NATIONAL Assessment Contre	Services :	z ef i Janzesi			*******
Date In: 38/12/17	Jcb description		Date & Time Completed	Done	py.
Ref No. NA/eQI 17034637/13	SAS e-filing				
Veh No: 5/55270	E-mail (within 8	hrs, AIC 2hrs;			
DOA 27/12/17 1320	i-Motor Clain	n Form			
	i-Motor W/O	(Within: OD 2hr	TP 4hrs)		
OD / Pepotung Only	i-Photo Uploa	ded	1		
TP Insurer:	Assessment/Sur	vey Report	<u>i</u>		
11 msurvi.	Ass't Report by	Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (JOD HAIC		Tel: Fax	C:	
TP Particulars: Veh No:	25822407	INC()/Non-INC()		
Owner / Driver: (THE RESERVE TO SHE		Tel:)	
Policy No: () Per	iod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
			0%; P: 21-79%. F: 80-10	0%]	
	Varranty: YES (7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7)		
Excess: (\$) Loading: \$1,00	00 () / \$2,000 (()			
General Remarks;-	Tisked Towns		AND AND ALL	201	
() Walk-In Customer: Customer's infor	mation strictly Con	fidential & St	rictly NO rafer of repairer.		
() Total Loss Case : to e-mail Insure	r URGENTLY.	-			
Drive-In ()/ Towed-In (); Invoice:		O();T	owing Co. ()
	* 100 beer 10 100 100 100 beer 200	TO STATE OF THE ST			
Remarks:- (INC horline: 6788 6616)	8 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Date&Time Completed	Done	бу
	ourtesy Car ()			
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost > \$30	000] ()				
Injury:	111				
		SEASSANATO	(9) (8) (8) (8) (8) (8) (8) (8) (8)	and the	-
Date/Time Actions		On Visit Medical	OCTOBER MARKET AND	Majorakere.	
****		~60%134#Au4	omenana (September 1987)	Amt (S)	Amt (5)
NO. NO.	A CONTRACTOR OF THE RESIDENCE OF	Invoice Pre	paration Checklist	1st Bill	Add Bill
laimant's Particulars :-			Reporting (530); Assessment (5100); INC (530)		
THE RESIDENCE ASSESSMENT ASSESSMENT OF THE PROPERTY TAKES		2) DA: Damage 3) TF: Towing I			
river/Owner:		4) FT : Follow-T	hrough Survey \$1	30	
ontact No:		5) FT : Follow-T	hrough Survey (Resurvey) \$ gainst INC Only (wef 10 Jan 2005)		
Pamaged Portion:		The second second second		75	
		6) TR : Re-inspe	ction		
- Transition i ordoni			+ SMRT Survey \$1		
	1	6) TR : Re-inspe 7) NI : Idae DA 8) NTUC Additi OD*	+ SMRT Survey \$1 onal Services	60	
	±	6) TR : Re-inspe 7) NI : Idae DA 8) NTUC Additi OD*	+ SMRT Survey \$1 onal Services (Car / Tpt Allowance Co-ordination \$	55 10	
C Checked by (Engr-In-Charge):		6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi OD* *N5: Courtes) *N6: Repair C *N7: Post Rep	+ SMRT Survey \$1 onal Services Car / Tpt Allowance Co-ordination \$5 mir Inspection \$5	55	
OC Checked by (Engr-In-Charge):		6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi OD* *N5: Courtesy *N6: Repair C *N7: Post Res *N8: DV / Co TP (N11): TI	+ SMRT Survey \$1 onal Services / Car / Tpt Allowance / Co-ordination \$5 mir Inspection \$5 (Non INC) against INC \$5	\$5 10 25 \$5	
OC Checked by (Engr-In-Charge): Anditors' Comments:- at 1:		6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi OD* *N5: Courtesy *N6: Repair C *N7: Post Res *N8: DV / Co	+ SMRT Survey \$1 onal Services / Car / Tpt Allowance / Co-ordination \$5 mir Inspection \$5 (Non INC) against INC \$5	\$5 10 25 \$5	

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 Authorised 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 ability.
- 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 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.

AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	ACCIDENT STATEMENT	
Date Of Report	28/12/2017 17:32	
Date Of Accident	27/12/2017 23:20	
Exact Location Of Accident	PHILIP AVE	
Country/State of Loss	SINGAPORE	
Manufacture Company Comment of the C	ETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJS527D	
Insured/Policyholder		
Name Of Registered Owner	QUEK SWEE TENG	
NRIC No	S0044038H	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-96701951	
Alternative Phone No	OTHERS-96701951	
Vehicle Particulars		
Manufacturer	BMW	
Model	3 SERIES	
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE	
Are you claiming under your own insurance policy for repair to your vehicle?	NO	
If No, Please state action to be taken	THIRD PARTY	
Vehicle Category	PRIVATE CAR	
Insurance Company		
Name of Insurance Company	EQ INSURANCE COMPANY LTD	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	DMPPHQ17-000684	
Cover Note Number		
Driver		
Name of Driver	GERALD QUEK YU JIN(GUO YOUREN)	
NRIC No	S7804210I	
Date Of Birth	03/03/1978	

INDOOR Occupation 26/12/1996 Date Of Driving Pass

21 YEARS AND 0 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-91832872 Mobile Number

Fax Number Contact Number

NOEMAIL **EMail Address**

18 JALAN BANGAU Address

809363 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

SIDE SWIPE Type Of Accident CLEAR Weather Conditions Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO YES

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

1

Number of Passengers (Including Driver)

NO

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

YES Are accident photos available for attachment? NO Was there any video captured by Car Camera? NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SLB5540Y Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR CHEN LEE LING Name of Driver S7116911A NRIC/Passport Number 97338804

Address Postcode

Insurance Company Name

Nature Of Damage

Contact Number

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.
- 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.
- 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.
- 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.
- 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 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:
 - 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.
- (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:
 - 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.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

28/14/17

Reporting Centre Personnel's Signature

Name: NRIC/FIN No::

Policyholder's Signature Date & Time:

SKETCH PLAN	01.1. 11	1	
	Philip A	ve	
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ESCRIBE CIRCUMSTANCES	OF THE ACCIDENT		
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	Lux 21/14/17	Sym 28/12	1,2
		- 1/1	1
cyholder's Signature e & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signi	ature

	ACCIDENT STATEMENT	12.0
ACC	CIDENT DATE: (27/12/17)(DD/MM/YYYY), TIME: (1/20)(HH:MM)	23.20
ACC	IDENI DAIL.	*1
LOCA	ATION: Philip Ave	
1	. DETAILS OF VEHICLE	288 0
	a) VEHICLE NUMBER: SE SJS 5270 374	
23	b)INSURANCE COMPANY:EQ	
	C)POLICY NUMBER:	-
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)	¥2:
	e)MAKE & MODEL: BMW 3 Serie	
	f)TYPE: (SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)	
	GIVEHICLE CATEGORY: (PRIVATE) COMMERCIAL / MOTORCYCLE)	8
	h)PURPOSE OF USING AT ACCIDENT TIME: WENT TO ENT	
	IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY)	-
2.	INSUBED / POLICY HOLDER	
1000	ANNAME: PETER QUEL JUEZ (MALE/FEMALE)	
100	b) NRIC/FIN/PASSPORT: 0044038 H CONTACT: 76701731	M Ho of
	C)ADDRESS: 18 Jalan Bargan 5 (809363)	boscenger.
100	A COLUMN TO A LIF DRIVER ALSO POLICY HOLDER	(Including o
•	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER	(1)
3.	a) NAME: Gerald Quell (MALE) FEMALE)	
	binric/Fin/Passport: 780421012 CONTACT: 9183687	7
	ClADDRESS: 18 Jalan Bangan 3(809363)	
	63. 39	
8	*d)DATE OF BIRTH: (63/03/78)(DD/MM/YYYY)	
	e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 26/12/96	200
4.	WILL BETT AN END OVER OF THE INCHDEDIC COMPANYS (VEC./(NO))	80
	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SON	
5.	a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS	
	b)ROAD SURFACE: (DRY / WET / OTHERS	
	WAS ANYBODY INJURED (YES ANO)	
7.	a)REPORTED TO POLICE (YES /NO)	
Q	IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE	
	a) VEHICLE NUMBER: SLB 55409 MODEL: CAMRY	to of passo
	b) DRIVER'S NAME: Chen Lee Ling	
2	c) NRIC/FIN/PASSPORT: 711691114 CONTACT: 77358784	(1)
9.	THIRD PARTY VEHICLE	(1)
	d) VEHICLE NUMBER:MODEL:	Ho of pass
1 6	e) DRIVER'S NAME:	(Induding
	f) NRIC/FIN/PASSPORT:CONTACT:	C >
	₩	() .

28/12/17 email = wanting for ic/c1 fax =



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc Motor cars with unladen weight =< 3000kg with =< 7 26 Dec 1996 vehicles with unladen weight =< 2500kg





PASSPORT WELL OF SINGAPORT

Country Code SGP

Passport No

GERALD QUEK YU JIN (GUO YOUREN)

SINGAPORE Place of birth CITIZEN. SINGAPORE

Nationality

Authority OF HOME AFFAIRS 14 APR 2020 Date of expiry



03 MAR 1978

Date of birth

Date of issue

14 APR 2015 SEE PAGE 2 National ID No S7804210I Modifications

E5511883A1SGP7803037M2004149S7804210I<<<<<40 PASGPQUEK<<GERALD<YU<JIN<<<<<<<<<

EQ Insurance Company Limited 5 Maxwell Road #17-00 Tower Block MND Complex Singspore 069110 tel 65 6223 9433 | fax 65 6724 3903 | www.eqinsurance.com.sq rag no. 1978-00490-N



Insured/Named Driver SGD750.00

SGD1,250.00

Additional SGD3,000.00

Form: MXZ

Unnamed Drivers

Excess:

CERTIFICATE OF ENSURANCE

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.

PRIVATE CAR Comprehensive

Certificate No.: DMPPHQ17-000684

 Index Mark and Registration Number of Vehicles 5355270

2. Name of Policyholder Duck Swee Teng

3. Effective Date of the Commencement of Insurance for the purpose of the Mct 05/02/2017

4. Date of Expiry of Insurance 04/02/2018

Person or Classes of Persons entitled to drive*

(b) Any other person who is driving on the Policyholder's order or with his permission.

*Provided that the person driving is permitted in actordance with the licensing or other laws or regulations to drive the Motor Vehicle of has been permitted and is not disqualified by order of a Court of Law or by reason of any enerthent 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 Reident lend or damage.

Limitations as to use*

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover :

(a) use for hire or reward (b) use for racing, pace-making, reliability trials or speed testing

(c) use for the carriage of goods (other than samples) in connection with any trade or business

(d) use for any purpose in connection with the Motor Trade

*Limitations rendered inoperative by Section B 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 Fisks 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.

Constitution of the second r Auhrbriend (Vorkehop Orth)

> Authorised Signatory EQ Insurance Company Limited

misjb/HO/A000061/Acumen Insurance Age



A Member of Citystate