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 this is form by instrained 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 24/11/2022 16:14 (SGT) Reported by Date of Accident 24/11/2022 08:13 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Man

Vehicle Registration Number XE2575J

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner C M M Marketing Management Pte Ltd Company Reg No 200006394W Email Address vinni.goh@shengsiong.com.sg Mobile Phone No (Phone) +65-97578656 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Tgm 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 - Reporting only Vehicle Category Commercial vehicle Transmission Auto CC 6871

INSURANCE COMPANY

Name of Insurance Company **EQ Insurance Company Ltd** Policy Number / Cover Note Number DMCFHQ22-000023

DRIVER

Name of Driver Lim Zhe Xiang, Stanley NRIC No S8434178I Date Of Birth 20/10/1984 Occupation Outdoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	16/05/2014 8 YEARS AND 6 MONTHS Male (Phone) +65-97578656 - vinni.goh@shengsiong.com.sg Blk 177, Woodlands St 13, #13-279 - 730177 No Employee No
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 PASSENGER 1 Name Gender	No 2 No - Yes 2 No Chung Ming Xun Male
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 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

SMJ2145X

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model

Vehicle Variant	_
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
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 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.
- 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 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:
 - (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.
- (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. 市场管理私人有限公司 CMM MARKETING MANAGEMENT PTE LTD 6 MANDAI LINK SINGAPORE 728652 TEL: 68951888 FAX: 62698265 REG NO: 200006394W Reporting Centre Personnel's Signatur Policyholder's Signature Driver's Signature Name: Date & Time: (If driver is not the policyholder) Date & Time

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

() Claim OD/TP at other workshop () Claim Own Damage () Claim TP (/) Reporting Only

SKETCH PLAN		A - XF 2575
		B-5MJ214
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AA		
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4411		
DESCRIBE CIRCUMSTANCES O	F THE ACCIDENT	
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3.22		
7		
DECLARATION		1
I/We declare the foregoing partic	lars are true in every respect.	1
I/We declare the foregoing partic 思思市场管理私人有	根公司	1
M WARKETING MANAGEME	NT PTE LTD -	11/24/Wh
- CIMCADONE 72865	9826 Briver's Signature	Reporting Centre Personnel's Signature
Management and State of the Sta	a a se attivet a special life	and the state of the second of the second of the second of
Policypolder Signature FAX: 620 Date & Tippe G NO: 200006394	98265 (If driver is not the policyholder)	Name:























EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110 tel 55 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)

(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 FLEET Third Party

Certificate No.: DMCFHQ22-000023

 Index Mark and Registration Number of Vehicles XE25753 Form: LCVP1
Excess:
All Claims SGD3,000.00
YEID-AC Additional SGD3,000.00

 Engine No. and Chassis No. 22845125724511 / WMAN08ZZXGY349560

3. Name of Policyholder
C M M MARKETING MANAGEMENT PTE LTD

 Effective Date of the Commencement of Insurance for the purpose of the Act 01/04/2022

 Date of Expiry of Insurance 31/03/2023 EQI Motor Accident Hotline

6311 3211



6. Person or Classes of Persons entitled to drive

Goods carrying - (MZ300) Authorised Drawer 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 Webicle or has been permitted and is not disqualified by order of a Court of Law or by reason of an 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.

7. 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.

UNWNBF/HO/B000073/ACCLAIM INSURANCE BR

A Member of Citystate

Authorised Signatory EQ Insurance Company Limited