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 <u>truthful and accurate</u> 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	24/11/2018 11:42
Date Of Accident	18/05/2018 14:50
Exact Location Of Accident	PASIR PANJANG HILL
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	XD7720D
Insured/Policyholder	
Name Of Registered Owner	MAYOR EXPRESS FREIGHT SERVICES P/L
Co Reg No	199708418W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98793382
Vehicle Particulars	
Manufacturer	HINO
Model	TRAILER
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	GOODS VEHICLE
Insurance Company	
Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCHHQ18-000222
Cover Note Number	
Driver	

Driver

Name of Driver AHMAD RASHID BIN ABU BAKAR

NRIC No S1436606G

Date Of Birth 15/10/1960

Occupation OUTDOOR

Date Of Driving Pass 07/04/1984

Driving Experience 34 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-98793382

Fax Number

Contact Number

EMail Address NOEMAIL

681 CHOA CHU KANG CRESENT #04-536 Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured PAID DRIVER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident SIDE SWIPE Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH

Attachment(s)

NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT Are accident photos available for attachment?

NO

1

NO

NO

Was there any video captured by Car Camera? NO NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGY6U

Vehicle Make/Model/Colour TOYOTA ALPHARD

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver BADAR AMIR HUSSAIN SHAH S/O NAZAR HUSSAIN SHAH

NRIC/Passport Number S1371671D

Contact Number

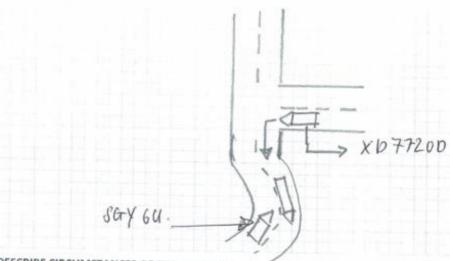
Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

O _A	THE DATE, 18.05-18 1 Admon RARHIO WAR DRIVING THE	
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74/49	WAR I'VE SLOPE RD, WENT I FORWARD DOWN SLOPE ON	E
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	THE THE WAR DAMAGE,	_
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		_

DECLARATION

I/We declare the lovegoing particulars are true in every

Policyholder's Signature Date & Time:

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

Reporting Centre Personnel's Signature Name: NRIC/FIN No.:



Your Ref

: XD7720D

Date

: 23 November 2018

MAYOR EXPRESS FREIGHT SERVICES PTE LTD 115 AIRPORT CARGO RD #06-20, CARGO AGENTS BUILDING C

By email to mayor@singnet.com.sg and post

Dear Sir

Singapore 819466

ALLEGED ACCIDENT ON 18TH MAY 2018 1530HR ALONG PASIR PANJANG HILL INVOLVING XD7720D AND SGY6U

We refer to the above matter and wish to inform that we have received the pre repair survey from M/s Fastech Auto Pte Ltd on behalf of the owner/driver of SGU6U.

We note that this accident has not been reported to us, probably because you do not intend to claim under your own policy for damage to your vehicle. However, for the purpose of assessing the claim lodged by the third party, we would require a report of the accident together with the original/coloured photographs showing the damages to your vehicle (if any) from you or your driver at the material time of the accident. Please refer to the back/folder accompanying your Certificate of Insurance for the list of our EQ Authorized Workshops conveniently located throughout Singapore to report the accident. Alternatively, you may wish to call our 24-hour accident hotline at 6311 3211 to file the accident report.

Please note that with the effect of 1st Jun 2008, under the Motor Claims Framework (MCF), you are required to report any accident at our EQ Authorized Workshops/Reporting Centres with your accident vehicle (whether damage or not) within 24 hours or by the next working day of the occurrence of the accident. Any non-compliance of this condition will result in a loss of your No Claim Discount upon renewal of your policy and your claim will be prejudiced. The primary purpose of this reporting is to provide your version of the accident and does not automatically render you liable for the accident.

Please be informed that your No Claim Discount (NCD) may be affected as a result of the abovementioned claim.

If you need any clarification, please do not hesitate to contact the undersigned and quoting our above claim reference number and we shall be pleased to assist you.

Yours faithfully

Janet Tan

Claims Department

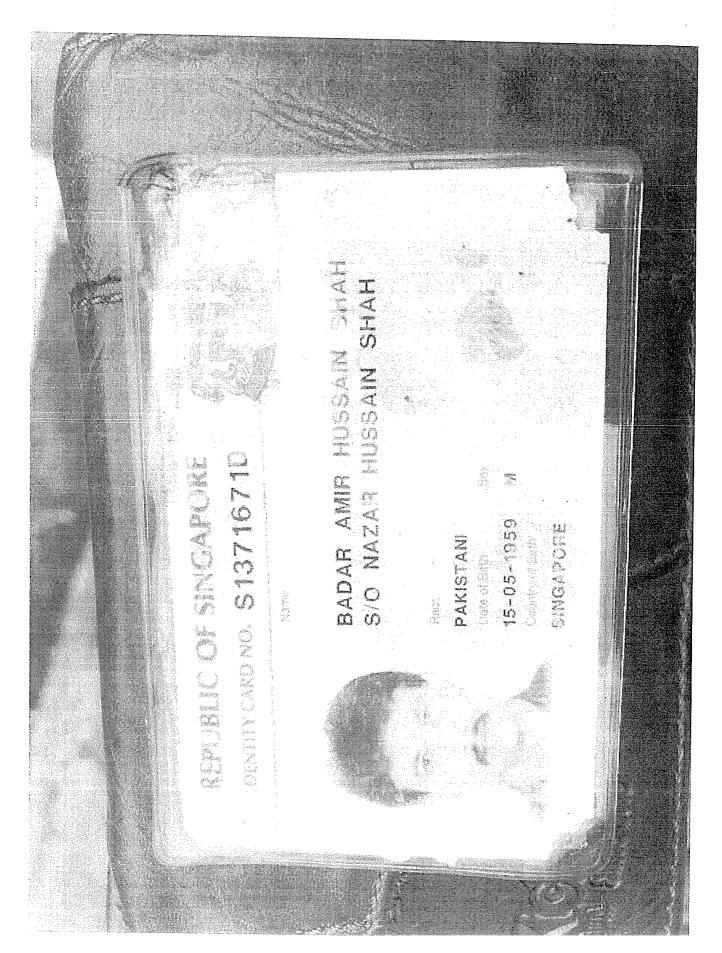
DID: 6496 9032 / Fax: 6223 4190 / Email: janet.tan@eqinsurance.com.sg

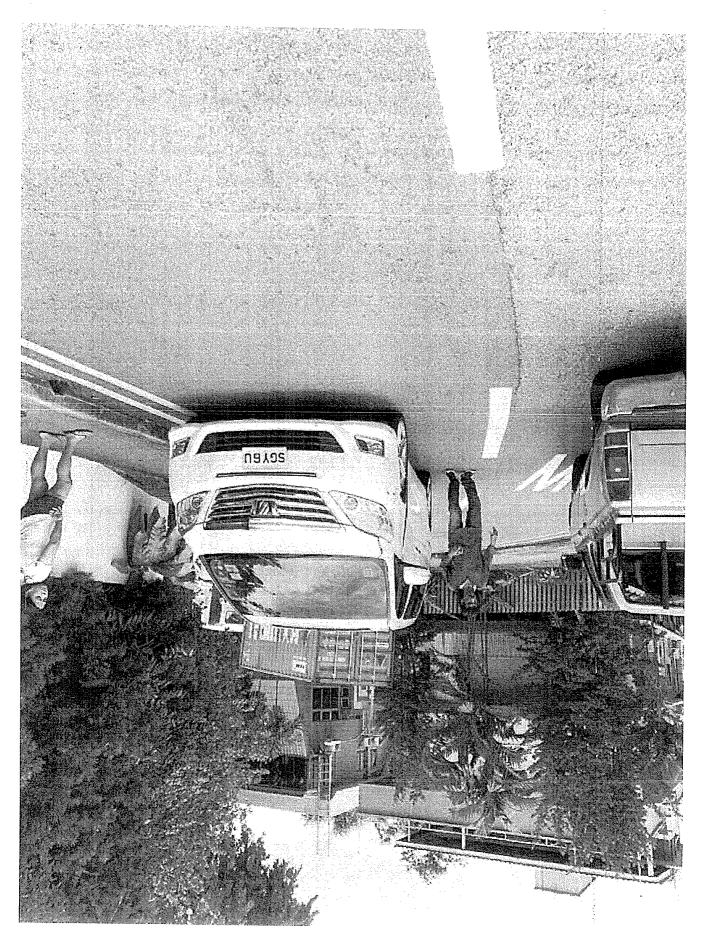
cc. Kentan Insurance Agency Pte Ltd (by email only to: kentanagency88@yahoo.com.sg)

EQ Insurance Company Limited

5 Maxwell Road 417-00 Tower Block MND Complex Singepore 069110 tel (65) 6223 9433 | fex (65) 6224 3003 | www.ugmsurance.com.sg reg no. 1978-00490 N





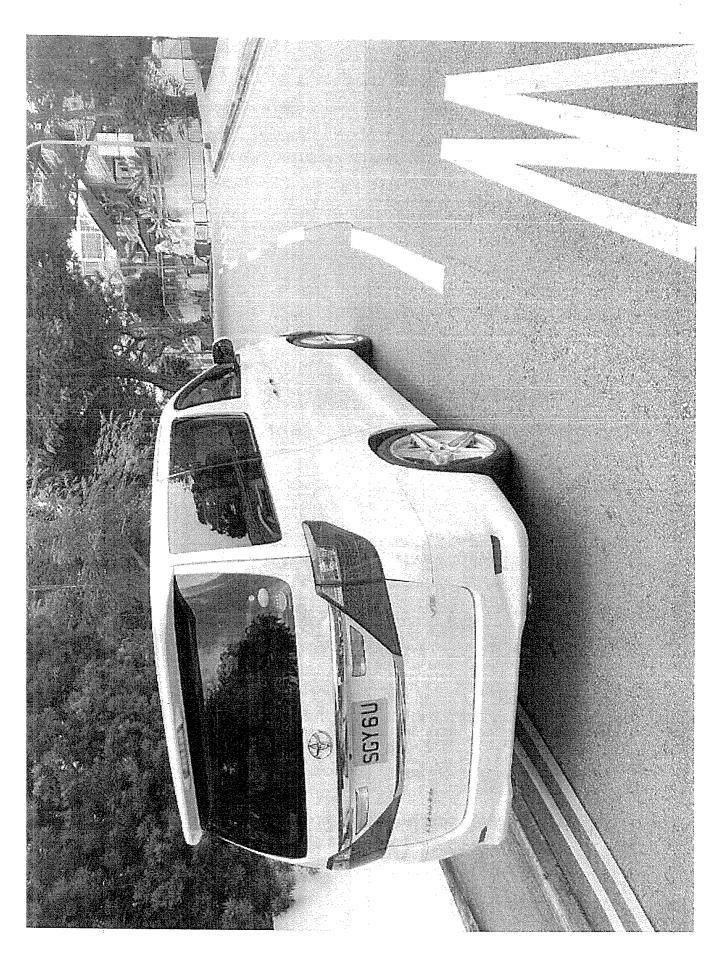




ACCIDENT PHOTO Pg. 1







SKETCH PLAN

IMPORTANT NOTICE

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 interested parties.
- By the lodgment 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:

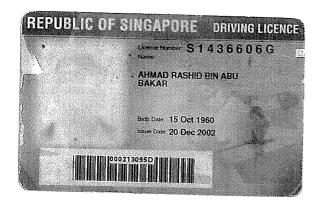
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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)
 - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

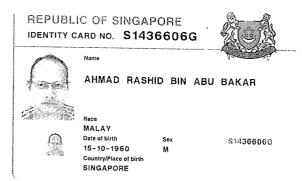
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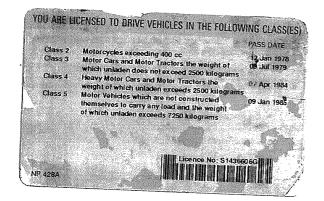
Policyholder's Signature Date & Time: 1

Oriver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name: NRIC/FIN No.:









EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110 tel 65 6223 9433 | fax 65 6224 3903 | www.eqinsurance.com.sg reg no. 1978-00490-N



SGD2,500.00

SGD2,000.00

Additional SGD3,000.00

EQ Insurance-MARS Motor

Accident Help Center

6311 3211

Form: LCVT1 Excess:

Section 1

Section 2

YEID-AC

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.

COMMERCIAL VEHICLE HIRE (SCH II) Comprehensive

Certificate No.: DMCHHQ18-000222

 Index Mark and Registration Number of Vehicles XD7720D

Name of Policyholder Mayor Express Freight Services Pte Ltd

3. Effective Date of the Commencement of Insurance for the purpose of the Act 09/09/2018

4. Date of Expiry of Insurance 08/09/2019

5. Person or Classes of Persons entitled to drive* Goods Carrying - Hire Type (MZ301). Any of the following :-1. The Policyholder

2. Any person on the order or with the permission of the Policyholder

*Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been 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. 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. Limitations as to use*

(1) Use in connection with the Insured's business. (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business. (3) Use for social domestic and pleasure purposes.

THE POLICY DOES NOT COVER:

(1) Use for racing, pace-making, reliability trial or speed-testing (2) Use whilst drawing a greater number of trailers in all that is permitted by Law (3) Use for the carriage of passengers for hire or reward (4) Liability arising from or in connection with the carriage of hazardous materials, high explosives, inflammable liquid or gases including LPG in cylinders

*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.

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 and Amendment, Act or Acts passed in substitution thereof.

misjb/HO/A000272/Kentan Insurance Age

A Member of Citystate

Authorised Signatory EQ Insurance Company Limited