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Insured/Driver Liability (%) [Note-Est Status (WO): N: 0-20%; P: 21-79%; P: 30-100%] Year of Registration: () Warranty: YES () / NO () Excess: (\$) Loading: \$1,000 () / \$2,000 () General Remarks: () Walk-In Customar: Customer's information strictly Confidential & Strictly NO refer of repairer. () Total Loss Case : to e-mail Insurer URGENTLY. Drive-In () / Towed-in (); Invoice: YES () / NO (); Towing Co: () 1) Apply for Transj-ort Allowance () / Courtesy Car () 2) QC Check / Post Repair Inspection () 3) Upload Resurvey Photo [Repair Cost > \$3000] () Injury: Date/Time Actions Actions Actions Actions Invoice Yrenaration (\$100) INC (\$30) 1) AR. Academt Reporting (\$100) INC (\$30) 2) Tri Towing Fe \$40045 3) Tri Towing Co: () Trianged Portion: () Tri Re-impection () () Trianged Research () ()	Policy No: ()	Period: () Cover Type: ()
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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 aforesaid.

	ACCIDENT STATEMENT
Date Of Report	13/08/2018 18:54
Date Of Accident	07/08/2018 08:20
Exact Location Of Accident	KPE BEFORE ENTERING TUNNEL
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLD694J
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	WISH 1.8 CVT
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	COMPREHENSIVE
Fleet Policy	YES
Policy Number	DMCFHQ17-000185
Cover Note Number	
Driver	
Name of Driver	TEO KIM CHYE
NRIC No	S6926638Z
Date Of Birth	30/07/1969
Occupation	OUTDOOR
Date Of Driving Pass	20/07/1991
Driving Experience	27 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81387271
Fax Number	
Contact Number	OFFICE-81387271
EMail Address	NOEMAIL

Address

BLK 29 PASIR RIS STREET 72

#11-17

Postcode

518768

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

was driver an employee of the insured's Company N

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

28

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident

CHAIN COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

4

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged?

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

NO

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

SLF9123X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

BOH JU LIM JEREMY

NRIC/Passport Number

S1545377Z

Contact Number

96797723

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SKP9311D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR Name of Driver ONG SWEE PING

NRIC/Passport Number

S6928908H

Contact Number

97367792

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SJM1447B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

CHIN KENG BOON, ALVIN

NRIC/Passport Number

S8721611Z

Contact Number

97711465

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 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.
- 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 loggment 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 invoive 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 H3

Date & Time:

Driver's Signature

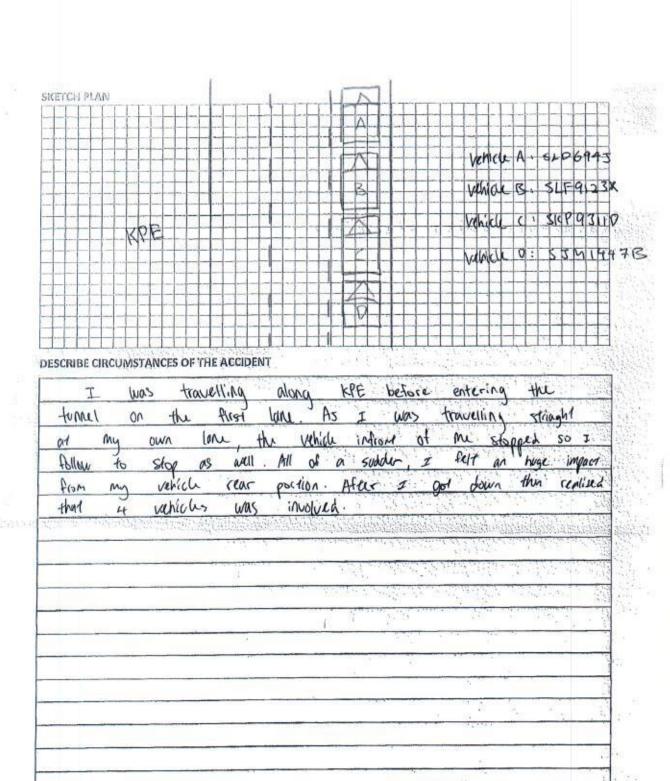
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DECLARATION

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

Policyholder's Signature Date & Time:

GIARME SYNTHIPLANT CHIM V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

. JRTANT 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.

TAN STATE OF THE PARTY.	ACCIDENT DETAILS	
Date of accident	07/08/18	(DD/MM/YY
Time of accident	0820	(HH:MM)
Exact location of accident	Along KPE "	before entering tunnel

	DETAILS OF VEHICLE
Vehicle registration number	SLD 6945
Vehicle make and model	Toyota Wsh
Type of vehicle	Saloon □ MPV □ CRV □ Van □ Lorry □ Bus □ Motorcycle □ Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes □ No or if no, please select: Third part claim Ø Reporting only □

	INSURANCE IN	FORMATION
Insurance company	EQ	
Policy number		
Type of policy	Comprehensive c	Third party fire & theft TP only

INSURED / POLICY HOLDER							
Name	ROSET LIMOU	JSINE SEF	VICES	PTE LTD	Male	D Fe	male 🗆
NRIC / Fin / Passport number	200406722Z	3.5		100	170 1450	Private Privat	
Contact	E 4 1	18.0	100			***********	177
Address	7			nederenan. Po	1		
March 1 - Control - Contro				T.			

A LOCAL STATE OF THE PROPERTY OF THE PROPERTY

DRIVER	SAME AS INSURED ABOVE □ (SKIP TO D.O.B)
Name	TEO KIN Chye Male T Female 0
NRIC / Fin / Passport number	569266382
Contact	81387071
Address	BIK 29 Pasir Ris street 72 #11-17 S(518768)
Email address	
Date of birth	30/07/1969
Occupation	Indoor Outdoor
Driving date pass	20107 /1991

Was driver an employee of	ENERAL INFORMATION OF THE ACCIDENT	
the insured's company?	If no, relationship of the driver and insured:	
Accident captured by camera?	Yes a No or	
Weather condition	Clear Raining O Others:	-
Road surface	Dry p- Wet a	
No of passenger	(Inclusive	of drive
	PASSENGER 1	o nageok be
Name		
Gender	Male D Female D	10.5
gender		455
	PASSENGER 2	
Name		
Gender	Male □ Female □	NEVS.
.geme		de la companya de la
	PASSENGER 3	
Name		W. Carlo
Gender	Male □ Female □	
Venipe		
	PASSENGER 4	
Name		
Gender	Male □ Female □	
	PASSENGER 5	
Name		Car Allen
Gender	Male 🗆 Female 🗅	
	PASSENGER 6	
Name		WCH IN
Gender	Male D Female D	
	OTHER INFORMATION	e premiery
Was anybody injured?	Yes a No o	77 12
Was other vehicle damaged?	Yes 🗹 No 🗆	Land Control
the control of the control of the control of		A SECTION AND A
	DETAILS OF POLICE ACTION	Tensorial
Reported to police?	Yes I No I If yes, please state which police station.	3 4 4 5
Police station name	A CONTRACTOR OF THE CONTRACTOR	
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	WITNESS 1	REVERS
Name		2 1 1 1 2

Name

	HIRD PARTY VEHICLE I. SLF9123X	10000
Vehicle registration number Vehicle make model		
Vehicle make model	Bolo to line Terrons	1
NRIC / Fin / Passport number	Boh Ju Lim Jeremy S1545377Z	
Contact	96797723	
Contact	18717123	SAFRA
Т	HIRD PARTY VEHICLE 2	
Vehicle registration number	SKP9311D	
Vehicle make model		
Name	ong swee Ping	
NRIC / Fin / Passport number	5692896817	
Contact	97367792	11.11
		elisuk.
THE RESERVE OF THE PROPERTY OF	HIRD PARTY VEHICLE 3	
Vehicle registration number	STM 1447B	
Vehicle make model		
Name	Chin keng Boon, Alvin	10.1
NRIC / Fin / Passport number	58721 611 2	1073.1
Contact	97711465	3501A
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AND ASSESSMENT OF THE PROPERTY	HIRD PARTY VEHICLE 4	PER
Vehicle registration number		
Vehicle make model		
Name		10.18
NRIC / Fin / Passport number Contact	the part of the responding the property of the party of t	2545
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T	HIRD PARTY VEHICLE 5	
Vehicle registration number		
Vehicle make model		11/1/2
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NRIC / Fin / Passport number		
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Ţ	HIRD PARTY VEHICLE 7	active con
Vehicle registration number	A STATE OF THE PARTY OF THE PAR	28.42
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		

Contact

THE REPORT OF THE		INJURED PERSON 1
Name	Strain Strain Strain	
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No a
Was injured conveyed to hospital by ambulance?	Yes 🗆	Noп

and the second second second		INJURED PER	SON 2	40.00	
Name	A TOWN THE PROPERTY.		South The State St	esstanor, intention	
Injuries sustained		C-110100000 110100	0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -		1
Which vehicle person in?	25		201 H 1 H		
Were seat belts worn?	Yes 🗆	No 🗆			
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆			

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			

CONTRACTOR STATE OF STATE OF	INJURED P	ERSON 4	
Name			
Injuries sustained			1111
Which vehicle person in?	Carrier States		15.71
Were seat belts worn?	Yes 🗆 No 🗆		
Was injured conveyed to hospital by ambulance?	Yes 🗆 No 🗈		1

INJURED PERSON 5							
Name	ded and desired	Zeleni delen versez			ALCO SE		
Injuries sustained					4.7		
Which vehicle person in?				1	+1-2		
Were seat belts worn?	Yes 🗆	No 🗆		Sign			
Was injured conveyed to hospital by ambulance?	Yes 🗆	No.o		*			

INJURED PERSON 6						
Name	And Salabara					
Injuries sustained			***			
Which vehicle person in?			HISTOR			
Were seat belts worn?	Yes 🗆	No p				
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆				

DERTITY CARS NO. \$6926638Z





TEO KIM CHYE

張 精 財

Country/Taxe of hide SINGAPORE

CHINESE fiblid to steff 30-07-1969

309268382



5769337



17-07-2017

APT BLK 29 PASIA RIS STREET 72 #11-17 SINGAPORE 518768

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

ERECTIVE DAYS

Chass 3 Motor Cars=< 3000kg with =<7 passangers, exclusive 29 Jul 1991 of the driver; and other motor vehicles =< 2500kg

EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110 tel 65 6223 9433 | fax 65 6224 3903 | www.oginsurance.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.: DMCFH017-000185

1. Index Mark and Registration Number of Vehicles SLD6943

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

Section 1 Outside Singapore

SGD1,500.00 SGD2,000.00 SGD2,000.00

Outside Singapore YEIDR (Section 2)

Section 2

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
 - *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 on 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

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THE POLICY DOES NOT COVER

- Use for racing pace-making reliability trial or speed-testing
 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

unwjt/HO/8000042/NEWSTATE STENHOUSE (A Member of Citystate