SW0H23280001 / Woon Meng Motor Pte Ltd [659578] ENTRY DATE & TIME: 08/02/2023 15:00 (SGT) SUBMITTED BY: Heng Sew Sow VERSION: 1 (08/02/2023 15:00 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
 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 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 08/02/2023 15:00 (SGT) Reported by Driver Date of Accident 07/02/2023 08:20 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information Before Toa Payoh Exit Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Man

Vehicle Registration Number XE1883B

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner C M M Marketing Management Pte Ltd Company Reg No 200006394W **Email Address** lau.jw@shengsiong.com.sg Mobile Phone No (Phone) +65-83630978 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Tgm 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 - Claiming third party 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 Chin Sea Ping Passport No/FIN F8487648T Date Of Birth 29/09/1980 Occupation Outdoor

Date Of Driving Pass	03/08/2010
Driving experience	12 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	
	(Phone) +65-83630978
Alt. Phone Number	
Email Address	lau.jw@shengsiong.com.sg
Address	C/O: 6, Mandai Link
Address complement	
Postcode	728652
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	
Dood Billion Cities the mental transfer that the property of the contract of t	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	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	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)	1
Has the driver been approached by unknown person(s)	931
soliciting/offering accident claims assistance?	No
Translator's name	E
Translator's ID	<u>e</u>
Translator's phone number	<u>.</u>
Translator's email	
Original language used in the statement	<u> </u>
And the Market	
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	110
ii yes, against whom:	
CIRCUMSTANCES OF ACCIDENT	
Refer to attached sketch plan.	
ATTACHMENT(S)	
	West and the second sec
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	with driver.
DETAILS OF OTHE	R VEHICLE PROPERTY 1
Vehicle Registration Number	GBA7579Y
Vehicle Manufacturer	26
Vohicle Model	

Commercial vehicle

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(F)	Accident	report	SWOH	123280	0001

Vehicle Colour Vehicle Category

Vehicle Model
Vehicle Variant

Name of Driver

Contact Number	-
Address	_
Address complement	_
Postcode	_
nsurance 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
- 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 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 aforesald.
- 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)
 - (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/mall 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
- my Personal Information may/can be disclosed by any of the Insurers and/or GIA to thein 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.

思思市场管 CMM MARKETING MANAGEMENT PTE LTD. 6 MANDAL LINK SINGAPORE 728652

TEL: 68951888 FAX: 62698265 REG NO: 200006394W

Driver's Signature

Name

Policyholder's Signature

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. (V) Claim OD/IP at other workshyp

() Claim Own Damage

() Claim TP () Reporting Only

Reporting Centre Personn

" OWE MOCKETOR

SKETCH PLAN				& A - XE1883B β - GBA7579Y
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ARATION 与 管理 是	人名积公司			
SINGAPORE TEL: 68951888 F4 REG NO: 2000	X: 62698265			
Ider's Signature	Oriver's Signature (If driver is not the p	08-81-2015	Reporting Centre 9 Namer	endoners of Aator

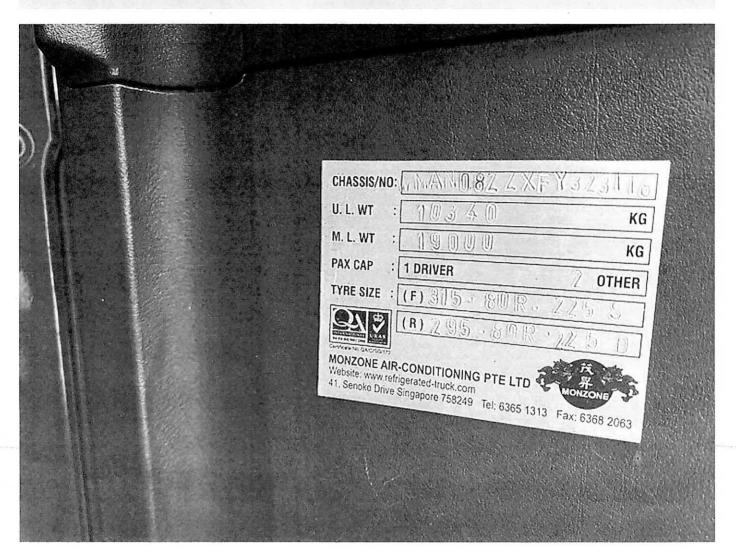
















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EQ Insurance Company Limited 6 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110 tel 65 6223 9433 | fax 65 6224 3903 | www.eqinsurance.com.sg



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)

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

1. Index Mark and Registration Number of Vehicles

2. Engine No. and Chassis No. 22839495463955 / WMAN08ZZXFY323118

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

4. Effective Date of the Commencement of Insurance for 01/04/2022

5. Date of Expiry of Insurance 31/03/2023

6. Person or Classes of Persons entitled to d ony of the following :-Goods carrying - (MZ300) Authorised Driver 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 Vehicle or has been permitted and is not disqualified by order of a Court of Law or by reason of all endement 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 Centificate 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.

UMWNBF/HO/B000073/ACCLAIM INSURANCE BR

A Member of Citystate

Authorised Signatory EQ Insurance Company Limited

Form: LCVP1

All Claims

Excess:

YEID-AC

EQI Motor Accident Hotline

6311 3211



SG03,000.00

Additional SGD3,000.00