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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 Authorised 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 ability.
- 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.
- 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.

TO SHOULD INCOME THE COMMON OF SHOULD	ACCIDENT STATEMENT
Date Of Report	24/09/2018 12:02
Date Of Accident	09/09/2018 21:10
Exact Location Of Accident	SLE TWDS BKE B4 WOODLANDS AVE 12
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YP8874L
Insured/Policyholder	
Name Of Registered Owner	BRILLANT STARS ENTERTAIMENT
Co Reg No	The state of the s
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97818914
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	&CO.0.0978.0978000
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ18-003057
Cover Note Number	•
Driver	
Name of Driver	MOHAMMAD BIN ABDUL RAHIM
NRIC No	S1801670B
Date Of Birth	18/11/1967
Occupation	OUTDOOR
Date Of Driving Pass	18/05/2001
Driving Experience	17 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97818914
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 785A WOODLANDS RISE #05-124

Postcode 731785

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - EX - EMPLOYEE

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 UNKNOWN Road Surface UNKNOWN

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) NO

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

Police Station Name JURONG POLICE DIVISIONAL HQ ('J' DIVISION)

NO

1

YES

ROAD: NO. 2 JURONG WEST AVENUE 5, POSTCODE: 649482. Police Station Address

COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-7910000 - FAX NO: 68965649

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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 SKG6642R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.
- 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>.
- 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.
- 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.
- 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) of:
 - 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.

Policyholder's Signature Driv
Date & Time: (If d

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date & Time

ACCIDENT STATEMENT

	ACCIDENT DATE:		52 22		21: 10)(HH:MA
		The state of the s	BKE 64	woodlands	Ave 12
	1. DETAILS O				
			YP 887		
	100	NCE COMPAN	Y: Eqz		
	c)POLICY				
	d)POLICY	TYPE: (COMPR	EHENSIVE / TH	RD PARTY / THÌRD	PARTY FIRE &THEFT
	e)MAKE &				
	f)TYPE:(SAL	LOON / COUPI	E/MPV/VAN	/ LORRY / MOTOR	CYCLE / OTHERS)
	g) VEHICLE	CATEGORY: (F	PRIVATE / COM	MERCIAL / MOTO	RCYCLE)
	n)PURPOSE	E OF USING AT	ACCIDENT TIM	E: WOTKIN	9
	IJARE YOU	CLAIMING UN	DER YOUR OW	'N INSURANCE (YÈ	.S/ <u>NO</u>)
	IF NO, PLE	EASE STATE (TH	IRD PARTY CLA	IM / REPORTING	DNLY)
	2. INSURED /				
	DINRIC/FIN	I/PASSPORT:		tertaiment	
	c) ADDRESS			CONTA	CT: 97818914
200000000000000000000000000000000000000	* CONTINUE	E TO 3.d IF DRI	VER ALSO POL	ICY HOLDER	
*Ho of passon	3. DRIVER			io) Holder	
Claduding driv	a)NAME:	Mohamma	d Bin Al	ody 1 Rahim.	MALE / FEMALE)
· ()	b)NRIC/FIN	/PASSPORT:			CT: 9781 8914
(-)	c)ADDRESS				6
	16		V- V-		
	*d)DATE OF	BIRTH: (/	/	J(DD/MM/YYYY)	
	e)OCCUPA	TION: (INDOOR	R/OUTDOOR		
		DRIVING EXPR			
	TE NO DEL	ATION CHIP O	YEE OF THE I	NSURED'S COMP	ANY? (YES / NO)
	5. a)WEATHER	CONDITION: (CLEAD / DAINE	NO COTHERS	EX Employ
	biroad sur	REACE: (DRY /	WET / OTHERS	NG / OTHERS	
3	6. WAS ANYBO	DY INJURED O	YES / NOT		
	7. a)REPORTED				
			CH POLICE STA	ATION:	
	A THIPD PARTY				
4 He of passenger	a) VEHICLE	NUMBER:	SKG 66421	MODEL:	
Claduding drive		S NAME:			
()	c) NRIC/FIN	V/PASSPORT:_		CONTAC	T:
	9. THIRD PARTY				2/027
* No of passeng		NUMBER:		MODEL:_	
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1 of 2

Report No. J/20180924/7022

POLICE REPORT (NP299)

Police Station Of Origin Jurong Police Divisional HQ 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No:1800-7910000

Date/Time Report Made	Vide Re	port No.		Station Diary No.
24/09/2018 11:48	80525 502 P 150 1 52 F 1			
Name Of Informant	Address		191	
TAY SIONG SENG	APT BLK 936 HOUGANG STREET 92 #02-61 SINGAPORE 530936			
ID Type / ID No. NRIC NO / S1181597I	Contact No. Home/Office: Mobile: 94595330			
Nationality SINGAPORE CITIZEN	Email Address alfred@appliedgroup.com.sg			
Occupation	Sex	Age	Date of Birth	Race
DIRECTOR	Male	61	28/11/1956	Chinese
Institution/School Name	Language English			
Date/Time Of Incident 09/09/2018 21:10	Location Of Incident SELETAR EXPRESSWAY			
Dala fala da III	***************************************			

Brief details.

Amend the Police report. : F/20180924/7012

I make the accident report behalf of my company, i working as a General Manager, Applied Logistics Pte Ltd (201216625N) Registered Address: No 27 Penjuru Lane, #05-02, Singapore 609 195.

We make the accident report for the Vehicle #: YP8874L, indecent date on 9th September 2018 @9.12pm Along Sle Towards Bke Before Woodlands Avenue 12, involved our driver Mr. Mohammad Bin Abdul Rahim (S1801670B), Blk. 785A Woodlands Rise, #05-124, Singapore 731 785, without information

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 24/09/2018 11:48
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp





0924/7022

2 of 2

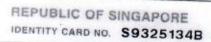
POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20180924/7022

he has resigned, and we did aware about this incident after received letter from Traffic Police, then we make this report, this report make for Insurance purpose.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.		
Signature Of Interpreter: Not applicable	Date/Time: 24/09/2018 11:48		
Officer In-Charge Of Case:	Classification Of Case:		
Authentication Stamp			







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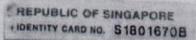
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15-06-2015

APT BLK 30 TEBAN GARDENS ROAD #05-205 SINGAPORE 600030





Marou

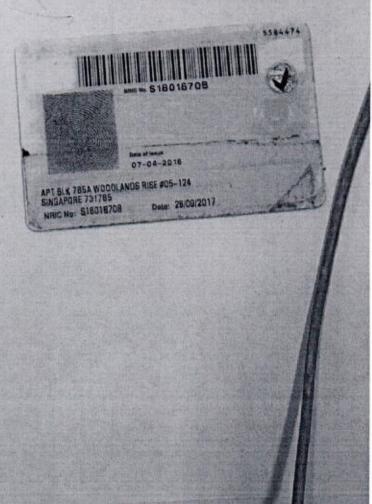
MOHAMMAD BIN ABOUL RAHM



MALAY Date of note of 18-11-1957 Country/Tuess of surp SINGAPORE

No.

1-Utane



REPUBLIC OF SINGAPORE - DRIVING LICENCE



Annual Market S18016708

MOHAMMAD BIN ABDUL MAZEM

Brin Date: 18 Nov 1967 Name Date: 14 Date: 2015



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

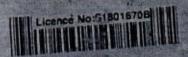
21 Oct 1985 =< 7 18 May 2001

Class 3

Motorcycles =< 200 cc
Motor cars with unladen weight =< 3000kg with =< 7
passengers, exclusive of driver; and other motor
vehicles with unladen weight =< 2500kg
Motor vehicles which are constructed to carry load
or passengers and the unladen weight > 2500kg
Motor vehicles which are not constructed to carry
load or passengers and the unladen weight =< 7250kg

20 Oct 2010

Class 4



NP 428A

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



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 PRIVATE (SCH I) Comprehensive

Certificate No.: DMCPHQ18-003057

1. Index Mark and Registration Number of Vehicles YP8874L

Form: LCVP1 Excess: Section 1 SGD750.00 YEID-AC Additional SGD3,000.00

2. Name of Policyholder

BRILLANT STARS ENTERTAIMENT

- 3. Effective Date of the Commencement of Insurance for the purpose of the Act 21/05/2018
- 4. Date of Expiry of Insurance 20/05/2019
- 5. Person or Classes of Persons entitled to drive*

Goods carrying - (MZ300) Authorised Driver. Any of the following :-

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.

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 hire or reward or for racing pace-making reliability trial or speed testing. 2)Use whilst drawing a greater number of trailers in all than 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.

Authorised Signatory EQ Insurance Company Limited

I-ACARROY/HO/A000423/Car Insurance Agency





Our Ref Date

: TP/IP/51731/2018 : 17 September 2018

Applied Logistics Pte Ltd 27 Penjuru Lane #05-02 Singapore 609195

Dear Sir / Madam

URGENT

ALLEGED ACCIDENT INVOLVING SKG6642R AND YP8874L ALONG SLE TOWARDS BKE BEFORE WOODLANDS AVENUE 12 ON 9 SEPTEMBER 2018 AT 9.12 PM

Our investigations showed that you are the registered owner / driver of YP8874L, which is alleged to have been involved in a Hit & Run accident.

- You are required to provide the particulars of the driver on the above date and time within 14 days of receipt of this letter. Under the provisions of the Road Traffic Act, it is an offence not to provide the driver's particulars, and the owner can be liable to a fine of up to \$1,000/- or 6 months' imprisonment.
- In addition, please inform the driver to lodge an online Police Report of a Traffic Accident (NP168) using SingPass via the SPF Electronic Police Centre (http://www.police.gov.sg/epc). Alternatively, the report may be lodged at any Police Post or Neighbourhood Police Centre. Do note that failure to lodge a report may have an adverse effect against the involved party.
- The information given by the driver in the report will be carefully considered. The driver may not be called upon an interview if the information provided is sufficient for our investigation. If you have video evidence, you can send it to the Investigation Officer (IO) via email Mohamed Sufian SUDIN@spf.gov.sq. If the file size is too big, you can make arrangements with the IO at his/her office number 65476367 for a convenient method of retrieval.

Yours faithfully,

TAN CHEE SING (DSP) CHIEF INVESTIGATION OFFICER / TRAFFIC POLICE

This is a computer-generated letter. No signature is required.

Particulars of the driver of YP8874L	on 9 September 2018 at 9.1	2 pm :-
--------------------------------------	----------------------------	---------

Name : MoHAMMAD BIN | NRIC/FIN/PP No.

ARDUL RAHIM S1801670B Contact No:

#05-124

Address: BLK 785A WOODLANDS RISE C1731785

I affirm that the information I gave above is true and correct.

68630727 Name / Contact No of Registered owner

Signature of Registered ver

15/09/18. Date

*Please mail, fax or email a soft copy of the completed form, addressed to the Investigation Officer.

¹ For the purpose of lodging this report, please select "Yes" for "Was anyone injured?" under "Step 2: Accident Info", even if you are not injured because another involved party was injured. For similar reason, please select "Slight" for "Degree of Injury" under "Step 4: Person Involved".