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 is form by instrained 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 30/06/2023 16:45 (SGT) Reported by **Actual Driver** Date of Accident 28/06/2023 17:20 (SGT) Exact Location of Accident Seletar Expw., Singapore Additional Location Information Towards BKE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **GBF5049Y**

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner UP COMMUNICATIONS PTE LTD Company Reg No 199800711W **Email Address** joan@upcom.com.sg Mobile Phone No (Phone) +65-62952632 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Nissan Model Nv200 Variant Exact purpose for which vehicle was being used at time of accident **Employment**

Are you claiming under your own insurance policy for repair to Yes

your vehicle? Vehicle Category Commercial vehicle Transmission Manual CC 1461

INSURANCE COMPANY

Name of Insurance Company **EQ Insurance Company Ltd** Policy Number / Cover Note Number DMCPHQ22-003907

DRIVER

Name of Driver MUHAMMAD ZAKARIAH BIN RASALI NRIC No S9721823D Date Of Birth 22/06/1997 Occupation Outdoor

Date Of Driving Pass 13/08/2020 Driving experience 2 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-88687475 Alt. Phone Number Email Address zackrasali97@gmail.com Address BLK 16 MARSILING LANE #03-185 Address complement Postcode 730016 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 After rain Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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? Nο Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT On 28 of June at about 5.20pm, I (car B) was involved in an accident along SLE towards BKE before Mandai exit. Car A did a jam brake and as I was trying to switch over to the second lane. I hit the rear of car A. 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 SGP75S
Vehicle Manufacturer BMW
Vehicle Model 730li
Vehicle Variant Vehicle Colour Vehicle Category Private car
Name of Driver Chong Wei Song

NRIC No	T0170357E
Contact Number	(Phone) +65-88338113
Address	Blk 741 Woodlands Circle #12-431
Address complement	-
Postcode	730741
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 Form must be completed by the Policyholder and/or the Actual Driver.
- 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 Traffic Police Department for investigation.
- 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)

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) 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 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
- (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 / Date & Time

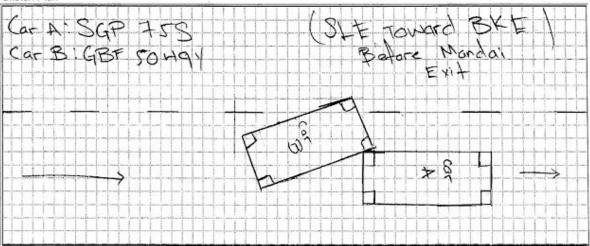
Driver's Signature (if driver is not the policyholder) / Date

& Tim

Witnessed by Reporting Centre Personnel

(Name as in NRIC/ID card) SOH JIT HOON

Sketch Plan



10:00

1

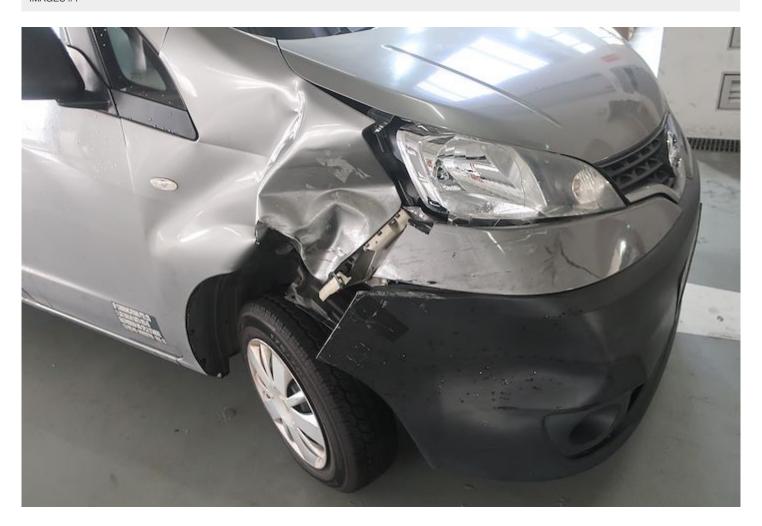
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Accident report SL0M236U0003

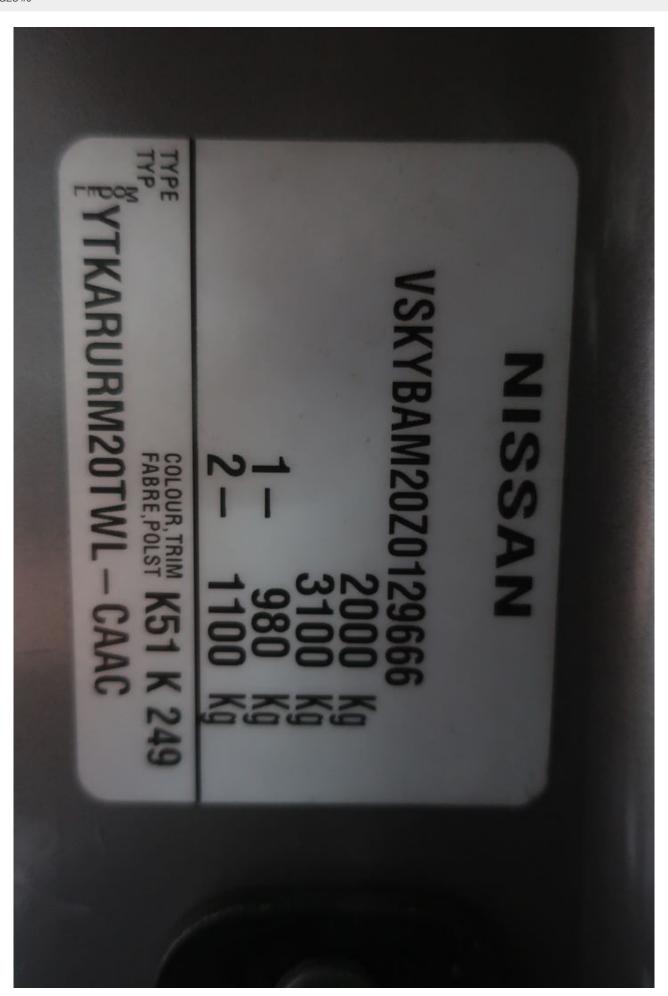




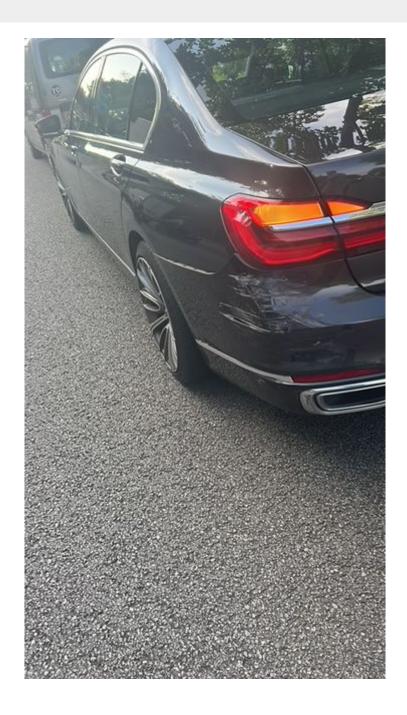


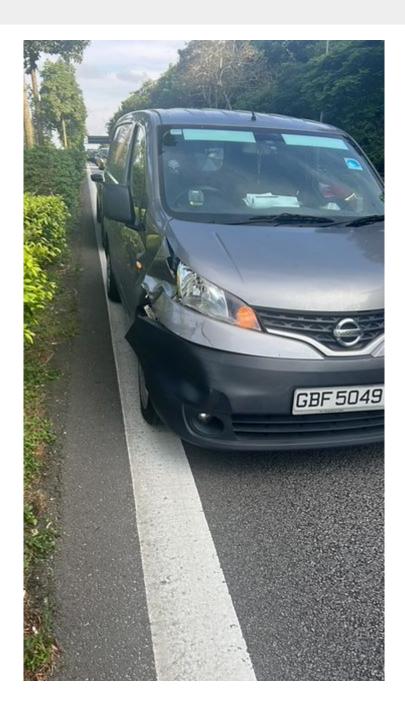


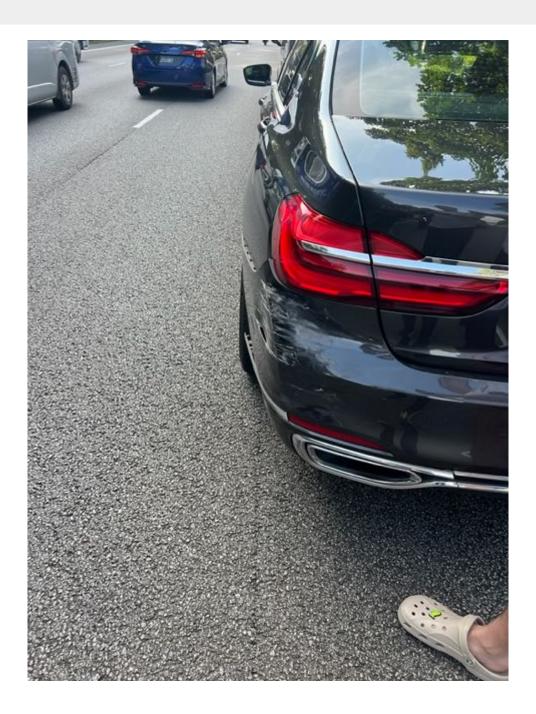
















EQ Insurance Company Limited

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.: DMCPHQ22-003907

Classic Plan - EQ Authorised Workshop Only

EQI Motor Accident

Hotline

6311 3211

Form: LCVP1 Excess: Section 1:

YEID-AC Additional:

\$\$500.00 \$\$3,000.00

1. Index Mark and Registration Number of Vehicles

GBF5049Y

2. Name of Policyholder

UP COMMUNICATIONS PTE LTD

3. Effective Date of the Commencement of Insurance for the purpose of the Act 25/11/2022

4. Date of Expiry of Insurance 24/11/2023

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.

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.

IWE 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 : HL Bank

A000506/LBS Insurance Agencies Pte Ltd Date of Issue: 16/11/2022 11:01

Authorised Signatory EQ Insurance Company Limited

Exp No.: DMCPHQ21-004044

A Member of Citystate