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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 regulate 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.

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.
- 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 Report	19/03/2018 18:15
Date Of Accident	17/03/2018 12:35
Exact Location Of Accident	SERANGOON NORTH AVE 1
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLQ8454P
Insured/Policyholder	
Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Co Reg No	•
Email Address	DCNOVELTI@ICLOUD.COM
Mobile Phone No	(LOCAL) +65-97575288
Alternative Phone No	OFFICE-97575288
Vehicle Particulars	
Manufacturer	TOYOTA
Model	- FI
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO

Policy Number DMCFHQ17-000185

Cover Note Number

Driver

Name of Driver CHUA NGAK MENG

 NRIC No
 S7120209G

 Date Of Birth
 10/06/1971

 Occupation
 OUTDOOR

 Date Of Driving Pass
 26/08/1992

Driving Experience 25 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97575288

Fax Number

Contact Number OTHERS-97575288

EMail Address DCNOVELTI@ICLOUD.COM

BLK 309A ANCHORVALE ROAD Address

#15-79

541309 Postcode

Was driver an employee of the Insured's Company NO

OTHER - HIRER If No, Relationship of the Driver with the Insured

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 DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

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

Was there any audio recorded?

NO

SHA9711Y

NO

1

NO

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

TAXI Vehicle Category

ROGER KOH HEE HONG Name of Driver

NRIC/Passport Number S1302990C

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Date & Time

* ROS

Refer to sketch. Plan

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	3/2018 1235-1245PM
1,	was turning out from CP BLK 153 towards AMK AVE 3,
CC	a already out at Serangoon (N) AVE I when B hit A
þe	rint of impact B front on A left bront.
H	was a blind bend and B totally miss A, suspect
0	driver beat traffic a speeding despite blind bend.
1	No honk or warning from B despite A very slowly craising
1	Pry & hot weather & no injury involve.
	Pus refer to video & photo damages for further evidence

DECLARATION

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

Policyholder Signature
Date & Time

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT SKETCH

17/03/2018 TIME OF IMPACT : 1235 PM

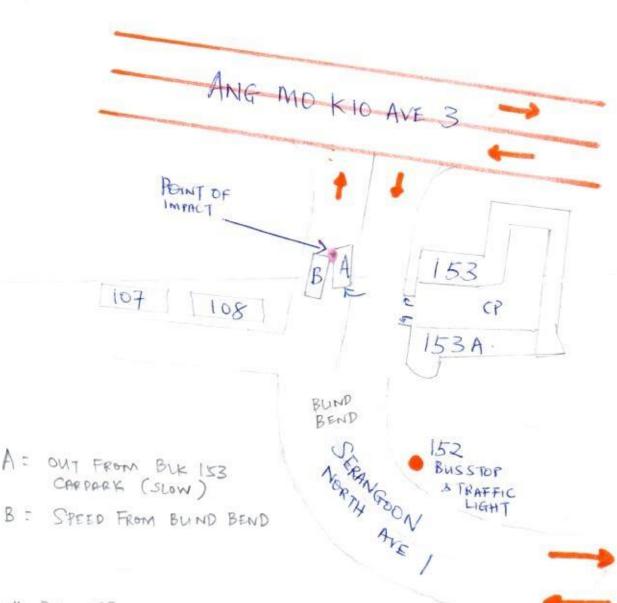
A: SILVER TOYOTA WISH

DRIVER : CHUA NEAK MENG STIZOZOGE

SLQ 8454P

YELLOW COMFORT TAXI 140 B = SHA 9711 Y

DRIVER : ROGER ADH HEE HONG 81302990C



* 3 POTENTS

- 1) A didn't see B when turning out despite double check blind bend 3-5 mins
- 2.) B didn't see A as no honk detected by A (B Suspect Speeding)
- 3) POINT of Impact : , B hit A when A already out (see damage photos)

* Pepurtedon 19/3/2018

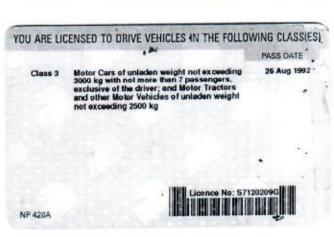
@1015AM. **ACCIDENT STATEMENT** PM ACCIDENT DATE: 17, 3, 2018 (DD/MM/YYYY), TIME: 12:35 (HH:MM) Ceranceon LOCATION: 1. DETAILS OF VEHICLE alvehicle NUMBER: b)INSURANCE COMPANY: CIPOLICY NUMBER: d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT) e)MAKE & MODEL:_ FITYPE: (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME:_ I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER [MALE / FEMALE) AINAME: b) NRIC/FIN/PASSPORT:_ CONTACT: CIADDRESS: * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER * No of passenger DRIVER a)NAME: (MALE / FEMALE) (Including driver) binric/fin/passport: CJADDRESS: *d)DATE OF BIRTH: (____/_ _)(DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) HIREFIL IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:_ a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS_ b)ROAD SURFACE: (DRY) / WET / OTHERS_ 6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE # He of passenger a) VEHICLE NUMBER; MODEL: b) DRIVER'S NAME:_ (Induding driver) c) NRIC/FIN/PASSPORT: CONTACT: THIRD PARTY VEHICLE d) VEHICLE NUMBER: to No of passanger e) DRIVER'S NAME:_ (Induding driver) f) NRIC/FIN/PASSPORT: CONTACT: * Philade Hire email = denovelti@icloud.com fax = denovelti@icloud.com

Winter Per Repeting & TP'









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 FLEET Comprehensive

Certificate No.: DMCFHQ17-000185 Form: LCVH Excess: 1. Index Mark and Registration Number of Vehicles Section 1 SGD1,500.00 Outside Singapore SLQ8454P SGD1,500.00 Section 2 SGD2,000.00 Outside Singapore 2. Name of Policyholder SGD2,000.00 YEIDR (Section 2) SGD4,000.00 ROSET LIMOUSINE SERVICES PTE. LTD.

- Effective Date of the Commencement of Insurance for the purpose of the Act 01/11/2017
- Date of Expiry of Insurance 31/10/2018
- Person or Classes of Persons entitled to drive*

Any person who is Authorised to drive on the Insured's order or with their permission.

*Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been permitted and is not disqualified by order of a Court of Law or by reason of any 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. Limitations as to use*

LIMITATIONS AS TO USE

Use for social domestic and pleasure purposes and business purposes of any person whom the vehicle is hired

THE POLICY DOES NOT COVER

(1) Use for racing pace-making reliability trial or speed-testing

(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle

*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.

Authorised Signatory EQ Insurance Company Limited

unwjt/HO/B000042/NEWSTATE STENHOUSE (

