

NTUC Assessment Centre Services

Date In 13/02/2023

Ref No CA/MS423001489/d4

Veh No YQ 4906A

DOA 10/02/2023

OD/TP (Reporting Only)

TP Insurer:

referred Wksp / INC Assign Wksp / QW: (

P Particulars:

Veh No:

SLU 2396S

INC () / Non-INC ()

Owner/Driver (

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date:

Time:

Insured/Driver Liability: (

%)

[Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]

Year of Registration: (

Warranty: YES (

)/NO (

Excess: (\$

Loading: \$1,000 (

)/\$2,000 (

General Remarks:-

Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

Total Loss Case : to e-mail Insurer URGENTLY.

ive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co. ()

Remarks: (INC hotline: 6788 6616)

Apply for Transport Allowance (

)/Courtesy Car (

QC Check / Post Repair Inspection (

)(

Upload Resurvey Photo [Repair Cost > \$3000] (

)(

jury:

Time: Actions:

ant's Particulars:

Owner:

t No:

ed Portion:

ected by (Engr-In-Charge):

rs' Comments:-

Invoice Preparation Checklist

Amt (\$)

Amt (\$)

1st Bill

Add Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

7) NI: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

ON:

* N5: Courtesy Car / Tpl Allowance \$5

* N6: Repair Co-ordination \$10

* N7: Post Repair Inspection \$25

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 Actual 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 13/02/2023 09:15 (SGT)
Reported by Driver
Date of Accident 10/02/2023 10:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information JALAN EUNOS ROAD AFTER PIE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YQ4906A

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner UNI-TAT ICE & MARKETING PTE LTD
Company Reg No 1XXXXX736C
Email Address chiakc@iceman.com.sg
Mobile Phone No (Phone) +65-67448484
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Hino
Model XZU700R 12FT WID CAB 5T MT
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 4009

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number B 400001498 MKF

DRIVER

Name of Driver LIN YANNENG
Work Permit No 0XXXX6026
Date Of Birth 21/09/1981
Occupation Outdoor

Date Of Driving Pass	19/01/2007
Driving experience	16 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-82616934
Alt. Phone Number	-
Email Address	chiakc@iceman.com.sg
Address	51 PAYA UBI INDUSTRIAL PARK, UBI AVENUE 1
Address complement	# 01-26
Postcode	408933
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	Side Swipe
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 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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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 THE ATTACHED STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLU2396S
Vehicle Manufacturer	Audi
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-98395232

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

IMPORTANT NOTICE

SKETCH PLAN

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 Actual 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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.



Policyholder's Signature / Date & Time

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

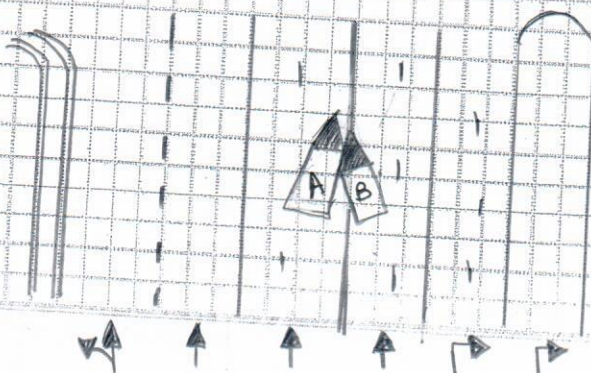
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

Jalan Eunus Road After PIE

A- YQ 4906 A

B- SLU 2396S



Describe Circumstance of the Accident

On the above stated date and time, I was driving at Jalan Eunos Road After PIE after a delivery at Eunos Market. I was at the 4th lane slowly filtering to the 3rd lane proceeding to 2nd and 1st lane to turn right. Then I saw my side mirror vehicle B was at the second lane, so I slowed down my vehicle at the 3rd lane for vehicle B to pass over my vehicle before I filter to the second lane. Vehicle B was quite far away. Instead of passing over my vehicle, vehicle B hit my front right portion of my vehicle. There was also less vehicles on the road on all the lanes as I know. Driver of vehicle B did not exchange any particulars with me, and he claims that he is a lawyer.

Declaration

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



Policyholder's Signature / Date & Time

林 艳红 10-2-23

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

James 13/02/2023

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Angelia Translation Pte Ltd

BUSINESS REG NO.: 201941454K
400 Orchard Rd, Orchard Towers #06-18A
Singapore 238875
Tel: 6444 7737/8699 1075
Email: enquiry@sgtnp.net

TRANSLATION

THE PEOPLE'S REPUBLIC OF CHINA

DRIVING LICENCE

LICENCE NO. 350681198109215732

Name Lin Yanneng Gender Male Nationality Chinese

Address No. 381 Xinyang Xinyang Village Zini Town Longhai District Zhangzhou City Fujian Province

TRAFFIC MANAGEMENT BUREAU

PUBLIC SECURITY BUREAU OF

ZHANGZHOU CITY

FUJIAN PROVINCE

Date of Birth 21 September 1981

Date When Licence First Obtained 19 January 2007

Licensed to Drive Vehicles in Code(s) CID

Valid from 19 January 2023 to long-term

[Photograph Affixed]

Angelia Translation Pte Ltd

400 Orchard Rd, Orchard Towers #06-18A
Singapore 238875

This is a translation by
Lily Wang

02 FEB 2023

Record.....
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Lily Wang



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400 Orchard Rd Orchard Towers #06-18A
Singapore 238875



02 FEB 2023

DRIVING LICENCE CLASS CODES

A1	Large Buses and A3, B1, B2	C4	Tri-wheel Vehicles
A2	Towing Vehicles and B1, B2	C5	Small Automatic Cars for Handicaps Only
A3	Urban Public Transport and C1	D	Ordinary 3-wheel motorcycles and E
B1	Medium Buses and C1, M	E	Ordinary 2-wheel motorcycles and F
B2	Large Trucks and C1, M	F	Light Motorcycles
C1	Small Cars and C2, C3	M	Self-propelled Wheeled Machinery
C2	Small Automatic Cars	N	Trolleybuses
C3	Low-speed Goods Vehicles and C4	P	Tramcars

[Barcode] *3520029948728* No other unit or person except the public security traffic control authority shall retain this licence.

Angelia Translation Pte Ltd
400 Orchard Rd, Orchard Towers #06-18A
Singapore 238875

This is a translation by
Lily Wang

02 FEB 2023

SUPPLEMENTARY PAGE OF DRIVING LICENCE OF THE PEOPLE'S REPUBLIC OF CHINA

LICENCE No. 350681198109215732

Name Lin Yanneng File No. 350699079939

Record: It will be valid from 08 November 2022 to the valid start date.

Please apply changing to permitted class driving licence before 21 September 2051.

Angelia Translation Pte Ltd
400 Orchard Rd Orchard Towers #06-18A
Singapore 238872

This is a translation by
Lily Wang

02 FEB 2023

ACCIDENT STATEMENT

ACCIDENT DATE: 10 / 02 / 2023 (DD/MM/YYYY), TIME: 10 : 45 (HH:MM)

LOCATION: Jln Eunus Road After PIE

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: YQ 4906A
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: B400001498 MKF
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Hino / xz4700R
 f) TYPE: SAIDON / COUPE / MPV / VAN / DRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: Working time
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO):
 IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY

2. INSURED / POLICY HOLDER

a) NAME: Uni-tar Ice & Marketing pte ltd (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 199406736C CONTACT: 6744 8484
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER
 a) NAME: Lin Yanneng
 b) NRIC/FIN/PASSPORT: 074096026 (MALE / FEMALE)
 c) ADDRESS: 51 ubi Avenue 1 # 01-26, S408933 Payer ubi Industrial Park
 d) DATE OF BIRTH: 21 / 09 / 1981 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 19 / 01 / 2007

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) (YES)

5. IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

a) WEATHER CONDITION: CLEAR / RAINING / OTHERS

b) ROAD SURFACE: DRY / WET / OTHERS

6. WAS ANYBODY INJURED (YES / NO) (NO)

7. a) REPORTED TO POLICE (YES / NO) (NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SLU 23963 MODEL: Audi (Red)
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT: 9839 5232

9. THIRD PARTY VEHICLE

a) VEHICLE NUMBER:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

Email = chiakc@iceman.com.sg

Phone =

No



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 **MS&AD** INSURANCE GROUP

CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA), ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
(REPUBLIC OF SINGAPORE)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

COMMERCIAL VEHICLE Comprehensive

Certificate No. B 400001498 MKF

Excess : SGD1,200

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
YQ4906A

2. Name of Policyholder
Uni-Tat Ice & Marketing Pte Ltd

3. Effective Date of the Commencement of Insurance for the purposes of the Act
10/05/2022

4. Date of Expiry of Insurance
09/05/2023

5. Persons or Classes of Persons entitled to drive*

Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

*Provided that the person driving is permitted in accordance with the licensing or other laws or laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. 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.

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

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offense under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189).

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurers

Mack Eng
Chief Executive Officer