SW0H24CH0001-01 / Woon Meng Motor Pte Ltd [659578] ENTRY DATE & TIME: 17/12/2024 15:16 (SGT) SUBMITTED BY: Heng Sew Sow VERSION: 2 (17/12/2024 15:29 (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.

- 4. The issue and acceptance 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 First Submission 17/12/2024 15:16 (SGT) Reported by **Actual Driver** Date of Accident 14/12/2024 11:16 (SGT) Exact Location of Accident Singapore Additional Location Information Clementi Road towards West Coast Highway Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKH7373F

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner Wong Kim Hua NRIC No S1829472I Fmail Address susanlooi168@gmail.com Mobile Phone No (Phone) +65-91037373 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Mercedes Model A180 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? No - Claiming third party Vehicle Category Private car Transmission Auto CC 1595 Vehicle Fuel First Regisration Date Chassis no Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company EQ Insurance Company Ltd Policy Number / Cover Note Number DMPPHQ24-003015

DRIVER

Name of Driver NRIC No Date Of Birth Occupation Driving Pass Date Driving License Pass Class Driving License Validity Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address complement Postcode Is the driver the policyholder?	Looi Phoi Mum \$8283398F 04/11/1982 Indoor 22/01/2005 3 Valid 19 YEARS AND 11 MONTHS Female (Phone) +65-91037373 - susanlooi168@gmail.com 412 Sanjana Road , #08-80 - 670412 No
If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	Spouse No
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Side Swipe Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement	No 2 No - Yes 1 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
Refer to the attached sketch plan.	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident	Yes Yes with driver.
DETAILS OF OTHER	VEHICLE PROPERTY 1

XE7982J

Vehicle Registration Number

Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	Sun Hui
Passport No/FIN	G5913707M
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 willful 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")

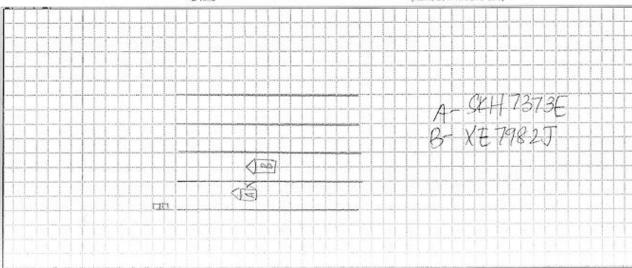
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers of 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

A/12/24 (a 11.20an

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

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



Please note that you might be able to submit an Own Damage Claim under your own policy within 14 days. 1

) Claim Own Damage

) Claim Third Party

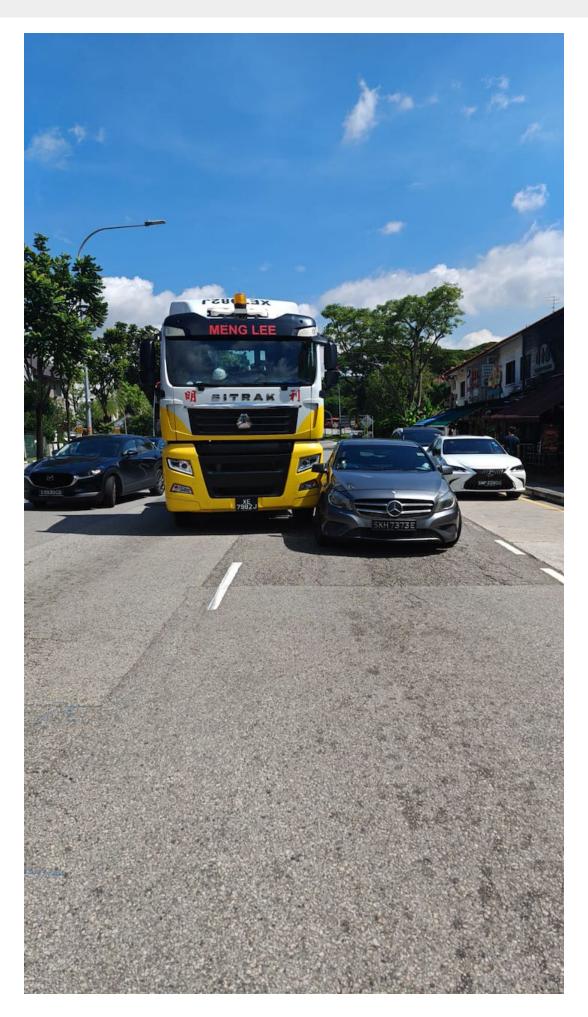
Reporting Only () Claim OD/ TP at other workshop

Super Own Workshop

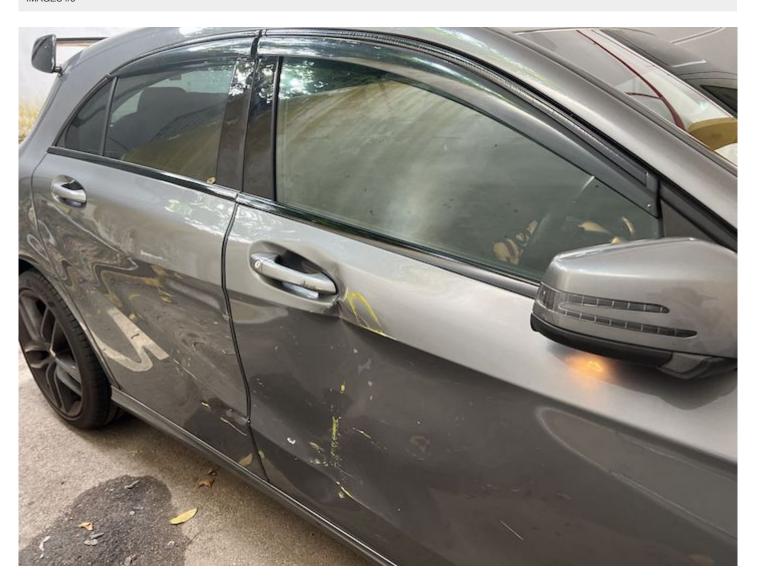
Describe Circumstance of the Accident If 1224 (1.16 am Location: When i reach traffic light is ved light, i stop behad a but After the traffic light arm green i stort to driving my Suddenly, a prime work of second lines call in to my car Ply land and with on my car If Yes, please assist to provide the original statement and the details of the translator below: **NOTE: Translated statement is to be signed off by the Translator 2. What is the original language used in the statement? () English () Mandarin () Malay () Tamil () Others: Translator Information (all information required to be provided) Name of Translator: Translator Mobile No.: Translator Famil: Declaration We deciate the foregoing particulars are true in every respect.	Jescribė Circumstan	ce of the Accident Date: 14/12/24 Time: Location: Clementi Road
Plug and hish on my car Plug and hish on my c	1 When i	i reach traffic light is red light, i stop behind a bus
** (PLEASE ONLY FILL IN THE FOLLOWING INFORMATION BELOW IF YOUR STATEMENT HAS BEEN TRANSLATED) 1. Was this statement translated from another language? () Yes () No ** If Yes, please assist to provide the original statement and the details of the translator below:- ** NOTE: Translated statement is to be signed off by the Translator 2. What is the original language used in the statement? () English () Mandarin () Malay () Tamil () Others:	3 Adder th	e traffic light turn green i start to diving my
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Policyholder's Signature / Date & Time Driver's Signature (if driver is not the policyholder) / Date Witnessed by Reporting Centre Personnel	1. Was this stat () Yes ** If Yes, plea ** NOTE: Tra 2. What is the c () English 2. Translator Inf Name of Tran Translator ID Translator En	tement translated from another language? () No ase assist to provide the original statement and the details of the translator below:- inslated statement is to be signed off by the Translator original language used in the statement? () Mandarin () Malay () Tamil () Others: formation (all information required to be provided) inslator: : obile No.: inail:

Accident report SW0H24CH0001

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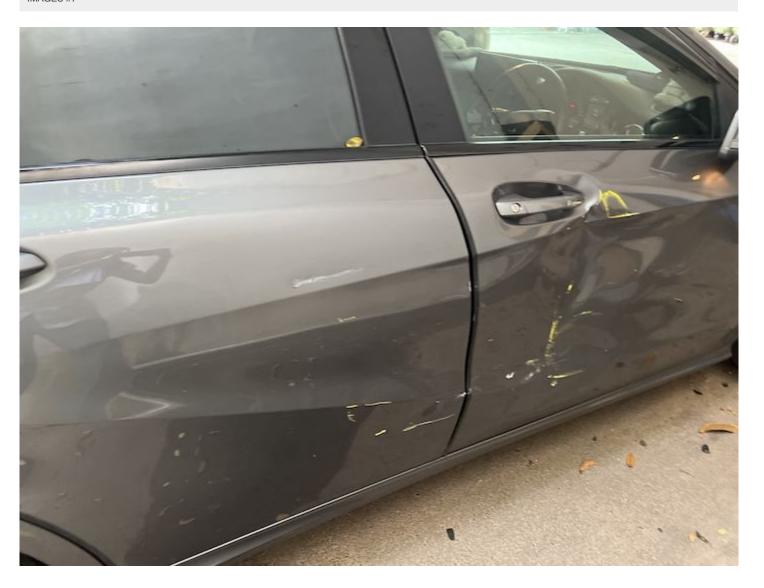




















IMPORTANT NOTE:	Please submit the completed Addendum form to the same Accident Reporting Centre with
	whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: SW0H24CH0001 Vehicle Registration No: SKH7373E Name (as shown in NRIC): Looi Phoi Mum NRIC/FIN/Passport No: SXXXX398F (*Vehicle Driver/Policyholder) (*) Please delete as appropriate Address: 412 Sanjana Road, #08-80 _____ Singapore (670412) Contact (Tel):____ ______ Mobile No.: 91037373 Email Address: susanlooi168@gmail.com Date of Accident: ____ 14/12/2024 _____ Time of Accident: _____ 11:16 Place of Accident: ____Clementi Road towards West Coast Highway Insurance Company: ____ EQ Insurance Company Ltd (B) ADDITIONAL INFORMATION / AMENDMENTS: I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments: Enclosed scene photos.

Policyholder / Actual Driver's Signature Date:

Reporting Centre Personnel's Signature Name (as in NRIC/ID card): Date:

vJun2022

EQ Insurance Company Limited 77 Robinson Road #12-01 Robinson 77 Singapore 068896 tel (65) 6223 9433 | www.eqinsurance.com.sg

reg no. 1978-00490-N



CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF 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

PRIVATE CAR Comprehensive Classic

Certificate No.: DMPPHQ24-003015

Classic Plan - EQ authorized workshop only

Form: MX2 Excess

1. Index Mark and Registration Number of Vehicles

Hotline

6311 3211

WindScreen

2. Name of Policyholder

WONG KIM HUA

3. Effective Date of the Commencement of Insurance for the purpose of the Act 23/03/2024

4. Date of Expiry of Insurance

22/03/2025

SKH7373E

EQI Motor Accident

5. Person or Classes of persons entitled to drive*

(a) The Policyholder

(b) Any other person who is driving on the Policyholder's order or with his permission.

* Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage.

6. Limitation as to use*

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover:

(a) use for hire or reward

(b) use for racing,pace-making,reliability trials or speed testing

(c) use for the carriage of goods (other than samples) in connection with any trade or business

(d) use for any purpose in connection with the Motor Trade

*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.

IWE 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 and Amendment, Act or Acts passed in substitution thereof.

Hire Purchase: UNITED OVERSEAS BANK LIMITED

A000298/Tong Hin Insurance Agency Pte Ltd Date of Issue: 07/03/2024 10:16

Authorised Signatory EQ Insurance Company Limited

Note

Young, Elderly &/or Inexperience Driver (YEIDR) refers to any person authorized to drive who is below 26 years old or above 70 years old and/or the holder of a qualified driving licence of less than 2 years duration.

A Member of Citystate