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| 1314/18 17:00 | i-Motor W/O (with | sin: OD 2hrt, TP | 4hr5) | | | |
| OD TP Promis Only | i-Photo Uploaded | | | - | | |
| OD 11 1 | Assessment/Survey | | | | | |
| TP Insurer: | Ass't Report by Fa | x / Hand to C | wner/VVk5D | 1 | | |
| | | | Tol: | Fax: | | |
| Preferred Wksp / INC Assign Wksp / OW: (| Services (State of a | INC (|)/Non-INC(| | 100 | |
| P Particulars: Veh No: | 3HD 3170 51 | | Tcl: | |) | |
| Owner / Driver: (| maria Ar (|) (| Cover Type. (| | 9 | |
| Policy No: (| Period: (| ate: | Time: | |) | |
| Confirmed by : (| 6) [Note-Est Status (WO |): N: 0-20% | %, P: 21-79%. F. | 30-100%] | | |
| Insurctive States | Warranty: YES () | /NO() | | | | |
| Year of Registration (| waitanty to |) | | | | |
| Excess (\$) Leading: | | | | | | |
| General Remarks:- () Walk-In Customer's Customer's | vian strictly Confid | tential & Stri | ctly NO rafer of rep- | girer. | | |
| (-) Walk-In Customer's | information stream v | | | | | |
| r Yound Loss Case : to e-mail in | isurer credition | | | | |) |
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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.
- 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.
- 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

| oresaid. | ACCIDENT STATEMENT | |
|--|---|-----------|
| Of Breed | 16/04/2018 16:59 | |
| Date Of Report | 13/04/2018 17:00 | |
| Date Of Accident | SENGKANG WEST AVE TWD FERNVALE RD OPP SELETAR MALL | |
| Exact Location Of Accident | SINGAPORE | |
| Country/State of Loss | ETAILS OF OWN VEHICLE | |
| | SJG9376B | |
| Vehicle Registration Number | | |
| Insured/Policyholder | CARS 2 ROLL | |
| Name Of Registered Owner | 53337815W | |
| Co Reg No | NOEMAIL | |
| Email Address | NO. | |
| Mobile Phone No | OFFICE-91090773 | |
| Alternative Phone No | OFFICE-9 1030110 | |
| Vehicle Particulars | Salara de la companya del companya de la companya del companya de la companya de | |
| Manufacturer | HONDA | |
| Model | AIRWAVE 1.5M A | |
| Exact Purpose for which vehicle was being used at time of accident | | |
| Are you claiming under your own insurance policy for repair to your vehicle? | | |
| If No, Please state action to be taken | REPORTING ONLY | |
| Vehicle Category | PRIVATE CAR | |
| Insurance Company | | |
| Name of Insurance Company | EQ INSURANCE COMPANY LTD | |
| Type Of Coverage | COMPREHENSIVE | |
| Fleet Policy | NO | |
| Policy Number | DMCTHQ17-000013 | |
| Cover Note Number | | |
| Driver | - VONCZHANG ANDY) | |
| Name of Driver | CHEW WENG CHEONG ANDY(ZHAO YONGZHANG ANDY) | |
| NRIC No | S7430156H | |
| Date Of Birth | 08/09/1974 | |
| Occupation | OUTDOOR | |
| Date Of Driving Pass | 21/01/2008 | |
| Driving Experience | 10 YEARS AND 2 MONTHS | |
| Gender | MALE | |
| Mobile Number | (LOCAL) +65-91090773 | |
| Fax Number | | |
| Contact Number | | |
| EMail Address | NOEMAIL | Page 1 of |

Address BLK 439A SENGKANG WEST AVE #07-327

Postcode 791439

Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

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?

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

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

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

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD3170G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver LAW MENG KIM

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2

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.
- 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
- 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)
 - (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
 - (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:

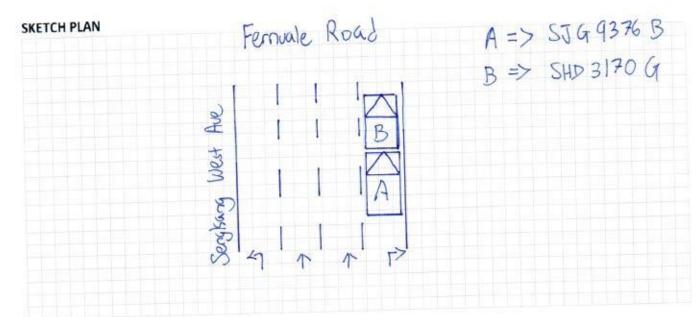
Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| SCRIB | On the stated time and date, I vehicle A (SJG93768) |
|-------|--|
| | travelling along the stated venue. Suddenly, Vehicle B |
| SH | 103170G) emergency brake and I collided onto which B |
| aus | ing damages at the rear bumper. |
| | I would like to state that there was no injury |
| 14 | the point of time. |
| | |
| | |
| | |
| | |
| | |

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 Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

| ACCIDENT DATE: 13 / 04 / 2018 |](DD/MM/YYYY), TIME:(17 : 00)(HH:MM) |
|--|--|
| C- k kh A | e towards Fernuale Road opposite seletar mall |
| LOCATION: Sengitions West The | 2 100000 10 1000 PT |
| 1. DETAILS OF VEHICLE | 023/ B |
| CIVEHICLE NUMBER: 309 | 95700 |
| | |
| | |
| AIPOLICY TYPE: (COMPREHE | MOINE / ILINDIAKII / ILING |
| WALLE & MODELL HOOM | HII WOULD |
| COURT ON LOOK LOOK LOOK | APV /V AN / LORRY / MOTORCIDEE / OTTERIOR |
| a) VEHICLE CATEGORY: (PRIV | ATE / COMMERCIAL/ MOTORCTCLE) |
| CADURDOSE OF USING AT AC | CIDENT TIME: WOV |
| THE YOU CLAIMING LINDER | YOUR OWN INSURANCE (TESMSO) |
| IF NO, PLEASE STATE (THIRD | PARTY CLAIM / REPORTING ONLY) |
| A INCURED / POLICY HOLDER | |
| / (() () | (MALE / FEMALE) |
| b)NRIC/FIN/PASSPORT: 53 | 333 7815WCONTACT: |
| c) ADDRESS: | |
| CONTRACTOR OF THE PROPERTY OF | TO LOVE OF THE PARTY OF THE PAR |
| * CONTINUE TO 3.d IF DRIVE | R ALSO POLICY HOLDER |
| A No of persongs DRIVER Chew Were the | 294 And MALE/ FEMALE) |
| () well day diggs and an AME: 010 574 | 30/56H CONTACT: 9/09 0773 |
| (1) CIADDRESS: BIK 439A Seggl | or lost Ar #07-327 |
| CIADDRESS: BIS 13 (II SOM | my prost ? |
| ALIDATE OF RIPTH- 1 08 / 6 | 9/1974 (DD/MM/YYYY) |
| e)OCCUPATION: (INDOOR / | OUDOOR |
| | VIENICE: IO WILL |
| | |
| TE NO. RELATIONSHIP OF | THE DRIVER WITH INSURED. |
| 5 GIWEATHER CONDITION: N | LEARY KAINING / OTTERS |
| BIROAD SURFACE: (DRY) W | /ET / OTHERS |
| 6. WAS ANYBODY INJURED (YE | ES /(NO) |
| 7 GIREPORTED TO POLICE (YE | S (NO) |
| IF YES, PLEASE STATE WHIC | H POLICE STATION: |
| 8. THIRD PARTY VEHICLE | 2170/2 |
| IN THE REPORT OF VEHICLE NUMBER: SHI | MODEL: |
| (laduding driver) b) DRIVER'S NAME: 1900 C) NRIC/FIN/PASSPORT: | Meng him 50206412/I CONTACT: |
| | SOZOO NZ/I |
| 7. 111150,17111 | MODEL: |
| 今山の中 passanger al DRIVER'S NAME: | |
| | CONTACT: |
| (Induding driver) 1) NRIC/FIN/PASSPORT:_ | |
| () | |
| of the same of the | |
| 361 310 | |

email = cassandvachunul@gmail.com fax = 6286 1060





Licence Number S7430156H

CHEW WENG CHEONG ANDY (ZHAO YONGZHANG ANDY)

Birth Date: 08 Sep 1974



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7430156H





Name

CHEW WENG CHEONG ANDY (ZHAO YONGZHANG ANDY)



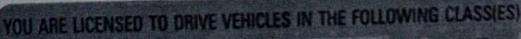
CHINESE

Date of birth Si 08-09-1974 N

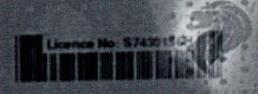
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Country of birth SINGAPORE



Motor Cars=< 3000kg with =<7 passengers, exclusive 21 Jan 2008 of the driver, and other motor vehicles =< 2500kg



NP 428A



NRIC No. S7430156H



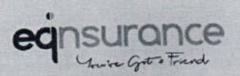
10-09-2004

APT BLK 439A SENGKANG WEST AVENUE #07 - 327 SINGAPORE 791439

NRIC No: \$7430156H

EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110 tel 65 6273 9433 | fax 65 6224 3903 | www.eqinsurance.com.eq reg no. 1976-00490-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 SURSTITUTION THEREOF.

HIRE CARS (SCHEDULE 3) Comprehensive

Certificate No.: DMCTHQ17-000013

 Index Mark and Registration Number of Vehicles S3G9376B

Form: LCRH Excess: SGD2,000.00 SGD1,800.00 Section 1 Section 2

2. Name of Policyholder CARS 2 ROLL

- 3. Effective Date of the Commencement of Insurance for the purpose of the Act
- 4. Date of Expiry of Insurance 20/07/2018
- 5. Person or Classes of Persons entitled to drive

(a) The Policyholder(b) The specific person(s) whose name is lodged in the Policy Schedule

*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

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

(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.

unwdc/HO/A000283/Instrade Management

A Member of Citystate

Authorised Signator EQ Insurance Company Limited