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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 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 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

19/06/2023 13:00 (SGT) **Actual Driver** 16/06/2023 12:40 (SGT) Yung Ho Rd, Singapore

Singapore **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

YP5945K

INSURED/POLICYHOLDER

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

IGLOO FOOD PTE. LTD. 2XXXXX169N hello@igloofood.com.sg (Phone) +65-91295092

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

Employment

SZU710R-HKFMS3

Hino

No - Claiming third party Commercial vehicle

Manual 4009

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

EQ Insurance Company Ltd DMCPHQ23-001516

DRIVER

Name of Driver Passport No/FIN Date Of Birth Occupation

XIE ZHITONG GXXXX985T 13/04/1988 Outdoor

Date Of Driving Pass 29/04/2022 Driving experience 1 YEAR AND 2 MONTHS Gender Male Mobile Number (Phone) +65-91295092 Alt. Phone Number **Email Address** hello@igloofood.com.sg Address 237 PANDAN LOOP #05-09 Address complement Postcode 128424 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? No 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? 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	SLP382X
Vehicle Manufacturer	_
Vehicle Model	
Vehicle Variant	-
Vehicle Colour	_
Vehicle Category	Private car
Name of Driver	
Contact Number	
Contact Number	_

Address	
Address complement	(9
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.
- 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
- 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)

Lunderstand, 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' 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.

Co. Reg. No 2010241691 Policyholder's Signature Date &

Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Ho

Describe Circumstances of the Accident	
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I was extthy Mathematics along Jung Ho Rd, suddenly	?
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felt an impact from the rear, I alighted and realized that	Î
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was bely revenued by SLP362X.	
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Declaration

Co. Reg. No. 201024169N

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre

Personnel



Date of Accident	: 16/06/23 Accident Time: 1240 (24-HR-Format)
Accident Place	: Yung Ho Rd
Vehicle. No. (Car Plate No.)	: YP5945 K Make/Model: HINO XZY710R-HKFMS.
Insurace Company	: EQ Policy No: DMCPHQ23-001516
Owner or Company Name /IC No.	: IGLOO FOOD DIR 470 (20/024/69N)
Owner or Company Contact No.	: 909 5092 Owner's Hp Company Tel
DRIVER'S Name / IC No.	: XIE 241 tone (689 69985T)
DRIVER'S Date Of Birth	: 13.04.1988 DRIVER'S License Pass Date 29-04.2022
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: L37 Pandan Loop, #05-09 5128424
DRIVER'S Contact No./ Alt No.	:1)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: hello@ighoofood.com.sq
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Da	river):
Was there any video Captured by cal Exact purpose for which vehicle was Any Injury (If YES, Pls state):	being used at the time of accident: Private use \ Work nurnose
Other P	arty Driver's Particular (if any)
Vehicle. No: SLP382X	Vehicle. No:
Vehicle Make\Model:	
Name Driver:	
IC No. Driver/Contact:	

* NEW - Passenger's name & gender:

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.: DMCPHQ23-001516

1. Index Mark and Registration Number of Vehicles

Classic Plan - EQ Authorised Workshop Only

Form: LCVP1

Excess: Section 1:

VEID-AC Additionals

\$\$750.00

YEID-AC Additional: S\$3,000.00

EQI Motor Accident

Hotline

6311 3211

2. Name of Policyholder

YP5945K

IGLOO FOOD PTE LTD

3. Effective Date of the Commencement of Insurance for the purpose of the Act 24/04/2023

4. Date of Expiry of Insurance 23/04/2024

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.

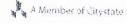
I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or and Amendment, Act or Acts passed in substitution thereof.

Hire Purchase: MAYBANK SINGAPORE LIMITED

A000298/Tong Hin Insurance Agency Pte Ltd Date of Issue: 17/04/2023 16:52

Authorised Signatory EQ Insurance Company Limited

Exp No.: DMCPHQ22-001336



> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Owner ID:

Vehicle Details Vehicle No.:

Vehicle to be Exported:

Intended Deregistration Date: Vehicle Make: Vehicle Model:

Primary Colour: Manufacturing Year:

Engine No.:

Chassis No.: Maximum Power Output:

Open Market Value: Original Registration Date: First Registration Date:

Transfer Count: Actual ARF Paid:

Intended PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date: PARF Rebate Amount:

Intended COE Rebate Details

COE Expiry Date:

COE Category:

COE Period(Years):

PQP Paid:

COE Rebate Amount: Total Rebate Amount:

The information contained herein is correct as at 19 Jun 2023

Company

169N

YP5945K No

08 Jul 2023 HINO

HINO XZU710R-HKFMS3

White 2016

N04CUS31009

JHHUCS3H80K019824

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\$35,775.00 21 Apr 2017 21 Apr 2017

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\$1,789.00

No

\$0.00

20 Apr 2027

C - Goods Vehicle & Bus

10 \$27,4

\$27,415.00 \$10,372.00 **\$10,372.00**