7 /	Services (%) (34 (54)			
Date In 31/02/18	Jcb description	Dine & Time Completed	Done by	
Ref No NA/EQ[18003292/13	SAS e-filing			
Veh No GBD 6968 Z	E-mail (within Shrs, AIC 2hrs)			
DOA 14/02/18 0715	i-Motor Claim Form			
OD (IP): Peporting Only	i-Motor W/O (Within: OD 2h	rs, TP 4hrs)		-
TP Insurer:	Assessment/Survey Report Ass't Report by Fax / Hand	to <u>Owner/Wksp</u>		
Preferred Wksp / INC Assign Wksp / QW: (TWINCAR	Tel: Fax:	533,000,000	
	SLN6300L INC)/Non-INC()		
Owner / Driver: (Tel:)	· ·
	riod: (Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [1	Note-Est. Status (WO): N: 0-	20%; P: 21-79%. F: 80-100	%]	
	Warranty: YES () / NO ()		
Excess: (\$) Loading: \$1,0				
General Remarks:-				
Remarks:- (INC horline: 6788 6616) 1) Apply for Transport Allowance () / C 2) QC Check / Post Repair Inspection	Courtesy Car ()	Date&Time Completed	Done b	iy
3) Upload Resurvey Photo [Repair Cost > \$3	3000] ()		**************************************	
3) Upload Resurvey Photo [Repair Cost > \$3 Injury:	Invoice P	reparation Checklist	Anst (S)	
3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions	Invoice P 1) AR : Accid 2) DA : Dame	ent Reporting (\$30); age Assessment (\$100); INC (\$80	1st Bill	Amt (3 Add Bi
3) Upload Resurvey Photo [Repair Cost > \$3 Injury : Date/Time Actions Claimant's Particulars :-	Invoice P 1) AR : Accid 2) DA : Dam 3) TF : Towin 4) FT : Follor	ent Reporting (\$30); sge Assessment (\$100); INC (\$80 sg Fee \$40/ v-Through Survey \$	1st Bill) 545 120	
3) Upload Resurvey Photo [Repair Cost > \$3 Injury : Date/Time Actions Claimant's Particulars :- Oriver/Owner:	Invoice P 1) AR : Accid 2) DA : Dam 3) TF : Towin 4) FT : Follor 5) FT : Follor	lent Reporting (\$30); lege Assessment (\$100); INC (\$80) lege Fee \$40/ lege V-Through Survey \$ lege V-Through Survey (Resurvey)	1st Bill) S45	
3) Upload Resurvey Photo [Repair Cost > \$3 Injury : Date/Time Actions Claimant's Particulars :- Oriver/Owner: Contact No:	Invoice P 1) AR: Accidence 2) DA: Darmon 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-in 7) N1: Idae 1	lent Reporting (\$30); lege Assessment (\$100); INC (\$80) lege Fee \$40/\text{\text{\text{N}}} lege Assessment (\$100); INC (\$80) lege Fee \$40/\text{\texi{\text{\texi{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi{\text{\texi{\text{\text{\text{\text{\texi{\texi{\text{\text{\text{\texi{\texi{\texi{\texi{\texi{\texi	1st Bill) 545 120	
3) Upload Resurvey Photo [Repair Cost > \$3 Injury : Date/Time Actions Claimant's Particulars :- Priver/Owner: Contact No: Damaged Portion:	Invoice P 1) AR : Accidence 2) DA : Darmon 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-in 7) N1 : Idael 8) NTUC Ad OD)* *N5: Court	lent Reporting (\$30); lege Assessment (\$100); INC (\$80) lege Fee \$40/' v-Through Survey (\$80) lege against INC Only (wef 10 Jan 2005) spection OA + SMRT Survey \$ ditional Services:-	1st Bill) 545 120 530 575	
3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions Claimant's Particulars:- Priver/Owner: Contact No: Damaged Portion: OC Checked by (Engr-In-Charge):	Invoice P 1) AR : Accid 2) DA : Dam 3) TF : Towin 4) FT : Follov 5) FT : Follov For claimin 6) TR : Re-in 7) N1 : [dae] 8) NTUC Ad OIL* * N5: Court * N6: Repr * N7: Fost * N8: DV	lent Reporting (\$30); lege Assessment (\$100); INC (\$80) lege Assessment (\$100); INC (\$80) lege Fee \$40/2 lege Assessment (\$100); INC (\$80) lege Assessment (\$100); INC (\$100) lege Assessment (\$100)	1st Bill) 345 120 330 575 160 \$5 810 \$25 \$55	
3) Upload Resurvey Photo [Repair Cost > \$3 Injury:	Invoice P 1) AR : Accid 2) DA : Dam 3) TF : Towin 4) FT : Follov 5) FT : Follov For claimin 6) TR : Re-in 7) N1 : [dae] 8) NTUC Ad OIL* * N5: Court * N6: Repr * N7: Fost * N8: DV	ent Reporting (\$30); age Assessment (\$100); INC (\$80) age Fee \$40/" w-Through Survey (Resurvey) against INC Only (wef 10 Jan 2005) spection DA + SMRT Survey \$ ditional Services:- tesy Car / Tpt Allowance ir Co-ordination Repair Inspection Collect Excess Coordination TP (Non INC) against INC	1st Bill) 845 120 830 875 160 83 \$10 \$25	

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 21/02/2018 15:31

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. 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.

The state of the s	ACCIDENT STATEMENT
Date Of Report	21/02/2018 15:08
Date Of Accident	14/02/2018 07:15
Exact Location Of Accident	FILTER RD INTO WOODLANDS AVE 7
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBD6968Z
Insured/Policyholder	
Name Of Registered Owner	ORIENTAL VEGE PTE LTD
Co Reg No	
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-86125224
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ17-004445
O Note Number	

Cover Note Number

Driver

ONG WEI MENG Name of Driver S1723469B NRIC No 16/01/1965 Date Of Birth OUTDOOR Occupation 22/04/1987 Date Of Driving Pass

30 YEARS AND 9 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-96337424 Mobile Number

Fax Number Contact Number

NOEMAIL EMail Address

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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 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.
- 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 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:

- 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.
- (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:
 - (i) 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.

Policyholder's Signature

Date & Time:

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN		Tubi	6968Z
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ESCRIBE CIRCUMS			11 1		1	(,	b.
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DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's signat Date & Time:

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

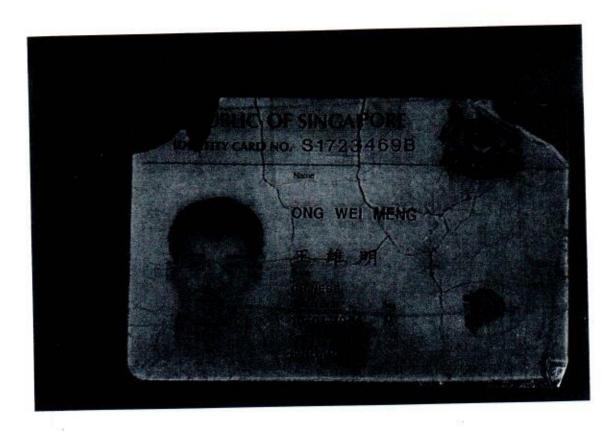
Date & Time:

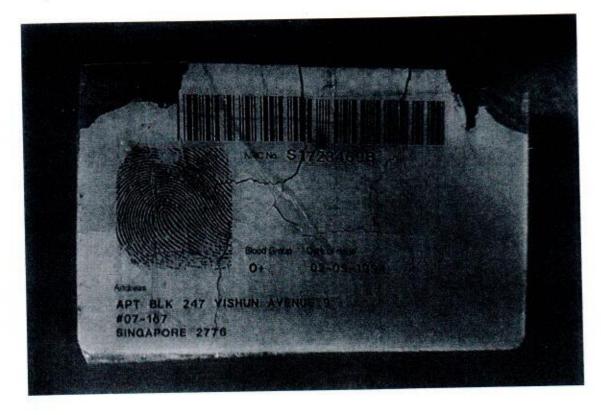
Reporting Centre Personnel's Signature

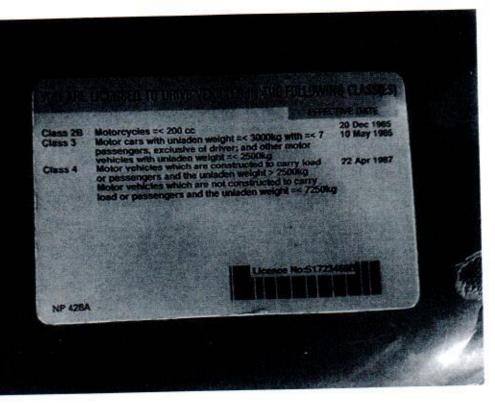
Name:

NRIC/FIN No :

Vehicle No.	GROBINE Model/Make TOMOTO DUNG
Date of Accident	14 2/19
Time of Accident	7.15gm HRS
ocation of Accident	Roollands - Alter Ad Into woodlands Hye 7
Exact purpose use during acc	ident Work
Name of Owner	Oriental kege Plette
Telephone No.	H/P: 86125 124 Home: Office:
NRIC	7013 0611746
Address	
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	EQ
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	DMC PHO 17 -00 4445
Name of Driver	As Above If No, Ong wer Meng.
NRIC	& IF23H69B Any Passengers: No
Date of birth	16/1 1965
Occupation	Outdoon / Indoor
Driving License Pass Date	20 April 1987
Gender	Male / Female
Contact No.	H/P: 96337424 Home: Office:
Address	SFFC (2) . Fd - +0 # P SVA MISH +HC MB
Driver have any own vehicle	No, If yes, Reg No.
Relationship	Employee, If no, state
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No. If Yes, Who?
Name And Contact No.	
Name And Contact No.	
Police Report	No, If Yes, Where?
Vehicle B No.	SLN 630 2 Any Passengers:
Name of Driver	Contact No. :
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers:
Vehicle E no.	Any Passengers:
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers:
Witness Name	Witness Contact:
Accident Portion	nipa
Camera Recorder	Yes /(No
Email Address	
PARTICULAR WORKSHOP	NST F TWINCAR Auto Motive Pte Ltd.
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	
FAX NO	6741 0510
INDRESHOD EMAIL ADDRESS	a caloa 10 nai. mm. 99









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.#g rag 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

Certificate No.: DMCPHQ17-004445

Index Mark and Registration Number of Vehicles

GBD6968Z

Form: LCVP1 Excess Section 1: YEID: WindScreen:

Additional

\$\$500.00 \$\$3,000.00 All Claims \$\$100.00

2. Name of Policyholder ORIENTAL VEGE PTE LTD

3. Effective Date of the Commencement of Insurance for the purpose of the Act 14/08/2017

4. Date of Expiry of Insurance 13/08/2018

5. Person or Classes of persons entitled to drive*

Goods Carrying - (MZ300) Authorised Driver. Any of the following:-

(a) The Policyholder

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

* 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*

Use in connection with the Insured's business.

Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business.

Use for social domestic and pleasure purposes.

THE POLICY DOES NOT COVER:

- Use for hire or reward or for racing pace-making reliability trial or speed testing.
- 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.

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 : Abwin Pte Ltd

A000342/Abwin Pte Ltd Date of Issue: 14/08/2017 10:54

Authorised Signatory EQ Insurance Company Limited

Young, Elderly &/or Inexperience Driver (YEIDR) refers to any person authorized to drive who is below 26 years old or above 70 years old and/or the holder of a qualified driving licence of less than 2 years duration.

