NATIONAL Assessment Centre	Services 1887 18894						
Date In 05/04/18	Jeb description	Date &Time Completed	Done l	)Ý			
Ref No NA/EQ 118006301/13	SAS e-filing		AND ACTION				
Veh No: GW3688S	E-mail (within 8hrs, AIC 2hrs)						
DOA 05/04/18 1300	i-Motor Claim Form		numeror es seco				
OD (1P) Peporting Only	i-Motor W/O (Within: OD 2hrs. TP 4hrs) i-Photo Uploaded						
TP Insurer	Assessment/Survey Report  Ass't Report by Fax / Hand to Owner/Wksp						
Preferred Wksp / INC Assign Wksp / QW: (		Tel: Fax:					
TP Particulars: Veh No:	54K69715 INC(	)/Non-INC()					
Owner / Driver: (		Tel:	)				
	iod: ( )	Cover Type: (	)				
Confirmed by : (	Date:	Time:	)				
	lote-Est. Status (WO): N: 0-20	0%; P: 21-79%. F: 80-100%	6]	se rissils			
	/arranty: YES ( ) / NO (	)					
Excess: (\$ ) Loading: \$1,00	TOTAL STREET,			sammer of the same			
General Remarks:-	A Company County County						
1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions	ourtesy Car ( ) ( ) 000] ( )						
	Invoice Pre	paration Checklist	Ant (\$)	Amt (\$			
Claimant's Particulars :-	\$50 mm 100 mm 200 mm 20	1) AR: Accident Reporting (\$30); 2) DA: Damege Assessment (\$100); INC (\$80)					
Driver/Owner:	3) TF : Towing	3) TF : Towing Fee \$40/\$45 4) FT : Follow-Through Survey \$120					
Contact No:	5) FT : Follow-7	5) FT : Follow-Through Survey (Resurvey) \$30					
Damaged Portion:	For claiming against INC Only (wef 10 Jan 2003)  6) TR: Re-inspection \$75  7) N1: Idac DA + SMRT Survey \$160  8) NTUC Additional Services:-						
QC Checked by (Engr-In-Charge):	OD* *N5: Courtes	OD*         *N5: Courtesy Car / Tpt Allowance         \$5           *N6: Repair Co-ordination         \$10					
Auditors' Comments :-	*N7: Post Re *N8: DV / Co	pair Inspection         \$2:           ollect Excess Coordination         \$:           F (Non INC) against INC         \$2:	5				
	9) N12: Idae M	obile 30	)	MARKE A			
at. 2 / 3:	Invoice dated Invoice dated	Fee Charged Fee Charged					

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly 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 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.

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.

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Date Of Report

05/04/2018 15:43 05/04/2018 13:00

Date Of Accident **Exact Location Of Accident** 

BUKIT TIMAH SLIP RD TO ADAM RD

Country/State of Loss

# DETAILS OF OWN VEHICLE

Vehicle Registration Number

GW3688S

SINGAPORE

Insured/Policyholder

Name Of Registered Owner

ALWAYS FRESH TRADING SERVICES PTE LTD

Co Reg No

Email Address

NOEMAIL

Mobile Phone No

Alternative Phone No

OFFICE-98234978

#### Vehicle Particulars

Manufacturer

OPEL

Model

VIVARO

Exact Purpose for which vehicle was being used at

time of accident

COMMERCIAL 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

COMMERCIAL VEHICLE

#### Insurance Company

Name of Insurance Company

EQ INSURANCE COMPANY LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

DMCPHQ17-006960

Cover Note Number

## Driver

Name of Driver NRIC No Date Of Birth

TEO FRANCIS S0223833J

09/12/1953 OUTDOOR

Date Of Driving Pass

04/11/2011

**Driving Experience** 

6 YEARS AND 5 MONTHS

Gender

Occupation

MALE

Mobile Number

(LOCAL) +65-98234978

Fay Number

Contact Number

EMail Address

NOEMAIL

Page 1 of 12

BLK 529 BEDOK NORTH ST 3 Address #13-620

480529 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

OWNER

## General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

#### Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

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

NO

Number of Passengers (Including Driver)

1

#### **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

MY VEH WAS STATIONARY AT THE GIVEWAY LINE AT BUKIT TIMAH SLIP RD TO ADAM RD TO GIVEWAY FOR ONCOMING VEH.SUDDENLY VEH (B)BEARING REG NO SGK6971S CAME FROM BEHIND AND HIT ONTO MY REAR PORTION OF MY VEH.

# Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SGK6971S

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

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.
- 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.
- Any false reporting may be referred to the Police for investigation.
- 6. 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:

- (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)
  - (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.

Policyholde's Signa Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

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DECLARATION

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

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

Date & Time:

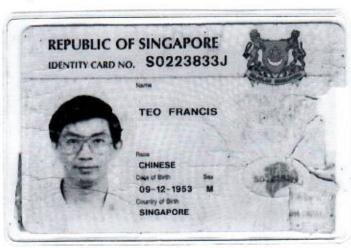
Reporting Centre Personnel's Signature

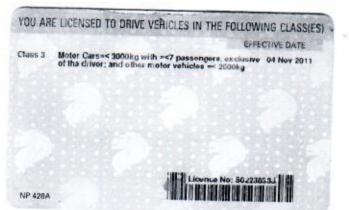
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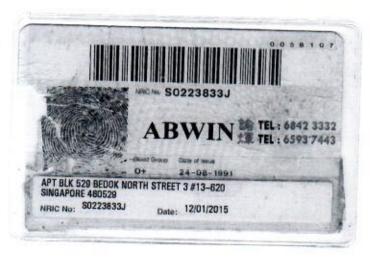
Name:

NRIC/FIN No.:









Insurance Company Limited

Vaxwell Road #17-00 Tower Block MND Complex Singapore 069110 al 65 6223 9433 | fax 65 6224 3903 | www.eqinsurance.com.sg reg no. 1978-00490-N



\$\$500.00

\$\$3,000.00

# 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

Form: LCVP1 Excess:

YEID-AC Additional:

Section 1:

Certificate No.: DMCPHQ17-006960

1. Index Mark and Registration Number of Vehicles

GW3688S

2. Name of Policyholder

Always Fresh Trading Services Pte Ltd

- 3. Effective Date of the Commencement of Insurance for the purpose of the Act 19/12/2017
- 4. Date of Expiry of Insurance

18/12/2018

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\*
  - 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 husiness.
  - 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.
- 3)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: 06/12/2017 16:44

Authorised Signatory EQ Insurance Company Limited

Exp No.: DMCPHQ16-006180

A Member of Citystate