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Date In: 2/7/18-14 73	Jeb description	Date &Time Completed	Done by
Ref No: NA EQT 18012011/24	SAS e-filing		
Veh No: Sh 518795	E-mail (within Shrs, AIC 2hrs)		
D.O.A : 30 6 8 - 11:00	i-Motor Claim Form		- 1110000000000000000000000000000000000
	i-Motor W/O (Within: OD 2hr	s, TP 4brs)	
OD TP Reporting Only	i-Photo Uploaded		
TD I	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel: Fa	x:
TP Particulars: Veh No: 51	35824c INC()/Non-INC()	10
Owner / Driver: (Tel:)
Policy No: ()	Period: (Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 30-10	0%]
Year of Registration: ()	Warranty: YES ()/NO ()	
	1,000 ()/\$2,000 ()		
General Remarks:-	CALL PLANTS OF SERVICE		बहु हिस्सी ।
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() Total Loss Case : to e-mail Insu			*
Drive-In ()/ Towed-In (); Invoi	ice: YES() / NO(); T	owing Co: ()
Remarks: (INC hotline: 6788 6616)		Date& Time Completed	Done by
	/ Courtesy Car ()		Wile
2) QC Check / Post Repair Inspection	()	1	
	()		
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost >]	\$3000] ()		
	\$3000] ()		
3) Upload Resurvey Photo [Repair Cost > Injury :	() \$3000] ()		
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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 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

9) for 60 a 4 a 7 a 7 a 7 a 7 a 7 a 7 a 7 a 7 a 7	A OCUPENIT OT A TEMENIT
	ACCIDENT STATEMENT
Date Of Report	02/07/2018 14:53
Date Of Accident	30/06/2018 11:00
Exact Location Of Accident	ALONG TOA PAYOH LOR 6
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGS1879S
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	TOYOTA
Model	WISH 1.8 A
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 PRIVATE HIRE

Insurance Company

Name of Insurance Company EQ INSURANCE COMPANY LTD Type Of Coverage THIRD PARTY FIRE AND/OR THEFT

Fleet Policy YES

DMCFHQ17-000182 Policy Number

Cover Note Number

Driver

Name of Driver MUHAMMAD AZMAN BIN KAMIS

NRIC No S7623635F Date Of Birth 09/08/1976 Occupation OUTDOOR Date Of Driving Pass 03/08/1999

18 YEARS AND 10 MONTHS Driving Experience

Gender MALE

Mobile Number (LOCAL) +65-90052240

Fax Number

Contact Number OFFICE-90052240

EMail Address NOEMAIL

BLK 455C ANG MO KIO STREET 44 Address

#02-31

563455 Postcode

Was driver an employee of the Insured's Company NO

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

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 DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident 2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

NO

ambulance? 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)

4

Passenger 1

NAME: 1 -

GENDER: : FEMALE

Passenger 2

NAME:

GENDER: : FEMALE

Passenger 3

NAME: 3 (*)

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

NO

Was notice of intended Prosecution given? NO

If Yes, against whom?

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 SJB5824C

Vehicle Make/Model/Colour

MITSUBISHI

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver TEE KHENG HONG, ALEX

S8920167E NRIC/Passport Number Contact Number 96473352

Page 2 of 27

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Name MUHAMMAD AZMAN BIN KAMIS Approximate Age Injuries Sustain NECK Injured person in which vehicle? SGS1879S Were seat belts worn? YES Was this injured conveyed to hospital by ambulance? Address Postcode

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow 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 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)

Lunderstand, 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 Signature Date & Time: 38 3

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

vehicle A: SGS 1879s Lehicle B: SJB5824C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I travelling along to a payor Lorong 6 on the 3rd lane.
Has I was travelling straight the vehicle inswat of me stop and
I follow to stop as well with a safe distance, all of the sudden
I felt a huge impact from the vehicle rear portion. After I got down
As I travelling along to a payoh Lorong 6 on the 3rd lane. Has I was travelling straight the vehicle infront of me stop and I follow to stop as well with a safe distance, all of the sudden I felt a huge impact from the vehicle rear portron. After I got down I then reliase that vehicle B has collidad into my car.
/ Now

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

Policyholder Signatural

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's 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 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.

Date of accident	30 · 06 · 18	(DD/MM/YY)
Time of accident	11.00 a.m	(HH:MM)
Exact location of accident	TOA PAYOH LORONG 6	

全学的企业 ,产业技术进	DETAILS OF VEHICLE
Vehicle registration number	\$6918795
Vehicle make and model	HZIW ATOYOT
Type of vehicle	Saloon MPV CRV Van Lorry Bus Motorcycle Others:
Vehicle category	Private D CommerciaLe 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 claimes Reporting only D

	INSURANCE INFORMATION
Insurance company	EQ
Policy number	DMCFHQ17-000182
Type of policy	Comprehensive Third party fire & theft TP only

And the second s	INSURED / PO	DLICY HOLDER
Name	ROSET LIMOUS	INE SERVICES PTE LTD Male a Female :
NRIC / Fin / Passport number	200406722Z	
Contact		
Address		

DRIVER	SAME AS INSURED ABOVE □ (SKIP TO D.O.B)
Name	MUHAMMAD AZMAN BINMARBUS Female u
NRIC / Fin / Passport number	87623635F
Contact	90052240
Address	APT BLK 455C ANY MO KIO STREET 44 \$ 02-31
Email address	
Date of birth	09 Aug 1976
Occupation	Indoor D Outdoor D
Driving date pass	03 Aug 1999

			THE ACCIDENT	AND AND LOSS.	A STATE OF
Was driver an employee of	Yes □ No		river and insured:	Hirer	- 1, 11(3)
the insured's company? Accident captured by camera?	Yes No		117.14		1.50
Weather condition		ining 🗅	Others:		- 17
Road surface	Dry Wet	The state of the s			1
No of passenger	1	04		(Inclusive of	driver)
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	P/	ASSENGER 2		ingenous Samuelles	serspell
Name	THE COURSE OF STREET			Manual Salakara	THE RESERVE
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	p	ASSENGER 4			
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Gender	Male □ F	emale d			
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	P	ASSENGER!			
Name .	THE RESERVE				
Gender	Male 🗆 🕒 F	emale 🗆			
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Gender	Male □ F	emale 🗆			7. 7.
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	AND DESCRIPTION OF THE PARTY OF	R INFORMA	man and the second	VINE SAME STREET	TERESTOR A
Was anybody injured?	Yes ✓ No		10,000,000		- 100 - 100 C
Was other vehicle damaged?	Yes D/ No	Warner (NA)	Land Address	Kalining kanalagasi	Makakasin
	DETAILS	OF POLICE	ACTION	EXCHANGE TO THE PARTY OF THE PA	-
Reported to police?	Yes D No	CONTRACT OF STREET, ST	s, please state wh	ich police station,	SERVICE STATES
Police station name	10 17 10 10 1				111
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Name

	THIRD PARTY VEHICLE 1	
Vehicle registration number	SJB5824C	1 15 1 1 1 - 2 to 1
Vehicle make model	Mitoublai	
A CONTRACTOR OF THE PARTY OF TH	THE KLENIC HANGE ALEV	77-14 77-14
NRIC / Fin / Passport number	8 8 9 3 0 16 7 F	
	TEE KHENG HONG, ALEX 88920167E 96473352	
Contact	46413552	to a server Wilder
Control (1975) in the Control of the	THIRD PARTY VEHICLE 2	
Vehicle registration number		
Vehicle make model		136.65
Name		7.0
NRIC / Fin / Passport number		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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Contact		SALL AND AND A RESIDENCE
on negative some sektion between property as the profession	THIRD PARTY VEHICLE 3	
Vehicle registration number		
Vehicle make model		
Name NRIC / Fin / Passport number		THE RELEASE OF THE REAL PROPERTY.
Contact Contact	The state of the s	
Contact	/	
	THIRD PARTY VEHICLE 4	
Vehicle registration number		
Vehicle make model		Yan bay to he say
Name		
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Contact		
	THIRD PARTY VEHICLE 5	
Vehicle registration number		grande service services
Vehicle make model		
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Vehicle registration number	at a second and a second a second and a second a second and a second a second and a	manuscription in 1994 in
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Name		
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Contact		1
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	THIRD PARTY VEHICLE 7	
Vehicle registration number		Contraction of the second
Vehicle make model		
and principles		
Name		Andrewson State of the State of
NRIC / Fin / Passport number		
Contact		

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AND DESCRIPTION OF THE PERSON	INJURED PERSON 1
Name	MUHAM MAD AZMAN BIN KAMIS
Injuries sustained	Neck Dain
Which vehicle person in?	
Were seat belts worn?	Yes N No 🗆
Was injured conveyed to hospital by ambulance?	Yes a Nors

which vehicle person in	
Were seat belts worn?	Yes N No a
Was injured conveyed to hospital by ambulance?	Yes a No is
THE THE LEFT CONTROL OF	INJURED PERSON 2
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

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

Name		Section of the sectio
Injuries sustained		The second of th
Which vehicle person in?		
Were seat belts worn?	Yes D No D	
Was injured conveyed to hospital by ambulance?	Yes 🗆 No 🗅	

Name		
Injuries sustained		
Which vehicle person in?		7.7
Were seat belts worn?	Yes re No D	
Was injured conveyed to hospital by ambulance?	Yes 🗆 No 🗅	

INJURED PERSON 6				
Name				
Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes D Noti			
Was injured conveyed to hospital by ambulance?	Yes - No -			



e Argybeine



MUHAMMAD AZMAN BIN KAMIS

east Stell pt Alexan

BOYANESS

SINGAPORE

VOL ARE COUNTS IN CHARGE VEHICLES IN THE PHILDWING CLASSIES

MING NO. 87623635F

30-10-2006

APT BLK 455C AMG MO KIO STREET 44 #02-31 SINGAPORE 563455

NRIC No: \$7623835F

Date: 24/05/2017

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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

1. Index Mark and Registration Number of Vehicles

19

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

SGS1879S

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 (

A Member of Citystate