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Veh No: SKS9967X	E-mail (withi	n Shrs, AIC 2hrs)				
D.O.A: 31 /3/18-20:00	i-Motor Cla	im Form				
OD TP Reporting Only	i-Motor W/	O (Within: OD 2hr:	, TP 4brs)			
OB . 11 y reporting only	i-Photo Upl	oaded				
TP Insurer:	Assessment/S	Survey Report				
11 1104101	Ass't Report	by Fax / Hand t	o Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fa	x;	
TP Particulars: Veh No: 5	F89364 .	. INC()/Non-INC	().		
Owner / Driver: (Tel:	+1)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time	:	- 5	
Insured/Driver Liability: (%)	Note-Est. Status (WO): N: 0-20	0%; P: 21-79%	. P: 80-10	0%]	
Year of Registration: ()	Warranty: YES ()			
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() Total Loss Case : to e-mail Inst	urer URGENTLY.	1000				
Drive-In ()/ Towed-In (); Invo	ice: YES () / 1	NO(); To	owing Co: (.")
Cemarks: (INC hotline: 6788 6616)			Date&Timb Co	A September	300 Ban	Shir
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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.
 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

Personal Language and interpretation from the control of	ACCIDENT STATEMENT
Date Of Report	01/08/2018 16:35
Date Of Accident	31/07/2018 20:00
Exact Location Of Accident	YISHUN AVE 5 TWDS YISHUN AVE 2
Country/State of Loss	SINGAPORE
The same of the sa	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKS9967X
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	MAZDA
Model	MAZDA3 SP 1.6L A/T ABS D/AB 2WD 4DR HID
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?	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	TAN GEK HONG
NRIC No	S1151217H
Date Of Birth	16/09/1955
Occupation	INDOOR
Date Of Driving Pass	10/09/1983
Driving Experience	34 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91390344
ax Number	
Contact Number	OFFICE-91390344
EMail Address	NOEMAIL

Address BLK 640 WOODLANDS RING ROAD

#04-09

Postcode 730640

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OT

Vehicle Registration Number of Driver's Own

Vehicle

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?

Number of vehicles involved in the accident 2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by ambulance?

NO

NO

Was any other material or property damaged? YES
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

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

SJF8936Y

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)

DETAILS OF INJURED PERSON 1

Name

TAN GEK HONG

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SHOULDER

SKS9967X

YES

NO

SKETCH PLAN

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 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
- 5. 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
- 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")
- 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 & Signigura

à.

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

Yishin Ave 5 B

A: SKS9967X B: SJF8936Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As	I the	luas	travelli traffic distan	ng al	ong '	rishun bem	Que	5 Mu	ov.	the	romalis	lane.	Potius at
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DECLARATION

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

Policyholder's signature Date & Time 1835 31

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

15 38

- Complete and submit this form to the individual lesurance 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. 0
- 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 faise reporting may be referred to the traffic police department for investigation. 4

Date of accident	31	107/18	DOMESTICAL STREET		(DD/MM/YY
Time of accident	1	2000			(HH:MM
Exact location of accident	Alona	Yishun	Ave 5	towards	Ave 2

	DETAILS OF VEHICLE
Vehicle registration number	5KS9967X
Vehicle make and model	Muzda 3
Type of vehicle	Saloon MPV CRV Nan D
Vehicle category	Private D Commercial Motorcycle D
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes □ No ☑ if no, please select: Third part claim ☑ Reporting only □

No. of the state of the state of	INSURANCE INFORMATION	
Insurance company	F. EO TANK THE PROPERTY OF THE	PE
Policy number	PMCFHQ19 - 000185	143
Type of policy	Comprehensive Third party fire & theft D TP only D	1

INSURED / POLICY HOLDER					
ROSET LIMOUS	INE SERVICES PTE LTD	Male □ Female □			
200406722Z					
	ROSET LIMOUS	INSURED / POLICY HOLDER ROSET LIMOUSINE SERVICES PTE LTD 200406722Z			

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)	
Name		ale 🗹
NRIC / Fin / Passport number	51151217H	1.11
Contact	91390344	170
Address	131k 640 woodlands Ring Road #04-09 5(730640)	
Email address		
Date of birth	16/09/ 1955	
Occupation	Indoor Outdoor	
Driving date pass	10/09/1983	

The state of the s	ENERAL INFORMATION OF THE ACCIDENT	
Was driver an employee of the insured's company?	Yes □ No ☑ If no, relationship of the driver and insured:	
Accident captured by camera?	Yes D No D	3.1%
Weather condition	Clear Raining Others:	
Road surface	Dry Ø Wet 🗆	140
No of passenger	(Inclusive of a	lriver)
No or passenger		and the land
	PASSENGER 1	
Name		A.Sala
Gender	Male o Female o	-14700
XXXXX		
PARENT WILLIAM PROTECTION	PASSENGER 2	
Name		1.00
Gender	Male D Female D	da da
	PASSENGER 3	
Name :		1
Gender	Male : Female :	ALC:
	PASSENGER 4	
Name	here are the state of the state	House Con-
Gender	Male D Female D	012 GG/S
Language Commission of the Com		1000
	PASSENGER 5	antenne are
Name		10000
Gender	Male g Female D	2000 C
	PASSENGER 6	SHIPSON
Name	A STATE OF THE STA	V 1 2 2 2 2
Gender	Male 🗆 Female 🗆	N (S) (T)
	OTHER INFORMATION	10001900
Nas anybody injured?	Yes & No D	23.1927-324
Was other vehicle damaged?	Yes a No D	1000 1000 6
	DETAILS OF BOLICE ACTION	
	DETAILS OF POLICE ACTION Yes O No Police Station.	5757575
Reported to police?	Yes O No o If yes, please state which police station.	
Police station name	LANCE TO THE CONTROL OF THE CONTROL	douglassis.
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Name

	THIRD PARTY VEHICLE 1	ENCOMES NO
Vehicle registration number	SJF8936Y	A Company of the Comp
Vehicle make model		100
Name		
NRIC / Fin / Passport number		
Contact	7. S.	
The second secon	THIRD PARTY VEHICLE 2	
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		1183
No. 3 days (1994) and the state of the state		Court School and School and School
	THIRD PARTY VEHICLE 3	
Vehicle registration number	Military and the second se	
Vehicle make model	A STATE OF THE STA	
Name		Frank park street
NRIC / Fin / Passport number		
Contact		
	agrama – stania nej sig antoni kining kanawa	
	THIRD PARTY VEHICLE 4	
Vehicle registration number	to the second of the second second second second	
Vehicle make model		
Name		
NRIC / Fin / Passport number		Anna Caragida Caraga and Anna Caraga
Contact		
Periodical Commence of the Com		
CONTRACTOR OF THE PARTY OF THE	THIRD PARTY VEHICLE 5	I company to the second second second
Vehicle registration number		free and a second second
Vehicle make model		
Name	1	
NRIC / Fin / Passport number		
Contact	that are to the act had known that it had been	Paradistration of Nation
	THIRD PARTY VEHICLE 6	Anne de la constitución de la cidada de
Vehicle registration number		
Vehicle make model		
Name	The state of the s	
NRIC / Fin / Passport number		
Contact	NATIONAL DESCRIPTION OF THE PROPERTY OF THE PR	CASTANTEN SEAS
		a Lyda (inhahinga bisha), bili dagalahin
	THIRD PARTY VEHICLE 7	No.
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		

通過與12年的 的計劃的 可 對	INJURED PERSON 1
Name	Tan Gek Hong
Injuries sustained	shoulder
Which vehicle person in?	SK-6 6463 x
Were seat belts worn?	Yes ₽ No □
Was injured conveyed to hospital by ambulance?	Yes D No Ø

		INJURED PER	RSON 2		Charles of the Control
Name	The factor has a		A CONTRACTOR OF STREET	and the second	A CANAL MARKET
Injuries sustained					
Which vehicle person in?					or leading
Were seat belts worn?	Yes 🗆	No 🗆	1700	6.25	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆			

	INJURED PERSON 3
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes n Non
Was injured conveyed to hospital by ambulance?	Yes D No.0

promote productive and	INJURED PERSON 4					
Name	A CONTRACTOR OF THE PROPERTY O					
Injuries sustained						
Which vehicle person in?						
Were seat belts worn?	Yes D No D					
Was injured conveyed to hospital by ambulance?	Yes 🗆 No 🗈					

. was

Name	visit services.	INJURED PE	กระบารณ์ได้เพื่อให้เกิดได้เลื่อ	American American American	112
Injuries sustained					
Which vehicle person in?	1.				
Were seat belts worn?	Yes□	No.			- 6
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆		F:	

	INJURE	D PERSON 6		
Name			ADDITIONAL PROPERTY.	THE PROPERTY OF THE PARTY OF TH
Injuries sustained			1	
Which vehicle person in?				
Were seat belts worn?	Yes D No D		THE RESIDENCE OF THE PARTY OF T	
Was injured conveyed to hospital by ambulance?	Yes □ No □			

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1151217H





TAN GEK HONG

陳玉鳳

CHINESE 16-09-1955 F SINGAPORE



2300810

BE N S1151217H

AB+ 22-08-1994

ART BUK 840 WOODLANDS RING ROAD #04-00 SINGAPORE 730640

S1161217H 04-05-1998 2584718 YOU ARE LICENSED TO DRIVE VEHIC IS IN THE EDILOWING CLASSIES!

PASS DATE

Motor Cars of uniteden weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg

10 Sep 1983

NP 428A

Licence No: 51151217H

EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 099110 tel 65 6223 9433 | fax 65 6224 3903 | www.expinsurance.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

 Index Mark and Registration Number of Vehicles SKS9967X

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

Section 1 Outside Singapore Section 2

Outside Singapore YEIDR (Section 2) SGD1,500.00 SGD1,500.00 SGD2,000.00 SGD2,000.00

SGD4,000.00

- Effective Date of the Commencement of Insurance for the purpose of the Act 01/11/2017
- Date of Expiry of Insurance 31/10/2018
- Person or Classes of Persons entitled to drive*
 Any person who is Authorised to drive on the Insuned'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.

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

CONTROL

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.

unwjt/HO/B000042/NEWSTATE STENHOUSE (

A Member of Citystate

Authorised Signatory EQ Insurance Company Limited