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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>
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

3. Information provided must be as truthful and accurate as possible. Any wind misrepresentation provided must be as truthful and accurate as possible. Any wind misrepresentation of 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	20/02/2023 15:19 (SGT)
Reported by	Driver
Date of Accident	18/02/2023 15:43 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WOODLANDS (BKE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number		GBF3874U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SIANG KHOON PLUMBING & RENOVATION PTE LTD
Company Reg No	2XXXXX217H
Email Address	ng_jaclyn@ymail.com
Mobile Phone No	(Phone) +65-96879496
Alternative Phone No	

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to	Employment
your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMCPHQ22-002805

DRIVER

Name of Driver	HOSSAIN ARIF
Passport No/FIN	GXXXX464L
Date Of Birth	12/05/1994
Occupation	Outdoor

Date Of Driving Pass	10/10/2018
Driving experience	4 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-80455319
Alt. Phone Number	
Email Address	ng_jaclyn@ymail.com HOTEL COMPASS, NO.36 LORONG 22 GEYLANG
Address	HOTEL COMPASS, NO.50 LONGING 22 GETE ING
Address complement	398693
Postcode 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	NO
venicle Registration Number of Other Venicle Owned by Briver	
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	2
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)	2
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No
Translator's name	
Translator's ID	*
Translator's phone number	
Translator's email	<u>*</u>
Original language used in the statement	•
PASSENGER 1	
Name	UNKNOWN
Name Gender	Male
Gender	Mulo
DETAILS OF POLICE ACTION	
DETAILS OF FOLIOE FORMS.	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	
ii yes, against whom:	
CIRCUMSTANCES OF ACCIDENT	
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PLEASE REFER TO THE ATTACHED STATEMENT	
PLEASE REFER TO THE ATTACHED STATEMENT ATTACHMENT(S)	
ATTACHMENT(S)	Vas
ATTACHMENT(S) Are accident photos available for attachment?	Yes No
ATTACHMENT(S)	Yes No
ATTACHMENT(S) Are accident photos available for attachment? Was there any video captured by Car Camera?	No
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ATTACHMENT(S) Are accident photos available for attachment? Was there any video captured by Car Camera? DETAILS OF OTHE Vehicle Registration Number	No R VEHICLE PROPERTY 1

Vehicle Colour		
Vehicle Category	Private car	
Name of Driver	-	
Contact Number	-	
Address	-	
Address complement	-	
Postcode	-	
Insurance Company Name	-	
Nature Of Damage	Y := 1	
Details of property damaged in accident	-	
No. Of Passenger (Including Driver)	-	

SKETCH PLAN

IMPORTAIT NOTICE

- Pleas < report correctly the details of the accident to speed up the claims process.
- 2. This Firm must be completed by the Policyholder and/or the Actual Driver.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 4. The is se 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 Traffic Police Department for investigation.
- 6. 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.
- 7. By the indgement 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. Consestiunder the Personal Data Protection Act (PDPA)

I understaind, 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
- (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 the insurers), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Hee 20/02/23

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

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

Sketch Plan

Woo dlands (BkE)

A-GBE 3874U

B-Skv 99948

Describe incumstance of the Accident I was driving along woodlands Bke on the above and time. Vehicle B was Infront of me. Suddenly Vehicle Brank I follow suit and hit the vear portion of his the truthic was a bit jam as well.	defe cle B vehicle.
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I/We declare the foregoing particulars are true in every respect.

Au 20/02/23

Policyholder's Signature / Date & Time

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

/ Date & Time

Witnessed by Reporting Centre Perso (Name as in NIFLIC/ID card)

ACCIDENT STATEMENT

	ACCIDENT DATE 18 02	2023) (DD/MM/74	YYI. TIMF-1 15	43 1144-4411
	LOCATION: WOO	dlands (BK		(I II LIVITOIT)
		- 1 1	=)	management in contract property
	1. DETAILS OF VEHICLE			
	O/VEHICLE NUMBER:	GRF 381.	411	*
	b)INSURANCE COMPA	A Company of the Party State Company of the Part	S Can Military Transaction Co. Add 19975 Training training and accounts	
	CIPONCY MINABED.	NY EQI	The state of the second of the	
	C)POLICY NUMBER: C	мсрн « 22- (203805	
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Email = ng-jaclyn@ymail.com

Mores - NO

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 Classic

Certificate No.: DMCPHQ22-002805

Classic Plan - EQ Authorised Workshop Only

EQI Motor Accident

Hotline

6311 3211

Form: LCVP1 Excess:

Section 1:

\$\$500.00

YEID-AC Additional:

\$\$3,000.00

1. Index Mark and Registration Number of Vehicles GBF3874U

2. Name of Policyholder

SIANG KHOON PLUMBING & RENOVATION PTE. LTD.

3. Effective Date of the Commencement of Insurance for the purpose of the Act 28/09/2022

4. Date of Expiry of Insurance 27/09/2023

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.

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:

A000008/Lee Kok Leong Date of Issue: 17/08/2022 12:23

Authorised Signatory EQ Insurance Company Limited

Exp No.: DMCPHQ21-002102

A Member of Citystate