

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 the Police for investigation.
 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 29/12/2022 16:55 (SGT) Reported by Date of Accident 29/12/2022 13:38 (SGT) Exact Location of Accident 18 Sin Ming Ln, Singapore 573960 Additional Location Information Midview City car park Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

2982

Vehicle Registration Number SFD1348Z

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner I.M. Ambulance Services Pte Ltd Company Reg No 201220483Z Email Address info@iman.com.sg Mobile Phone No (Phone) +65-89431439 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Nissan Model Urvan 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 No - Reporting only your vehicle? Vehicle Category Commercial vehicle Transmission Manual CC

INSURANCE COMPANY

Name of Insurance Company **EQ Insurance Company Ltd** Policy Number / Cover Note Number DMCFHQ22-000070

DRIVER

Name of Driver Mohamad Jazliadi Bin Junadi NRIC No. S9444454C Date Of Birth 01/12/1994 Occupation Outdoor

Date Of Driving Pass 15/04/2015 Driving experience 7 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-87690449 Alt. Phone Number Email Address pinkyboi666@gmail.com Address Blk 837 Jurong West Street 81 #09-73 Address complement Postcode 640837 Is the driver the policyholder? Nο 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 Side Swipe 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? Nο 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? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name MD Radhi Gender Male 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. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SNB4580P

Hyundai

Tucson

Vehicle Model

Vehicle Manufacturer

Vehicle Variant

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Wong Wai Keen
NRIC No	S8778476B
Contact Number	(Phone) +65-92384899
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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5. Any false reporting may be referred to the Traffic Police Department for investigation.

- This report will be forwarded by the insurers to 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)

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")

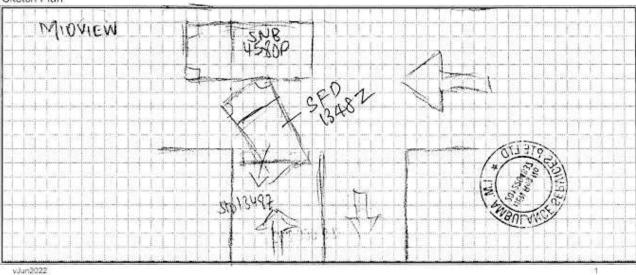
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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 Policyholder 2 9 DEC 2022

Actual Driver's Signature (if driver is not the policyholder) / Date & Time 2 9 DEC 2022

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



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Declaration

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

2 9 DEC 2022

Actual Driver's Senature (if driver is not the policyholder)

/ Date & Time

2 9 DFC 2022

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

vJun2022











CHASSIS NO. : JNIT64E25Z0-700301
U. W. : NIL KG
M. L. W. : 3100 KG
PASSENGER CAP. : F. 1 DRIVER, 1 OTHER
: R. 5 PASSENGERS
TYRE SIZE : F. 195R15-8
: R. 195R15-8 (S)













EQ Insurance Company Limited

5 Maxwell Road #17:00 Tower Black MND Complex Singapore 009110 tel 65 6223 9433 | fax 65 6224 3903 | www.eqinsurance.com.sq 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 FLEET Third Party

Certificate No.: DMCFHQ22-000070

1. Index Mark and Registration Number of Vehicles SFD1348Z

Form: LCVS Excess: Section 2 5601,500,00 YEID-AC Additional SGD3,000.00

EQI Motor Accident

Hotline

6311 3211

2. Engine No. and Chassis No. ZD30032092 / JN1TG4E25Z0700301

3. Name of Policyholder I.M. AMBULANCE SERVICES PTE LTD

4. Effective Date of the Commencement of Insurance for the purpose of the Act 13/10/2022

5. Date of Expiry of Insurance 12/10/2023

6. Person or Classes of Persons entitled to drive*

Towing - Special Type [MZ 312] AUTHORIZED DRIVER

Any of the following: (1) The Policyholder

(2) Any other person provided he is in the Policyholder's employ and is driving on the Policyholder's order or with their/his permission

*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.

7. Limitations as to use*

1) Use in connection with the Insured's business whilst the trailer is being towed by a registered propelled vehicle.

THE POLICY DOES NOT COVER:

(1) Use for racing pace- making, reliability trial or speed-testing.

(2) Use for the carriage of passengers.

(3) 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.

unwjt/HO/A000540/Eona Insurance Agenc

A Member of Citystate

Authorised Signatory EQ Insurance Company Limited

Accident report SL0M22CT0005

