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 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 30/03/2022 17:15 (SGT) Date of Accident 30/03/2022 09:20 (SGT) Exact Location of Accident BKE, Singapore Additional Location Information BKE TOWARDS PIE CHANGI BEFORE MANDAI EXIT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Employment

No - Claiming third party

Commercial vehicle

Vehicle Registration Number GBB793K

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner AWS MARKET PTE LTD

Company Reg No 201422052M **Email Address** corporate@awsmarket.com.sg Mobile Phone No (Phone) +65-81813211

Alternative Phone No +65-81813211

VEHICLE PARTICULARS

Manufacturer Toyota Model Dyna 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?

Vehicle Category

Transmission Manual CC 3000

INSURANCE COMPANY

Name of Insurance Company **EQ Insurance Company Ltd** Type of Coverage ThirdPartyFireTheft

Fleet Policy

Policy Number DMCPHQ21-004303

Cover Note Number

DRIVER

Name of Driver SUN FEI NRIC No G2439871X Date Of Birth 23/06/1974 Occupation Indoor Date Of Driving Pass 21/10/2019 Driving experience 2 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-93405988 Alt. Phone Number Email Address corporate@awsmarket.com.sq Address BLK 112 SERANGOON NORTH AVE 1 #02-619 Address complement Postcode 550112 Is the driver the policyholder? No If No. Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? 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 to Rear Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? 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 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 ATTACHED. 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 CB6334B Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver YAP TECK SENG NRIC No S0181307B Contact Number (Phone) +65-96735125



Address complement	(= 3)
Postcode	
nsurance Company Name	
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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- 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.
- 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' law yers/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.

Policyhokieria Signature Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan

1 30 March 2022, at 9 20am Vehicle GBB 793 K Was ravelling at BKE expressivaly It was beauty traffic uring that period he felt that his vahicle was cauge by other party.
ravelling at BKE expressival It was heavy traffic uring that period he felt that his vahicle was bang by other party.
dring that period. He felt that his vehicle was
sang by other party.
sany by over farty.
19 (3) 19
15) No. 18

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder Siempuro? Jate &

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

Witnessed by Reporting Centre Personnel 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) Third Party, Fire & Theft

Certificate No.: DMCPHQ21-004303

1. Index Mark and Registration Number of Vehicles

GBB793K

2. Name of Policyholder

AWS MARKET PTE LTD

 Effective Date of the Commencement of Insurance for the purpose of the Act 10/12/2021

 Date of Expiry of Insurance 09/12/2022

5. Person or Classes of persons entitled to drive*

Goods carrying - (MZ300) Authorised Driver.

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 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.

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 : Hitachi Capital Asia Pacific Pte Ltd

A000137/I. Insurance Date of Issue : 01/12/2021 10:15

Authorised Signatory EQ Insurance Company Limited

Exp No.: DMCPHQ20-004445

A Member of Citystate

EQI Motor Accident Hotline

Form: LCVP1

YEID-AC Additional:

6311 3211



S\$3,000.00



AUTHORIZATION LETTER

Date: 30 March 2002	
To Whom It May Concern:	
1. Ans market Ptr Ltd	, Company Reg No 2014 22 052 M
hereby like to authorized	, ic 92439871X
to make accident report behalf of company .	

Your Sincerely

Signature Company Stamp























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: 8CTK723110001 Original Report No: __ Vehicle Registration No: Name (as shown in NRIC): NRIC/FIN/Passport No: (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate Address: _ Contact (Tel):__ Mobile No.: __ Email Address: Date of Accident: __ Time of Accident: Place of Accident: _ EB Mishana Combann 1773 Insurance Company: (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: the email to read as corporate a awamatket com Policyholder / Driver's Signature Reporting Centre Personnel's Signature Name:

> NRIC/FIN No.: Date: