SS2X236Q000U / SME MOTOR PTE LTD ENTRY DATE & TIME: 26/06/2023 17:49 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 1 (26/06/2023 17:49 (SGT))

C.

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
- 2. 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
Reported by
Date of Accident

Exact Location of Accident Additional Location Information

Country/State of Loss

26/06/2023 17:49 (SGT)

Actual Driver

24/06/2023 17:00 (SGT)

AYE, Singapore

Singanoro

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBJ6246S

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address Mobile Phone No

Alternative Phone No

Yes

E & M BUILDING SERVICES PTE LTD

201437223N

INFO@EMBUILD.SG (Phone) +65-90664600

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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

Kia

K2500

Employment

No - Claiming third party

Commercial vehicle

Manual 2500

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

ERGO Insurance Pte. Ltd.

DMCG22006639

DRIVER

Name of Driver Passport No/FIN

Date Of Birth

Occupation

G2 01

AZIM ANOWARUL G2311187Q 01/01/1989 Outdoor Date Of Driving Pass 05/03/2021 Driving experience 2 YEARS AND 3 MONTHS Gender Male Mobile Number (Phone) +65-90150738 Alt. Phone Number Email Address INFO@EMBUILD.SG 58 PENJURU PLACE Address Address complement Postcode 608562 Is the driver the policyholder? Nο 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) 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 Original language used in the statement PASSENGER 1 Name FAIZAL Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT FRPNT VEHICLES BRAKE AND SLOW DOWN. I PROCEED TO SLOW DOWN WHEN SUDDENLY, VEHICLE B COLLIDED INTO MY VEHICLE'S REAR LEFT PORTION. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1**

GBA6730H

Vehicle Manufacturer Vehicle Model

Accident report SS2X236Q000U

Vehicle Registration Number

Vehicle Variant	•
Vehicle Colour	•
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	2

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 Actual Driver.
- Information provided must be as <u>fruthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudsite policy liability</u>.
- 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 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.
- 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 ("GfA") 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 socident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/faw 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 enquines 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

 $\langle v \rangle$ complying with applicable law in administering, processing, handling and/or dualing with my claims.

(collectively the 'Purposes')

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' tawyers/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.

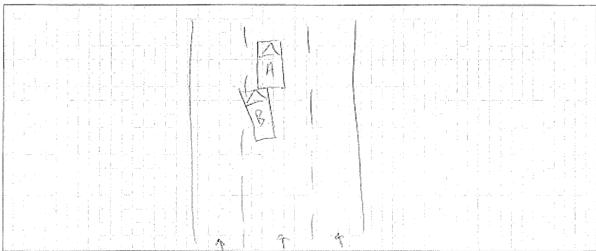
Policyholder's Signature / Oate & Time

Driver's Signature (# driver is not the policylloider) / Date

& Time

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

Sketch Plan



1

Describe Circumstance of the Accident
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Declaration

Declaration

We declare the foregoing particulars are true in every respect.

Poboyskiper's Signature / Date 8 Time

Driver's Signature (if driver is not the policytrolder) / Date | Witnesses by Reporting Centre Personnel (Name as in NRICID care)

2











Policy Schedule Policy No. DMCG22006539 Motor Commercial Vehicle Policyholden's Catoda Instruct Name 1'8M BUILDING SERVICES PTE LTD Arteronic 16 SH437 ROAD, 204-64, KIN BUILDING, SINGAPORE 357964 Beameric / Occupation Others Policy Details Chent Code C\$01605090 Type of Cover Семериенальнуе Intermediary Code (Producer) A100003 Transaction Type Reamont Date of Issue 12406/2022 Replacing Policy No. Period Of Insurance 27/09/2022 1/0/26/08/2023 Billing Octails Gress Preading SGD 1.352 89 94.70 Premium includes, Bood, NCO Entitlement 15.00%, Special Argustment 27.77%. Prevading GST SOD Fabil Premium Payable (indusive of GST) | SGD 1,447.90 Coverage Details Year of Vehicle No. Make / Madel Registration Body Type Tomosge (Ion) Chaesis No. Englar No LORRY + GB362469 KIA K2600 7.46 2019 KNC57X76FK7376316 04068536964 Sum lastered MARKET VALUE AT TIME OF LOSS. Excess 62KESS (SECTION) SCO #05.00 APPLEXCESS NOW-AUTO WORKSHOPS (SECTION 6) SCD EXCESS WHOSCREEN CONFRIVEN BELOW IN TOASS SGD YOUNGENEED DRIVERSUSECTION IS 2 500.00 Authorized Drivers As shown in the Costificate of Insurance And provided further that the Motor Vehicle is registered under the Road Truffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage. Limitations as to use Use in connection with the Policyholder's business
 The for carriage of passengers (other from for fine or reward) in connection with the Possyholder's business Use for social generalic and pleasure purposes This Policy does not cover:

1) Use for fine or reward, racing, pace-making, reliability trial or speed-testing. 2) Use whilst drawing a trailer except the towing of any one disabled mechanically proposed vehicle Finance Companyi Hire Purchase Owner UNITED OVERSEAS BANK LTD Additional Banefits Coverage Annual Pregvant

This Policy is subject to the following clauses, warranties, endorsements, exclusions as ponter herein and/ or attached hereto-

AUTHORISED WORKSHOP / DEALER'S WORKSHOP / NON-AUTHORISED WORKSHOP EXCESS (COMMERCIAL VEH)

It is hereby understood and decirred that the Insured shall be responsible for the basic excess amount as stated in the Schedu's under Section 1 when the repair of the insured vehicle is carried out at

Hood

An authorised workshop designated by the Company, or At the vehicle is bill under valid warranty and is not more than those years of age (from the original date of registration)

SGD

2,000.00 SGO

An additional Excess of S\$300 shall upply to the basic excess when the repair is carried out at a non-authorised workshop

BREAKAGE OF WINDSCREEN OR WINDOW (INCORPORATING THE OPTION TO REPAIR THE WINDSCREEN)

The Indemnity provided by Section Let this Policy is deemed to extend to any class by the Insured for the full cost of reinstating any plass in the windscreen or in the windows including to-Vehicle full of the Motor Vehicle fullowing breakage of such glass provided there is no further damage to the Motor Vehicle. This cover does not lecture the replacement of sour fire

A claim under this extension is subject to an excess, (the amount shown in the Certificate Of Insurance/Schedule of the Policy) for each and every claim and shall not be deemed to be a claim affecting the No Claim Discount (NCD).

Page 1

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ERGO Insurance Ptc. 1rd. Co. Reg. No : 199395211H GST Reg. No : M2-9116959-5 8 Terrupak Ronlevard #04-01 Suntec Tower Terce Singapore D38988 Tei: +65 6829 9189 Fax: +85 6829 9248 www.orgo.com.sg