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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

A. 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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

28/03/2023 16:28 (SGT) **Actual Driver** 27/03/2023 19:00 (SGT) Gul Way, Singapore TURN RIGHT TO GUL CIRCLE (TRAFFIC LIGHT) Singapore

DETAILS OF OWN VEHICLE.

Vehicle Registration Number

GBJ3779R

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No Alternative Phone No

Yes TIAN HWEE LONG ENTERPRISES 4XXXX900K sltanjanettan@gmail.com (Phone) +65-97885921

VEHICLE PARTICULARS

Manufacturer Model 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 CC

Toyota Dyna

Employment

No - Claiming third party Commercial vehicle Manual 2982

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

EQ Insurance Company Ltd DMCPHQ23-000944

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

LAU HWA CHIANG SXXXX480H 20/11/1956 Outdoor

Date Of Driving Pass 19/04/1978 Driving experience 44 YEARS AND 11 MONTHS Gender Male Mobile Number (Phone) +65-97885921 Alt. Phone Number **Email Address** sltanjanettan@gmail.com Address BLK 234 LORONG 8 TOA PAYOH #05-280 Address complement Postcode 310234 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 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? Yes Was any injured conveyed to hospital by ambulance? No 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 Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement **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 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 YQ1284E Vehicle Manufacturer Vehicle Model Vehicle Variant

Commercial vehicle

Vehicle Colour Vehicle Category

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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No Address	LAU HWA CHIANG Male (Phone) +65-97885921
Address Complement	-
Post Code	7 <u>~</u>
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBJ3779R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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.
- 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 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' 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;

& Time

- (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.

Policyholder's Signature / Date &

Sketch Plan

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

Witnessed by Reporting Centre

Personnel

MPUF YO 1284 F

Describe Circumstances of the Accident
I WAS SCOPPOED IN FRONT OF TRAFFIC LIGHT
WAITING TO TURN RIGHT TO GUL CERCUE.
SUDDENLY ONE OF THE VEHICLE NO. YOI284E
PIDN'T STOPPISO & HIT DIRECTLY BADLY TO
MI BACK OF VEHICUE. THE IMPACT WAS
UPP 8 BONG A I FEEL UN COMFORTABLE
The state of the s

Declaration

We declare the foregoing particulars are true in every respect.

WEE COME

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre

Personnel

TOYOTA DINA VEHICLENO: GBT 3779R MAKE & MODEL: 150 5MT DATE OF ACCIDENT 271 031 2023 •C.C. TIME OF ACCIDENT AM / PM LOCATION OF ACCIDENT WAT TURN RIGHT TO GUL CIRCLE **EXACT PURPOSE USED AT TIME OF ACCIDENT** (EMPLOYMENT) / PRIVATE USE / PRIVATE HIRE NAME OF OWNER TIAN HINEE LONG ENTER DRISES SLTANJANETTAN @GMAIL. COM EMAIL: MOBILE 9788 Office. NRIC DOK CLAIM TYPE THIRD PARTY / REPORTING ONLY FLEET POLICY. YES (NO) INSURANCE CO. EQ INSURANCE TYPE OF COVERAGE Comprehensive / Third Party / Third Party Fire & Theft DMCDHQ23-000944 POLICY NO. AS ABOVE / IF NO. LAU HWA CHIANG NAME OF DRIVER NRIC S1207480H DATE OF BIRTH 20/11/ ANY PASSENGER YES / NO : NAME OF PASSENGER GENDER OF PASSENGER MALE FEMALE OCCUPATION Outdoor)/ Indoor DATE OF DRIVING PASS GENDER Male) CONTACT NO. Mobile 1788 592 10 ffice. SLTAN JANETTAN @ GMAIL. (OM (8'310234) EMAIL. BIK 234 LORONG 8 TOA PAJOH # 05-280 **ADDRESS** DOES DRIVER OWN OTHER VEHICLES? NO / If yes . Reg No. RELATIONSHIP Employee)/ If No. WEATHER CONDITION Clear Raining Other . ROAD SURFACE Dry) / Wet / Other. No / If yes Who? DRIVER ANY INJURIES CONVEYED BY AMBULANCE No Dif yes : Who? No Ulf yes . Where? POLICE REPORT NOTICE OF INTENDED PROSECUTION GIVEN NO/IF YES: WHO? 1984 E VEHICLE B NO. Any Passenger . NAME CONTACT NO. VEHICLE C NO. Any Passenger VEHICLE D NO. Any Passenger: VEHICLE E NO Any Passenger : VEHICLE F NO. Any Passenger **ANY WITNESS** WITNESS CONTACT NO. WAS THERE ANY VIDEO CAPTURE? YES FNO WAS THERE ANY AUDIO RECORDED? YES / NO SCENE ACCIDENT PHOTOS TAKEN? **WORKSHOP: MORKSHOP Have you been approach by unknown person soliciting (s) / offering accident claims assistance? YES /(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.: DMCPHQ23-000944

Classic Plan - EQ Authorised Workshop Only

EQI Motor Accident

Hotline

6311 3211

Form: LCVP1 Excess:

Section 1:

S\$500.00

YEID-AC Additional:

\$\$3,000.00

 Index Mark and Registration Number of Vehicles GBJ3779R

2. Name of Policyholder

TIAN HWEE LONG ENTERPRISES

 Effective Date of the Commencement of Insurance for the purpose of the Act 08/04/2023

4. Date of Expiry of Insurance 07/04/2024

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.

INVE 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: Swee Seng Credit Pte Ltd

A000137/l. Insurance Date of Issue: 07/03/2023 11:09

Authorised Signatory
EQ Insurance Company Limited

Exp No.: DMCPHQ22-000923

A Member of Citystate

A Singapore Government Agency Website

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Business

Owner ID:

900K

Vehicle Details

Vehicle No.:

GBJ3779R

Vehicle to be Exported:

Yes

Intended Deregistration

28 Mar 2023

Date:

Vehicle Make:

TOYOTA

Vehicle Model:

DYNA 150 5MT

Primary Colour:

Silver

Manufacturing Year:

2019

Engine No.:

1KD2849480

Chassis No.:

JTFAT35Y40K212844

Maximum Power Output:

Open Market Value:

\$27,082.00

Original Registration Date:

08 Apr 2019

First Registration Date:

08 Apr 2019

Transfer Count:

Actual ARF Paid:

\$1,355.00

Intended PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date:

\$0.00

Intended COE Rebate Details

COE Expiry Date:

PARF Rebate Amount:

07 Apr 2029

COE Category:

C - Goods Vehicle & Bus

COE Period(Years):

10

PQP Paid:

\$13,295.00

COE Rebate Amount:

\$8,013.00

Total Rebate Amount:

\$8,013.00

The information contained herein is correct as at 28 Mar 2023