) Driver in: / involved in: / involved in: / NO: /	8) Losses: \$1,000 / \$2,000
	9) Produced Work/NO Affected Work/OWI	10) Policy No: 449997 NO: /Non-NO: /
	11) Owner/Driver: /	12) Period: / Cover Type: /
	13) Confirmed by: / Date: /	14) Insured/Driver Liability: % (Not to show (WO) N/A-2021 P1 2579% P1 00.100%)
	15) Year of Registration: /	16) Losses: \$1,000 / \$2,000
	17) ( ) Within Customer / Customer's information likely compromised & should NO report of report	18) ( ) Total Loss Case / to email Insurer URGENTLY
	19) Driver in: / involved in: / involved in: / NO: /	20) Losses: \$1,000 / \$2,000
	21) 1) Apply for Insurance Allowance ( ) / Country of: ( )	22) 2) QO Check/Post Repair Inspection ( )
	23) 3) Upload Repair Photo (Repair Costs > \$3,000) ( )	24) Injury: /
	25) /	26) /
	27) /	28) /
	29) /	30) /
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	33) /	34) /
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	99) /	100) /



## 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 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. 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	08/12/2021 12:39 (SGT)
Date of Accident	11/11/2021 03:15 (SGT)
Exact Location of Accident	Toa Payoh Central, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH1442K
INSURED/POLICYHOLDER	
Is company?	Yes
Name of Registered Owner	HENG HUP HUAT FOODSTUFFS TRADING PTE LTD
Company Reg No	2XXXXX464Z
Email Address	charlessongjl@henghuphuat.com
Mobile Phone No	(Phone) +65-82380399
Alternative Phone No	+65-93897519

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1900254866-01
Cover Note Number	-

### DRIVER

Name of Driver	QIU PENGFEI
Passport No/FIN	GXXXX618L

Date Of Birth	11/04/1985
Occupation	Outdoor
Date Of Driving Pass	23/08/2017
Driving experience	4 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93897519
Alt. Phone Number	-
Email Address	charlessongjl@henghuphuat.com
Address	BLK 538 ANG MO KIO AVENUE 5 #02-4048
Address complement	-
Postcode	560538
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	No Collision
Weather Conditions	Clear
Road Surface	Wet

#### 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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle 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?	Yes
Police Station Name	Toa Payoh Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002519999
Alt. Police Station Phone No	(Fax) +65-63548749
Police Station Address	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20211111/2008

#### 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	FF929T
Vehicle Manufacturer	Sym
Vehicle Model	GTS200
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	UNKNOWN RIDER
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	FF929T
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes



## 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 truthful and accurate as possible. 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)

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:

- (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' 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.



*Ain Pengfer*

Policyholder's Signature / Date & Time



*Pengfer*

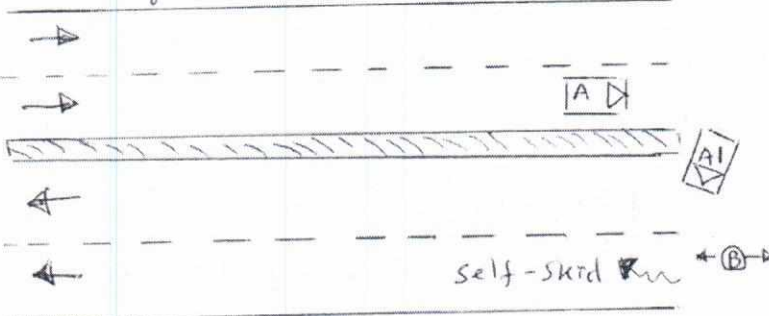
Driver's Signature (If driver is not the policyholder) / Date & Time

*08/12/2021*

Witnessed by Reporting Centre Personnel

### Sketch Plan

*Along Teo Payoh Central*



\* Veh A, A1 => = *GRH1442K*

\* Veh B = *FF929T*

Describe Circumstances of the Accident

Refer attach to police report:

T/20211111/2008

Declaration

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



Qin Pengfei  
Policyholder's Signature / Date &  
Time



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

28/12/2021  
Witnessed by Reporting Centre  
Personnel



Email: [sm@idac.com.sg](mailto:sm@idac.com.sg) Tel no: 6555 6888

\*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 11/11/2021 (dd/mm/yy) Time of Accident: 03 : 15 (24-HR-FORMAT)  
Vehicle No.: GBH 1442K Vehicle Make & Model / Engine (cc): Toyota Hiace <sup>DX 3.0M</sup> Private Hire: (Y/N) (N)  
Exact location of Accident: Along / at 175 Teo Payoh Central  
Policyholder's Name / IC No.: Heng Hup Hunt Foodstuffs Trading Pte Ltd / 2017364642  
Driver's Name / IC No.: Giu Pengfei / G3294618L (As Above) ☐  
Driver's Contact No.: 9398 7519 Company Contact No / Owner Contact No: 8238 0399  
Driver's Address: Blk 538 M Ang Mo Kio Ave 5 #02-4048 S(560538)  
Owner Email address: admin@henghuphunt.com Insurance Company: AIA  
Driver Email address: Charlesongji@gmail.com

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: \_\_\_\_\_

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☐ Other Vehicle (The one you want to claim against) / ☒ Reporting (For Record Purpose)

Exact purpose for which the vehicle  
Was being used at time of accident?

☐ Private use / ☒ Work purpose

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

\*No. of Passengers (Including Driver): 01

\*Passanger Name: \_\_\_\_\_

Gender: \_\_\_\_\_

\*Passanger Name: \_\_\_\_\_

Gender: \_\_\_\_\_

Weather condition & Road conditions? (On the day of accident)

☐ Clear & Dry / ☐ Raining & Wet / ☒ After-Rain & Wet / ☐ Drizzling & Wet / Others: \_\_\_\_\_

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☐ Yes / ☐ No (If YES) Injured Person's Name: Motorist (Unknown)

Injuries Sustain: Conveyed by ambulance Injured Person in Which Vehicle: FF 929 T

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: Teo Payoh N.P.C

### The Other Party(s) Details:

1. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: FF 929 T

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

2. Driver's Name / IC No (If Any): \_\_\_\_\_ Vehicle No: \_\_\_\_\_

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_





# SINGAPORE POLICE FORCE



T/20211111/2008

1 of 3

Report No. T/20211111/2008

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:

11/11/2021 05:03

Vide Report No.:

E/20211111/0031

Station Diary No.:

11

### Informant's Particulars

Name of Informant:

QIU PENGFEI

Address:

APT BLK 416 ANG MO KIO AVENUE 10 #12-985 TECK GHEE  
HEARTLANDS SINGAPORE 560416

ID Type / ID No.:

FIN NO / G3294618L

Contact No.:

Home/Office:

Mobile: 93987519

Nationality:

CHINESE

Email:

Sex:

Male

Age:

36

Date of Birth:

11/04/1985

Type of Informant:

Driver

Race:

Chinese

Language:

Institution / School Name:

Occupation:

DELIVERY

Driving Licence Information:

Class: 3

Date of Expiry:

### General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/11/2021 03:15	Type of Location: Straight Road
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Location:

TOA PAYOH CENTRAL

Weather:

Clear

Road Surface:

Wet

Road Speed Limit:

Traffic Flow:

One Way

Traffic Control:

Traffic Light - Working

Traffic Volume:

No Traffic

Type of Collision:

Motorcycle self skid due to driver trying to make a u-turn

Anyone conveyed by ambulance:

Yes

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FF929T	Motorcycle	SYM	GTS200	Blue		0
GBH1442K	Van	TOYOTA	HIACE DX 3.0 M	Silver		0

### Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20211111/2008

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

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Report No. T/20211111/2008

**CONTINUATION OF REPORT**

Driver			
Name	QIU PENGFEI	ID No.	G3294618L
Related Vehicle	GBH1442K (Van)	Contact No.	93987519
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 11/11/2021 at around 0315hrs, while I was travelling along Toa Payoh Central on right lane on my vehicle (GBH1442K). I was unfamiliar with the road and was look for a nearest U-Turn. When I was at the pedestrian crossing I thought that it was a U-turn area and continued to turn my vehicle. I wish to state that I did not complete the U-turn and as I noticed there was no U-turn sign. A motorcycle (FF929T) then approached from the opposite direction and I came to a stop. However, the motorcycle was unable to come to a stop in time and self-skidded due to the wet floor. There was no vehicle collision between us. After I saw the motorcyclist self-skidded I parked my vehicle along the road and went to render him help. Subsequently, the Police and Ambulance arrived. The motorcyclist was conveyed to the hospital and the Police attended to me. I do not have in-car camera in my vehicle and I was not injured. I am lodging the report as advised by the Police.





SINGAPORE  
POLICE FORCE



T/20211111/2008

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Report No. T/20211111/2008

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

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  
E /  
Sgt 2 RYJEAN YEOW ZHEN RUI

4

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt SYED MUHAMMAD ISA BIN OMAR  
ALHABSHEE  
Contact No.: 65476214



4

Signature Of Informant:

邵 明 飞

Date/Time:  
11/11/2021 05:03

Classification Of Case:

SN 168

SIGNATURE





# CERTIFICATE OF INSURANCE

## COMMERCIAL AUTOPLAN COMMERCIAL VEHICLE

**Name of Policyholder** : HENG HUP HUAT FOODSTUFFS TRADING PTE LTD  
**Period of Insurance** : 31 Jan 2021 To 30 Jan 2022  
**Engine No.** : 1KD2735592  
**Chassis No.** : KDH2010229747

**Vehicle No.** : GBH1442K  
**Policy No.** : 1900254866-01  
**Endorsement No.** :  
**Issued Date** : 21 Dec 2020

### ABOUT THE COVER

**Make/Model** : TOYOTA HIACE VAN 1.4 ton [Van]  
**Engine Capacity/Tonnage** : 1.43 Tonnage  
**Driver Restriction** : NA

**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2018  
**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 than 2 years' driving experience.

**Age Condition** : All Age Condition

#### Limitation as to use\* :

- 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 towing of anyone disabled using a mechanically propelled vehicle. c) use for any purpose in connection with Motor Trade.

\* 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 - \$800 Theft - \$0 Flood Cover - \$0

#### Section 2

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 can be carried out at the repairer of Your choice (unless specifically excluded by Us).  
For Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website [www.aig.sg](http://www.aig.sg) or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

### IMPORTANT NOTES

**Hire Purchase Company/Employer's Loan:** Hitachi Capital Asia Pacific Pte. Ltd.

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).

0500718000

JG MOTOR AGENCY

80 CHANGI ROAD #04-06 CENTROPOD @ CHANGI  
SINGAPORE 419715

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**

This computer generated document does not require a signature.

Soek Foang Joanne Goh