

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 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 25/01/2021 18:18 (SGT)
Date of Accident 24/01/2021 05:00 (SGT)
Exact Location of Accident Near 80 Tuas S Blvd, Singapore 636991
Additional Location Information 80 TUAS SOUTH BOULAVARD AT THE 'T'-JUNCTION
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBG4618G

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner UFS FOOD INDUSTRIES PTE LTD
Company Reg No 2XXXXX457H
Email Address UFSFOODINDUSTRIES@GMAIL.COM
Mobile Phone No (Phone) +65-96542917
Alternative Phone No +65-96542917

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
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 - Claiming third party
Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company EQ
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCPHQ20-003019
Cover Note Number -

DRIVER

Name of Driver MUHAMMAD IDZHAR BIN MOHD ISHAK
Passport No/FIN GXXXX893N
Date Of Birth 11/06/2018
Occupation Outdoor

Date Of Driving Pass	22/02/2001
Driving experience	19 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98959309
Alt. Phone Number	-
Email Address	UFSFOODINDUSTRIES@GMAIL.COM
Address	NO.3 JALAN PERJIRANAN 10/22 BANDAR DATO ONN
Address complement	JOHAR BAHRU
Postcode	81100
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	Collision - Head on collision
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 material 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

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 SKETCH PLAN FOR ACCIDENT DETAIL

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC1799S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-96704097
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.
2. 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 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. 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)**

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

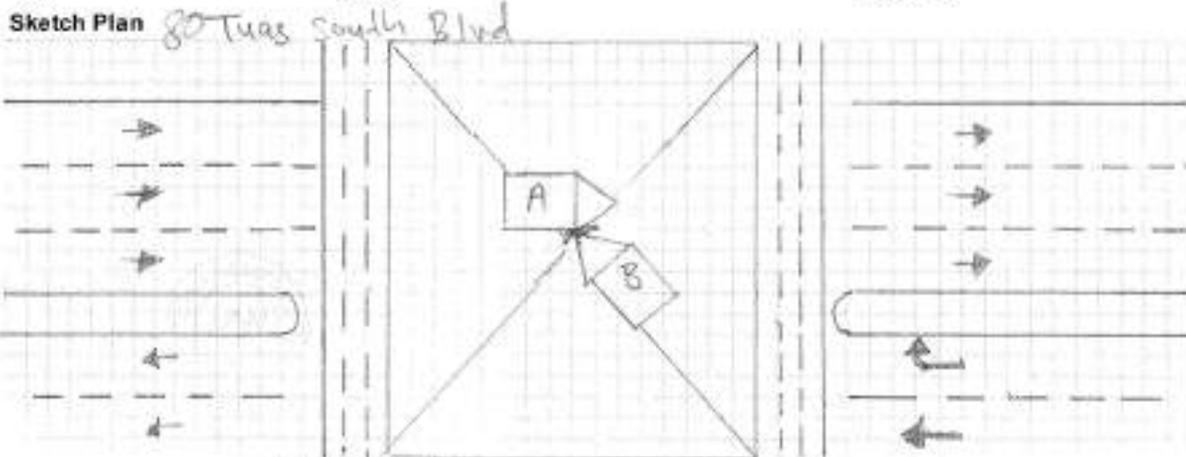
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



Vehicle A GBG 4618G
 Vehicle B PC 1799S

Describe Circumstances of the Accident

On 24th Jan 2021, at about 05:00am, I was driving my vehicle GBG 4618G along 80 Ties South Boulevard towards A/E.

Observing the traffic light is still green in my favor of way to drive a head, I continue to move straight in a safe speed. While proceeding toward the T-Junction, Suddenly a vehicle PC17995 from the other traffic direction turning right with no intention of giving way for me to proceed ahead.

With the sudden incoming vehicle PC17995, I was not able to brake and stop in time to avoid ~~the~~ the collision. This impact has cause my vehicle GBG 4618G to manoeuvre and turn leftward heading toward a private property solid wall. This major impact has also further damage my vehicle after collision with vehicle PC 17995.

I came down of the vehicle to check, if anyone was injured due the this accident. No one was injured at the point of time. I quickly contact Mr Juhari Bin Abdul Gani who is the company Boss to assist the situation.

Mr Juhari arrived Bonitus later, he take down the particulars and some photos of the accident. Mr Juhari also check anyone was injured due to this accident.

Declaration

We declare the foregoing particulars are true in every respect.

 *Hilder*

Policyholder's Signature / Date & Time

 *[Signature]*

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

Witnessed by Reporting Centre Personnel

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 Authorized 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 Police 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)**

I understand, acknowledge, agree and consent that :

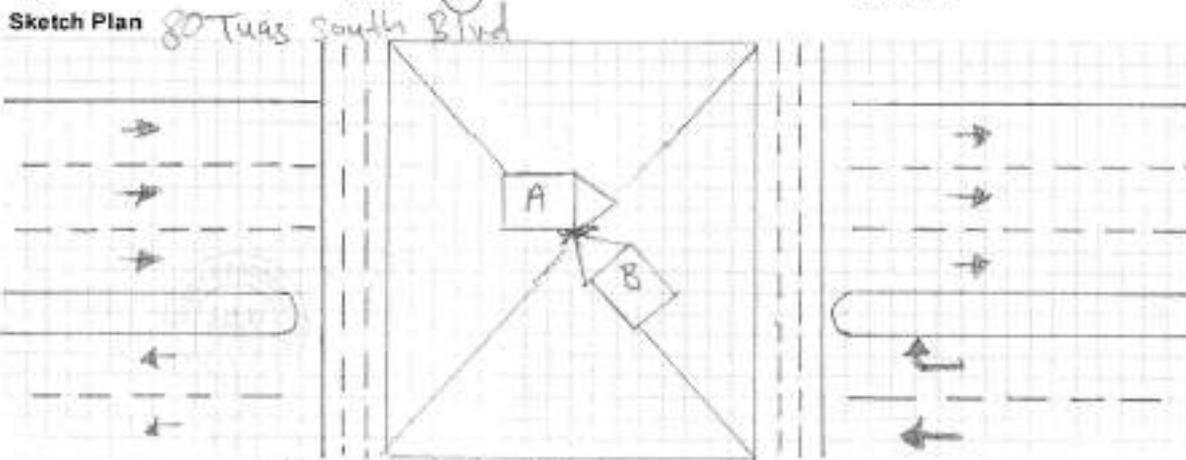
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

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

Witnessed by Reporting Centre Personnel



Vehicle A BG6 4618G
 Vehicle B PC 1799S

Describe Circumstances of the Accident

On 24th Jan 2021, at about 05:00am, I was driving my vehicle G6G 4618G along 80 Tuis South Boulevard towards ATE. Observing the traffic light is still green in my favour of way to drive a head. I continue to move straight in a safe speed. While proceeding toward the T-Junction, Suddenly a vehicle PC17995 from the other traffic direction turning right with no intention of giving way for me to proceed ahead. With the sudden incoming vehicle PC17995, I was not able to brake and stop in time to avoid the collision. This impact has cause my vehicle G6G 4618G to manoeuvre and turn leftward heading toward a private property solid wall. This major impact has also further damage my vehicle after collision with vehicle PC17995. I came down of the vehicle to check, if anyone was injured due the this accident. No one was injured at the point of time. I quickly contact Mr Juhari Bin Abdul Gani who is the company Boss to assist the situation. Mr Juhari arrived Bonitus later, he take down the particulars and some photos of the accident. Mr Juhari also check anyone was injured due to this accident.

Declaration

We declare the foregoing particulars are true in every respect.



[Signature]

Policyholder's Signature / Date & Time

[Signature]

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



[Signature]

Witnessed by Reporting Centre Personnel















GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #13-00 Singapore 048580
 Tel (65) 6724 0010 Fax (65) 6724 0030
 Operating Hours: Monday to Friday, 09:00 – 17:00
 UEN: S665600290 / GST Reg. No. : M480017795

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

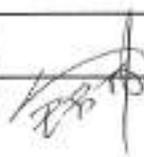
Original Report No : SW0C211P0001 Vehicle Registration No: GBG 4618 G
 Name (as shown in NRIC): Muhammed Idzhar Bin Mohd Ichak NRIC/FIN/Passport No : G8962893N
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : No.3 Jalan Perjiranan 10/22 Bandar Baru Onn Singapore 8100 Johor Bahru
 Contact (Tel) : _____ Mobile No.: 9895 9309
 Email Address : idzharichak@gmail.com
 Date of Accident : 24th Jan 2021 Time of Accident : 0:50p
 Place of Accident : 80 Tuas South Boulevard at the T-Junction
 Insurance Company: EQ

(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:

Patching in Driver's signature for sketch plan and the describe circumstances of the accident.

Policyholder / Driver's Signature
 Date:

 
 Reporting Centre Personnel's Signature
 Name: THONG ZHONG MING
 NRIC/FIN No.: Sxxxx983F
 Date: 26/01/2021

EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110
tel 65 6223 9433 | fax 65 6224 3900 | www.eqinsurance.com.sg
reg no. 1978-00480-N

**CERTIFICATE OF INSURANCE**

ROAD TRANSPORT ACT 1987 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1989 (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 1986 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

COMMERCIAL VEHICLE PRIVATE (SCH I)
Comprehensive Classic

Certificate No. : DMCPHQ20-003019

1. Index Mark and Registration Number of Vehicles

GBC4618G

Classic Plan - EQ authorized workshop only

Form: LCMP1

Excess:

Section 1: :

YEID:

WindScreen:

Additional

S\$500.00

S\$3,000.00 All Claims

S\$100.00

2. Name of Policyholder

UFS Food Industries Pte Ltd

3. Effective Date of the Commencement of Insurance for the purpose of the Act

17/08/2020

4. Date of Expiry of Insurance

16/08/2021

5. Person or Classes of persons entitled to drive*

Goods Carrying - (MZ300) Authorised Driver, Any of the following:-

(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*

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.

Hire Purchase : UNITED OVERSEAS BANK LIMITED

A000168/Rispro Singapore
Date of Issue : 12/08/2020 13:30


Authorized 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