	Services. Met 1 Janosyn N  Job description	Date &Time Completed	Done by	
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Vch No: SDRII7TH	E-mail (within Shrs, AIC 2hrs)			
D.O.A : 8 4/18-19:15	i-Motor Claim Form	le:		
OD /TP Reporting Only	i-Motor W/O (Within: OD 2ht	s, 7P 4hrs)		
OD TP Reporting Only	i-Photo Uploaded			
	Assessment/Survey Report	<u> </u>		-
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tel: Fa	x:	
TP Particulars: Veh No: PC) 73	inc (			
Owner / Driver: (	*	Tel:		-
	od: ( )	Cover Type: (		
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( %) [N	ote-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 30-1	,0%)	-
Year of Registration: ( ) W	/arranty: YES ( ) / NO (	)		-
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Carlo Dallanda de Carlo de Car	of a state of the article of the state of th		Com St. Com	95
( ) Walk-In Customer : Customer's infor	mation strictly Confidential & S	Strictly NO refer of repairer.		
( ) Total Loss Case : to e-mail Insure	r URGENTLY.			
Drive-In ( )/Towed-In ( ); Invoice:		Towing Co: (		
Remarks: (INC horline: 6788 6616)		Date&Time Completed	Done by	896
1) Apply for Transport Allowance ( )/C	ourtesy Car (		4	
2) QC Check / Post Repair Inspection	( )			
3) Upload Resurvey Photo [Repair Cost > \$3	000] ( )			
Injury:				
Date/Time Actions			MEMICALDIA.	
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	invoice P	reparation Checklist	Amc(5) A	
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	1) AR : Accid 2) DA : Dame	ent Reporting (\$30); age Assessment (\$100); INC (\$	THBIII A	
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### 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
- 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. 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.

	ACCIDENT STATEMENT
Date Of Report	10/04/2018 17:18
AND	08/04/2018 19:15
	CAPRI @ CHANGI CITY POINT DRIVEWAY
	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SDR5575H
Insured/Policyholder	
Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
	200406722Z
	NOEMAIL
Mobile Phone No	
	OFFICE-89999999
Vehicle Particulars	
	TOYOTA
Model	WISH 1.8 A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 HIRE
Insurance Company	
Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCFHQ17-000182
Cover Note Number	
Driver	
Name of Driver	LIN JUNDA
NRIC No	S8338089F
Date Of Birth	03/12/1983
Occupation	OUTDOOR
Date Of Driving Pass	09/03/2004
Driving Experience	14 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98867781
Fax Number	
Contact Number	OFFICE-98867781
	NOEMAIL

BLK 453D FERNVALE ROAD Address

#19-541 794453

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

COLLISION - MAJOR/MINOR RD 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 2

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged? I have been approached by unknown person(s) NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

NO 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

REFER TO STATEMENT.

Attachment(s)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

PC2727T

1

NO

Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

BUS Vehicle Category

FOO HO JUN Name of Driver S1471584C NRIC/Passport Number 83170950 Contact Number

BLK 326 SERANGOON AVENUE 3 Address #04-386

550326 Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### SKETCH PLAN

### IMPORTANT NOTICE

- 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 <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.

Policyholder's Signature

34

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

A: SDR 5575H
B: PC 2727T

# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car was travelling straight along the drive-way towards the main carport exit of Capri Chane; City Point. While my car drove passed the basement carport drit, vehicle B without stopping at the stop-line to ensure vehicles travelling straight along the drive-way, it dashed out from the basement carport exit and hit outs the left side portion of my car.	Man Change	IRCOMSTANCES OF THE ACCIDENT
while my car drove passed the basement carpart out, vehicle B without stopping at the stop-line to ensure vehicles travelling straight along the drive-way, it	My	car was travelling straight along the drive-way
while my car drove passed the basement carpark out, vehicle B without stopping at the stop-line to ensure vehicles travelling straight along the drive-way, it doesned out from the basement carpark exit and hit	distri	and the main carpark exil of Capit Change Chy Point.
vehicles travelling straight along the drive-way, it	in Ail	e mill car drove passed the basement carpart out,
deshed out from the basement carpark exit and hit	1.1.	I R walkers stopping at the STOP-like To ensure
docked out from the basement carpark out and mi	ital.	The travelling straight along the arrive way, it
outo the left side portion of my car.	160	hed not from the basement carpark but and mit
	OV	to the left side portion of my car.
	1700100	

DECLARATION

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

Policyholder's Signature Date & Time 1838

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

Date & Time:

Name:

NRIC/FIN No.:

Reporting Centre Personnel's Signature

# SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow ٠
- 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 traffic police department for investigation.

	ACCIDENT DETAILS	(DD/MM/YY)
Date of accident	08.4.2018	(HH:MM)
Time of accident	Capri e chongi city 1	point drive-way.
<b>Exact location of accident</b>	Caprile Crossicity,	9

many to be a first to the first of the first	DETAILS OF <u>VE</u> HICLE
Vehicle registration number Vehicle make and model	SDR5575H Toyota Wish
Type of vehicle	Saloop MPV CRV Nan DOthers:
Vehicle category	Private   Commercial Motorcycle
Purpose of using at sald time	Commercal:
Are you claiming under your own insurance company?	Yes D No D if no, please select: Third part claim D Reporting only D

The Control of Manager Control of the Control of th	INSURANCE IN	FORMATION
Insurance company	EQ	
Policy number		Third party fire & theft D TP only D
Type of policy	Comprehensive	Tim Capera Capera

	INSURED / POLICY HOLDER	Male □	Female =
Name	ROSET LIMOUSINE SERVICES PTE LTD	Walter Street	
NRIC / Fin / Passport number	200406722Z	ana. An	
Contact		CONTRACTOR OF	
Address			

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)  Male Female
Name	LIM June
NRIC / Fin / Passport number	98338089F 98867781 / 90230869
Contact	98867781 / 90230867
Address	BIK 453D Ferrivale Rd #19-541. S(794453)
Email address	0.12.1092
Date of birth	03.12.1983
Occupation	Indoor D Outdoor D
Driving date pass	09.03.2004

	NERAL INFORMATION OF THE ACCIDENT  Yes   No   Hiven
Was driver an employee of	If no, relationship of the driver and insured:
he insured's company?	Yes D No.
Accident captured by camera?	Clear Raining Others:
Weather condition	Dry Dry Wet a (Inclusive of driver)
Road surface	(Inclusive of diffset)
No of passenger	
	PASSENGER 1
emergency, or constraint and the second seco	
Name	Male D Female D
Gender	Wide 2
	PASSENGER 2
A CONTRACTOR OF THE PARTY.	
Name	Male D Female D
Gender	Work 5
	PASSENGER 3
Name	Male D Female D
Gender	Tylate D
The state of the s	PASSENGER 4
	a proposition of the state of t
Name	Male D Female D
Gender	Male D   Temare
	PASSENGER 5
THE STATE OF THE S	PASSING. C
Name	Male  Female
Gender	Male u
	PASSENGER 6
Name	Male D Female D
Gender	Tyviale D
	OTHER INFORMATION
	Yes 🗆 No 🗗
Was anybody injured?	
Was other vehicle damaged?	
	DETAILS OF POLICE ACTION
	Yes No lif yes, please state which police station.
Reported to police?	
Police station name	
	WITNESS 1
Name	
in sa acaded sales	WITNESS 2
Section 1	and the state of t
Name	

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Vehicle registration number	PC 2727T.	
Vehicle make model		Add: BIC 326
Name	Foo Ho Jun	Add DIL 526
NRIC / Fin / Passport number	Foo Ho Jun 31471584c 83170950	Serengan Ave.
Contact	83170950	#04 - 386
	analysis in the same higher a special	s (55032b)
	THIRD PARTY VEHICLE 2	
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		10
Contact		
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	THIRD PARTY VEHICLE 5	
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Were seat belts worn?	Yes 🗆	No 🗆				
Was injured conveyed to	Yes	No 🗆				
hospital by ambulance?	200					- 1, 1
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Was injured conveyed to	Yes 🗆	No 🗆	P. 101			
hospital by ambulance?				14 171 - 1		
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Name	Programme Services	Mary Control of the C	described and the factor of the second			1 - 7 1 3 3
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Were seat belts worn?	Yes 🗆	No 🗆				1 1 1
Was injured conveyed to	Yes 🗆	No 🗆	in the same		H 18	1/1
hospital by ambulance?			<del></del>	Santan Com	Official advantages	Down St.
	de la			orași karadură cură	Englisher Strands	
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Name	and and the same	and a filtransport	30.000 (5.00)	* **		
Injuries sustained						- 1
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Was injured conveyed to	Yes 🗆	No 🗆				
hospital by ambulance?			a V Francisco	handary in the		NA TEST
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1823	many management	INJURED PE	RSUND	PONTENNIE S	Anti-	Sept.
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Injuries sustained	-					
Which vehicle person in?				9 10		
	Yes 🗆	No 🗆				
Were seat belts worn?	The state of the s					
Was injured conveyed to hospital by ambulance?	Yes □	No 🗆				

## REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8338089F





LIN JUNDA

俊 达

CHINESE

Date of birth 03-12-1983 Country/Prace of best

SINGAPORE

38388895

**DRIVING LICENCE** 



LIN JUNDA

Birth Date 03 Dec 1983 Issue Date: 09 Mar 2004



5255004



NRIC No. 58338089F

Date at issue 10-01-2014

APT BLK 453D FERNVALE ROAD #19-541 SINGAPORE 794453

NRIC No. \$8338089F

Date: 19/03/2015

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

PASS DATE

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

09 Mar 2004

NP 428A



EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110 tel 66 6223 9433 | tax 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 Third Party, Fire & Theft

Certificate No.: DMCFHQ17-000182

 Index Mark and Registration Number of Vehicles SDR5575H Form: LCVH Excess:

Section 2 Outside Singapore SGD2,000.00 SGD2,000.00

YEIDR (Section 2)

SGD4,000.00

Name of Policyholder 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
- 5. 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

unwit/HO/B000042/NEWSTATE STENHOUSE (

