VATIONAL Assessment Centre Services	(not 1)200447 Well	0523412	00002	January arm and
Dartin: 1 13/04/2023 10216/ 14ch description	Annahaming of the minimum or annahaming the state of the same of t	e STime Co	ministed	Done by
Rel No: NBA/GA127003808/ SAS e-Hilling				and a second production of the second producti
Veli No: PC: 2340 T E-mail (with	\$hii, A(C 2515)			
D.O.A: 12/04/9023 -06:30 1-Motor Cla	-	- 1 - 3 -		
The state of the s	O (White op ann, ar in			· · · · · · · · · · · · · · · · · · ·
1-Phote Upl	ouded !	with the same of the party		
TP insurer: Assessment/S				manus talah ding sasaran ang propinsi kalaba tang 300 mm ng
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	y Fax (Hand to Own	041/1/130		P 4404 / mm manage managed managed at 1 mm
Professed Wkop / OW: (Tel		Fax:	i
To Particulars: Yell Not \$4.9000Z	, INC(,)/	Non-IMC	() ' .	
Ov/ner / Driver: (Te.	1:		1 -
Policy Mo: () Period: () Cov	er Type: ()
Confirmed by s'(Dater	Time.)
insured/Oriver Liability: (%) (Note-list Status (THE STREET STREET, STR	F: 21.79%	P: 30-1403	4)
Year of Registresions () Wartenty: YES ()/10()			
Excess: (S) Loading: \$1,000()/52,000	()	West trans		
General Remarkator (1914) - Fig. 2014 F. F. 1914 F. F. 1914			San Established	1
() Walk-in Customer's Customer's information strictly Co	nildential & Suichty	io istor of	repeirer.	
() Total Loss Case : to e-mail Insurer URGENTLY.	* '		LA my more to a statement an atom	-
Drive-In ()/ Towed-In () ; Invoice; YES ()/	YO() Towing	g Co: (Canal and transferred & Separate)
RamaPland AUNG booling 1.6788 (color)				
1) Apply for Transport Allowance () / Courtesy Car (Service of the servic	and which a few	mpleted Plans	Surface of
2) QC Check / Perr Repute Inspection (1			A ALMANDAL DANS TO STREET STREET
3) 'Jplued Resurvey Photo [Repair Cost > \$3000] (1			
Injury:	1		1	
Total Control of the			Manual Control	* 524
Interview Additional Control of the	le sui notatususes			o contract
Wilder and the property of the			· · ·	
The state of the s	***************************************	Charles and a state of the stat	1	
	A STATE OF THE STA			
NA2301670	Involce Preparat	ion Chron	unit selections	THE BOOK STANDS
lighteamire garalculipses and a second and a second and a second	1) All 1 Acelson Passon	Ght (330);	1NC (358)	
C. S. OMBS:	3) TF1 Towing Fee 4) FT: Fellow-Through		\$ \$4/54. \$100	
mise: No:	Spail ratellew Vermen English has against	Salvey (Bara	(+y) 331	
hmissed Portion: Evigo	6) TR : Andamendan		. 37	
THE PROPERTY OF THE PROPERTY O	1) NI : Hee DA + SAIT 1) NIUC Addition Fe			7
C Checked by (Engr-in-Charge):	GDr	Allega processor in the latest de la latest de latest de la latest de latest de la latest de latest de la latest de latest de la latest	\$	5
to Charles of Incide 121 March 6214	*NS: Country Car /	Personal Superior of the Party Street, Square,	31	and the parties of th
Control Comments of State of S	Vi Marten Repolities		53	5
The state of the s	TZ (Stri): TZ (Second			And the promption out to be a second of the
(1)	7) NIZITEN Mexic)	C PERSONAL CO
1.2/2	Inspite dated		Fis Charges	Property Lines

:

SN09234D0003-01 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 13/04/2023 10:16 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 2 (14/04/2023 11:49 (SGT))



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 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 13/04/2023 10:16 (SGT) Reported by **Actual Driver** Date of Accident 12/04/2023 06:30 (SGT) **Exact Location of Accident** 407 Ang Mo Kio Ave 10, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC3340T

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner **E&WGROUP PTE LTD** Company Reg No 2XXXXX628C **Email Address** wendytransport@gmail.com Mobile Phone No (Phone) +65-86916664 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Hiace Variant Exact purpose for which vehicle was being used at time of **Employment**

accident Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 2982

INSURANCE COMPANY

Name of Insurance Company Great American Insurance Company Policy Number / Cover Note Number MOMVC000008820-000

DRIVER

Name of Driver LEE WOON CHEONG NRIC No SXXXX983F Date Of Birth 13/12/1971 Occupation Outdoor

Date Of Driving Pass 18/09/2006 Driving experience 16 YEARS AND 7 MONTHS Gender Male Mobile Number (Phone) +65-92281201 Alt. Phone Number Email Address wendytransport@gmail.com Address BLK 697 HOUGANG STREET 61 #10-24 Address complement Postcode 530697 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? 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 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 SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident WITH OWNER **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SH9000Z Vehicle Manufacturer Vehicle Model

Taxi

Vehicle Variant Vehicle Colour Vehicle Category

Name of Driver

Contact Number	
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Natura Of Damaga	-
Details of proporty demond in a side of	-
No Of Passanger (Including Driver)	-
140. Of Fasseriger (including Driver)	_

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No Address	LEE WOON CHEONG Male (Phone) +65-92281201
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK PAIN
Injured person in which vehicle?	PC3340T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 Actual 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 <u>repudiate policy liability</u>.
- 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. 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' 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' 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Qate & Time

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

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

Sketch Plan

A A

n - PC3340T

Vehille B - SH9000Z

407 Ang Mo Kin Ave 10

cribe Cir	rcumst	ances o	f the Ac	cident						
)n	the	St	atell	dute	un	1 1	me.	I	Was
avelir	5	Strai	514	pn	my	de	signut	ed 1	one.	Out o
Joen,	Vel	ricle	B	Cut	into	my	lane	and	Co	Mided
to	The	rigi	nt	gide:	of	my	Vehicle			
			~							

Declaration

We declare the foregoing particulars are true in every respect.

OUP PARTY OUNTERNACIONAL 2011 FOR THE PARTY OUT TO THE PARTY OF THE PA

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre

Personnel



r .

è

Send/Fax to:		Submitte	ed:			
	SINGAPORE A	CCIDENT STATEMENT				
		CINFORMATION				
Date of Accident:	12-Apr-2023	Time of Accident:	0630			
xact Location:	407 Ang Mo Kio Ave 10					
	DETAILS	S OF OWN VEHICLE				
ehicle Registration No.	PC 3340 T	NRIC / FIN / Passport no:	201429628C			
lame of Registered Owner:	E&W GROUP PTE LTD	8191111	.14			
wner's Email:	Wendytransport@gmail.com					
wner's Address:	612 ANG MO KIO AVENU	E 4 #11-1141 SINGAPORE (560612)				
ehicle Make:	TOYOTA	Vehicle Model:	HIACE			
ngine Capacitty (cc):	2982	Transmission:	(Auto / Manual			
ype of Claim:	Own Damage / Third Part	ty / Reporting Only				
ehicle Category:	Private / Commercial / Mo	torcycle / Private Hire				
ame of Insurance Co:	Great American					
ype of Policy:	Comprehensive) Third	Party / Third Party, Fire & Theft				
olicy Number:	MOMVC000008820-02-00	00				
	Les weeks	DRIVER				
lame of Driver:	LEE WOON CHEONG	Date of Birth	same as Owr			
IRIC / FIN / Passport no:	S7143983E	Date of Birth:	13/12/1971			
Occupation:	Indoor (Outdoor)	Driving Pass Date:	18/09/2006			
ontact Number:	9228 1201	Gender:	Male / Female			
ddress:	697 HOUGANG STREET	61 #10-24 \$530697				
telationship with Owner:	Owner / Employee / Spo	use / Child / Hirer / Others:				
ranslater Name:		Translater NRIC:				
ranslater Contact No:	OFNEDAL INFO	Translater email:				
		MATION OF THE ACCIDENT				
ype of Collision:	Chain collision / Side Swipe	The second secon	Dry Wet			
Veather Condition:	Clear / Raining / Others:	Road Surface:	DRY Wet			
/ideo availiable:	Yes / No	Delice Depart Mede 2	Yes / No			
Vas anybody injured?		Police Report Made?	Tes / No			
No. of passenger onboard (in	cluding driver):	1				
Notice to the second of the second	DETAILS	OF OTHER VEHICLE				
	Vehicle 1	Vehicle 2	Vehicle 3			
/ehicle Registration No:	SH 9000 Z					
/ehicle Make / Model:						
Name of Driver:						
RIC / FIN / Passport no:						
Contact Number:						
Name of Insurance Co:						
	DETA	ILS OF WITNESS				
Name:		Contact Info:				
		OF INJURED PERSON	T Person 3			
		Person 2	Person 3			
Name / in which vehicle?:	Person 1	1 6130112				



GREAT AMERICAN INSURANCE COMPANY

UEN: T15FC6029R GST REG. NO .: M90370081T 3 TEMASEK AVENUE, #16-01 CENTENNIAL TOWER SINGAPORE 039190

TEL: +65 6804 6000 FAX: +65 6235 2616

CERTIFICATE OF INSURANCE

Moral Vehicles a Third-Party Place and Compensation Ad (Chapter 189). More Vehicles (Third Party Risks and Compensation) Rules. 1960.
 Road Transport Ad. 1987 (Material) (Aug. Vehicles (Third Party Risks) Rules. 1969 (Material) Report Transport Transport (Third Party Risks).

Policy Details

Certificate Number

MOMVC000008820-02-000

Cover : Commercial Vehicle (Comprehensive)

Policyholder Name

E&W Group Pte. Ltd.

Chassis Number

: KDH2230021104

NCD Entitlement

20% Fleet Discount

Engine Number

1KD2436627

Hire Purchase

THINK ONE CREDIT PTE. LTD.

Registration Number

PC3340T

Period of Insurance

From 10/12/2022 (00:00) To 09/12/2023 (23:59) (Both Dates inclusive)

Persons or Classes of Persons entitled to Drive

Any person who is driving on the Policyholder's order or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor or so has been Vehicle 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

Limitations as to Use

- (6 Use in connection with Policyholder's business
- bì Use for carriage of passengers (other than for hire and reward) in conection with the Policyholder's business This Palicy does not cover:
- Use for Hire and Reward
- Use for racing, pace making, reliability trial or speed testing

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

Excess (Section 1)

SGD 2,000,00

Excess (Section 2)

SGD 1,500.00

Windscreen Excess.

SGD 100.00

Driver Details

Named Driver 01

Arry person who is driving on the policyholder's order or with their permission

Name of Intermediary

Neo Chiang Yee Eric

Date of Issue

09/12/2022

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act. 1987

Signed for and on behalf of

Great American Insurance Company

Authorised Signatury



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

	ADDENDL	JM	
(A)	PARTICULARS OF PERSON MAKING THE AMENDMENTS		
	Original Report No: 5N0973400003	Vehicle Registration No:	PC 3340 T
	Name (as shown in NRIC): Lee Woon Cheong	_NRIC/FIN/Passport No: _	57143 983 =
	(*Vehicle Driver/Vehicle Owner) (*) Please delete as app	propriate	
	Address: 697 Hougang street	61 # 10-24	Singapore (530697)
	Contact (Tel): 9228 1201	Mobile No.:	
	Email Address: Werry Transport Ogmail. Com		
	Date of Accident: 12/04/23	Time of Accident:	:30
	Place of Accident: 407 Any Molico Ave 20 Insurance Company: Creat American)	
	Insurance Company: Great American		
B)	ADDITIONAL INFORMATION /AMENDMENTS:		
	I have made a report on the above-mentioned accident as make the following amendments:	nd would like to include ad	ditional information or
	*Amend from No	injury to	got in Jury
	* Amend from No		
,			
-			
	STORING TO THE POPULATION OF T	_ per /	14/04/2023
E	Policyholder / Driver' Signature Date:	Reporting Centre Perso Name: NRIC/FIN No.:	nnel's Signature

Date:

GIARMC Addendum Form