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Ref No. No.	Date In: 25/5/8-11:31	Jeb description	Date & Time Completed	Done by
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TP insurer: Assessment/Survey Report Assessment/Survey Report Assessment/Survey Report Asset Report by Fax/Hand to Owner/Wssp Preferred Wksp / INC Assign Wksp / QW:		i-Motor W/O (Within: OD :	2hrs, 7P 4hrs)	
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Downer / Driver: (Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax	
Owner / Driver: (TP Particulars: Veh No: (B=	1671X . INC	()/Non-INC()	- N
Confirmed by: (Tel:)
Insured/Driver Liability: (%) [Note-Est Stams (WO): N: 0-20%; P: 21-79%. P: 80-100%] Year of Registration: () Warranty: YES () / NO () Excess: (S) Loading: \$1,000 () / \$2,000 () General Remarks: () Walk-In Customer: Customer's information strictly Confidential & Strictly NO rafer of repairer. () Walk-In Customer: Customer's information strictly Confidential & Strictly NO rafer of repairer. () Total Loss Case : to e-mail Insurer URGENTLY. Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: () () Date&Turit Completed Done by 1) Apply for Transport Allowance () / Courtesy Car () 2) QC Check / Post Repair Inspection () 3) Upload Resurvey Photo [Repair Cost > \$3000] () Injury: Date*Time	Policy No: () Pe	eriod: () Cover Type: ()
Year of Registration: (Confirmed by : (Date:	Time:)
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2 DA : Damage Assessment (\$100); INC (\$80) iver/Owner:		Invoice Pr	eparation Checklist	2003 35 250
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A FT : Follow-Through Survey S120		3) TF : Towing	Fee \$40/\$4	5
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TR: Re-inspection \$75	ntact No:	5) FT : Follow For claiming	against INC Only (wef 10 Jan 2005)	1
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1: *N8: DV / Collect Excess Coordination \$5	S. V. Orange S. Parasis, R. S. S. S. Santa S		GO SHOTHING TO	
9) N12: Idac Mobile 30		*N8: DV/C	Collect Excess Coordination 5	5
7/112.1010	_1:			
Invoice dated Fee Charged	2/3;		Fee Charged	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number

Fax Number Contact Number

EMail Address

Gender

- 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.
- 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 aforesaid.

	ACCIDENT STATEMENT
Date Of Report	25/05/2018 11:31
Date Of Accident	25/05/2018 06:05
Exact Location Of Accident	CALSHOT RD TWDS UPP CHANGI RD NORTH
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKU6580L
Insured/Policyholder	
Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Co Reg No	200406722Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA ALTIS CLASSIC 1.6 CVT
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	COMPREHENSIVE
Fleet Policy	YES
Policy Number	DMCFHQ17-000185
Cover Note Number	
Driver	
Name of Driver	LOHESWARAN S/O KULAGANATHAN
NRIC No	S9110095I
Date Of Birth	20/03/1991
Occupation	OUTDOOR
Date Of Driving Pass	16/08/2010
B. M. Branch P. Control Branch Control	

7 YEARS AND 9 MONTHS

(LOCAL) +65-91116826

OFFICE-91116826

MALE

NOEMAIL

BLK 244 YISHUN RING ROAD Address

#10-1123 760244

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

Postcode

OTHER - HIRER

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 2 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 soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 1

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?

NO

NO

Circumstances of Accident

REFER TO 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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number CB7671X TOYOTA HIACE Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver MUHAMMED ZULHIMI BIN MUSA

NRIC/Passport Number S9325054J Contact Number 83281034

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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.
- 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.
- 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.

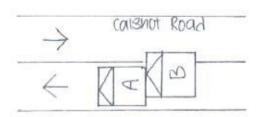
Policyholder's Signature

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

NRIC/FIN No.:

Name

Reporting Centre Personnel's Signature



A - SKU6980L B - CB7671X

DESCRIBE	CIDCLIBACT	ANCES OF THE	ACCIDENT

u	was driving along Calshot Road, while driving, I heard an nusual noise from the rear left portion. I stopped my car afely on the side of the road and got down to check if there
is	anything wrong with my vehicle. Suddenly vehicle B hit nto my vehicle causing a huge impact and causing my
16.6	ehicle to dash in front for about 10-15 metres. There was obody in the vehicle .

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 Personners Signature Name:

NRIC/FIN No.:

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 4 Insurance companies to repudiate policy liability.
- 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	
Date of accident	15 - 05 - 2018	(DD/MM/YY)
Time of accident	06:05 am	(HH:MM)
Exact location of accident	caisnot Road towards	upp changi Road North

公共保护的公共公共	DETAILS OF VEHICLE	
Vehicle registration number	3KN6780L	
Vehicle make and model	Toyota Alms	
Type of vehicle	Saloon MPV CRV Van CRV ON OTHERS	
Vehicle category	Private D Commercial Motorcycle D	
Purpose of using at said time		
Are you claiming under your own insurance company?	Yes D No D if no, please select: Third part claim B Reporting only D	

Insurance company	EQ
Policy number	DMCFHQ17-000185
Type of policy	Comprehensive Third party fire & theft TP only T

THE PROPERTY OF THE PROPERTY OF	INSURED / PO	LICY HOLDER	
Name	ROSET LIMOUS	NE SERVICES PTE LTD	Male 🗆 Female 🗈
NRIC / Fin / Passport number	200406722Z		of the following the
Contact			11-1
Address			

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)			
Name	LONGWAYAN SO KULAQQWATHAN Male of Female a			
NRIC / Fin / Passport number	391100951			
Contact	91116826			
Address	BIK 244 YIBNUN RING ROOK #10-1123 3(760244)			
Email address				
Date of birth	20 03 1991			
Occupation	Indoor Outdoor			
Driving date pass	16 Aug 2010			

Was driver an employee of	Yes 🗆	Nog
the insured's company?		tionship of the driver and insured: HIVIY
Accident captured by camera?	Yes 🗆	No p
Weather condition	Clearer	Raining D Others:
Road surface	Dry @	Wet a (Inclusive of driv
No of passenger	\$	(inclusive of driv
	EN CASAMEN	PASSENGER 1
Name	Lov	nuswayan 310 kulaqanathan
Gender	Male	Female D
	Nation leading said	
William St. Co. De March 198	CONTRACT OF	PASSENGER 2
Name		
Gender	Male 🗆	Female □
		PASSENGER 3
Mame		Zana da sa
Gender	Male □	Female 13
		PASSENGER 4
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		PASSENGER 5
Name	Service Control	A service of the serv
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STANCED IN LINE STANKS WITH	NATION OF	PASSENGER 6
Name		and the said the said the said of the said
Gender	Male 🗆	Female 0
	in the constraint	
	Yes	THER INFORMATION No. Z
Was anybody injured? Was other vehicle damaged?	Yes D	No 🗆
was other vehicle damaged?	163/2	
A particular of the second sec	A STATE OF THE PARTY OF THE PARTY OF THE PARTY.	AILS OF POLICE ACTION
Reported to police?	Yes 🗆	No p If yes, please state which police station,
Police station name	1 1 1 1 1 1 1	
		WITNESS 1
		WITNESS 1
Name		The Control of the Co

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Name

	THIRD PARTY VEHICLE 1
Vehicle registration number	Cealacy
Vehicle make model	TO 10to 1000
The state of the s	TOUDTO HIGH
Name	Mundammid Zuihimi Bin Musa
NRIC / Fin / Passport number	393250547
Contact	83281034
THE LOCK OF THE ANGELOW SERVICE AND THE	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	The second secon
Name	
NRIC / Fin / Passport number	
Contact	Commence of the commence of th
Contact	XIII XIII XIII XIII XIII XIII XIII XII
	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
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NRIC / Fin / Passport number	
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	THIRD PARTY VEHICLE 4
/ehicle registration number	THIND PARTY VEHICLE 4
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Name	
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And the second second second second	
	THIRD PARTY VEHICLE 7
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RIC / Fin / Passport number	
MC / FIII / Fassport Humber	1

Contact

THE RESERVE OF THE PARTY OF THE	INJURED PERSON 1
Name	A Company of the Comp
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes D No D

Was injured conveyed to hospital by ambulance?	Yes D No D
DESCRIPTION OF THE PROPERTY OF THE PARTY OF	INJURED PERSON 2
Name	and the second s
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes No
of Market Merchanisms of the Principle of the	INJURED PERSON 3
Name	
Injuries sustained	
Which vehicle nerson in?	

INJURED PERSON 3					
Name					
Injuries sustained					
Which vehicle person in?					
Were seat belts worn?	Yes D No D				
Was injured conveyed to hospital by ambulance?	Yes D No D				

,但我们是是100mm。可以对对100mm。	INJURED PERSON 4
Name	A series in the series of the
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes n No n
Was Injured conveyed to	Yes a No B
hospital by ambulance?	

Name	and an internal	INJURED PE	All armorally			W. A. COLOR
Injuries sustained				9 19 1		
Which vehicle person in?				3.3		- 1
Were seat belts worn?	Yes 🗆	No	4.1			
Was injured conveyed to hospital by ambulance?	Yes 🗆	No			ti.	III ya wa

INJURED PERSON 6 (1995) 1995				
Name				
Injuries sustained	The state of the s			
Which vehicle person in?				
Were seat belts worn?	Yes D No D			
Was injured conveyed to hospital by ambulance?	Yes D No D			

HEPUBLIC OF SINGAPORE

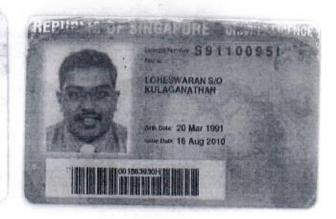
BENTITY CARD NO S91100951

LOHESWARAN S/O

KULAGANATHAN

Gam Gaerran et







YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES:

EFFECTIVE DATE

Class 3 Motor Cars=<3000kg with =<7 passengers, exclusive 16 Arg 2010
of the driver; and other motor vehicles =< 2500kg

NP AZBA

Ucence No: Se1100951

EQ Insurance Company Limited 5 Maxwell Road #17-00 Tower Block MND Complex Singapore 080110 tel 65 6223 9433 | fax 65 6224 3903 | www.eqineurance.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

1. Index Mark and Registration Number of Vehicles SKU6580L

2. Name of Policyholder ROSET LIMOUSINE SERVICES PTE. LTD. Form: LCVH

Excess: Section 1

Outside Singapore Section 2

SGD1,500.00 SGD2,000.00

Outside Singapore YEIDR (Section 2) SGD2,000.00 SGD4,000,00

SGD1,500.00

- 3. Effective Date of the Commencement of Insurance for the purpose of the Act 01/11/2017
- 4. 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/HD/B000042/NEWSTATE STENHOUSE (

A Member of Citystate