Date In: 2/8/18-14:02	Jeb description	Date &Tim	c Completed	Done	pì.
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Veh No: MRfays M	E-mail (within Shrs,	AIC 2hrs)			4
D.O.A: 20/0/18-19-To	i-Motor Claim F				
		thin: OD 2hrs, TP 4hrs)			
OD / TP / Reporting Only	i-Photo Uploade				
	Assessment/Survey				
TP Insurer:		x/Hand to Owner/Wk	en.		
Preferred Wksp / INC Assign Wksp / QW: (	Ass t Report by PA	Tel:	Fax:		-
TP Particulars: Veh No:	7ran-+	INC( )/Non-R			- V-
Owner / Driver: (	Z41320 .	Tel:	10 ( ).	1	
	Period: (	) Cover Type			
			ime:		
Confirmed by : (				/	
	[Note-Est. Status (WO)		9%. P: 80-100	%]	
Year of Registration: ( )		/NO( )			
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General Remarks:-				A 51	y fig
( ) Walk-In Customer : Customer's in	nformation strictly Confide	ntial & Strictly NO refe	r of repairer.		
( ) Total Loss Case : to e-mail Insu					
		\ T	<del></del>	·	
Drive-In ( )/ Towed-In ( ); Invo	ice: YES ( ) / NO (	); Towing Co: (			,
			Completed	Done	by ·
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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.
- 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.
- 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

ACCIDENT STATEMENT

THE WILLIAM STREET, ST	ACCIDENT STATEMENT
Date Of Report	24/08/2018 14:02
Date Of Accident	20/08/2018 19:50
Exact Location Of Accident	PIE (CHANGI) BEFORE KPE (ECP) EXIT
Country/State of Loss	SINGAPORE
Self-self-self-self-self-self-self-self-s	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJR8042M
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	CAMRY 2.0 AUTO ABS AIRBAG
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	REPORTING ONLY
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	CHADRAW S/O POCEN
NRIC No	S1292815G
Date Of Birth	27/03/1958
Occupation	OUTDOOR
Date Of Driving Pass	14/11/2007
Driving Experience	10 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81803520
Fax Number	
Contact Number	OFFICE-81803520
EMail Address	NOEMAIL

Address

BLK 341 SEMBAWANG CLOSE

#02-67

Postcode

750341

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

insurance company of briver's Own Verlicle

-

### 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) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

0.54

GENDER:

: FEMALE

### **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

SLZ4855U

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)

#### 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.
- 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 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 aforesald.
- 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 Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

	++++				
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				B SLZ	4855 V
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		into his re			77
				we no decreasing red	
			164, 13		
DECLARATION/We declare the		particulars are true in		Reporting Centre Personnel's Sign	

GIARME SketchPlanForm\_V3

# SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

- 4
- 4
- 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	20 payou sorg	(DD/MM/YY)
Time of accident	7:50Pm	(HH:MM)
Exact location of accident	PIE towards change belove KPE(ECP) EXIT.	

The second of the second of the second	DETAILS OF VEHICLE
Vehicle registration number	33º 8041M
Vehicle make and model	Togoth Commy
Type of vehicle	Saloon
Vehicle category	Private   Commercial   Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes D No  if no, please select: Third part claim D Reporting only 2

<b>第三十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二</b>	INSURANCE INFO	DRMATION
Insurance company	EQ	
Policy number	DMC+HQ17-000185	
Type of policy	Comprehensive	Third party fire & theft  TP only  TP

INSURED / POLICY HOLDER		
Name	ROSET LIMOUSINE SERVICES PTE LTD Male D Female D	
NRIC / Fin / Passport number	200406722Z	
Contact		
Address		

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)	
Name	CHIADRIAN S/O ROCEN Male 17	Female 🗆
NRIC / Fin / Passport number	\$1242\lsG	100
Contact	8180 35 20	
Address	8 341 SEMBHOONG CLOSE #02-67 \$ (750341)	1,500
Email address		
Date of birth	27-03-1958	
Occupation	Indoor  Outdoor	
Driving date pass	14 -11 - 2007	20-20-0

THE RESIDENCE OF THE PARTY OF T	ENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of	Yes   No   His of the driver and insured: HIPER
the Insured's company?	If no, relationship of the driver and insured:
Accident captured by camera?	100 10
Weather condition	Cicul A Training
Road surface	Dry a Wet a (Inclusive of driver
No of passenger	BZ
SANTA CONTROL OF THE PORT	PASSENGER 1
Name	CHADEMIN S/O POCEN
Gender	Male p Female D
	The second secon
2000年12日 · · · · · · · · · · · · · · · · · · ·	PASSENGER 2
Name	
Gender	Male D Female E
	PASSENGER 3
Name Gender	Male D Female D
Gender	
Company of the Company of the Company	PASSENGER 4
Name	
Gender	Male   Female
	PASSENGER 5
Name	
Gender	Male 🗆 Female 🗆
Control of the Contro	
ACTOR NOTES AND A	PASSENGER 6
Name	And the second s
Gender	Male - Female -
	OTHER INFORMATION
Was anybody injured?	Yes D No Z
Was other vehicle damaged?	Yes, D No D
Was outlet verified was a series	the second state of the second
The state of the s	DETAILS OF POLICE ACTION
Reported to police?	Yes No No If yes, please state which police station.
Police station name	
The second secon	WITNESS 1
Name	
	WITNESS 2
A THE PARTY OF THE	and the state of t

1

Name

STATE OF THE PARTY	THIRD PARTY VEHICLE 1
Vehicle registration number	3L2 4853U
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
SECURE TO THE SECURE SE	e de la companya de
Company of the Party of the	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	= 10 70 M 1 2 M 1
v kanali kalendari da Maran ya Masari wa Takifa	
	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
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Vehicle registration number	
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Vehicle registration number	The first of the second
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
No. of Constant	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	William Control of the Control of th

THI	RD PARTY VEHICLE 6
Vehicle registration number	2. Advant of Market and Market St. S. at 16. Carte St. S. at 1. C. C.
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THE RESERVE OF THE PERSON NAMED IN	THIRD PARTY VEHICLE 7
Vehicle registration number	Additional and the second of t
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

SERVICE THE RESERVE		INJURED PER	SON 1			
Name			- Manual And Ma	Section of the Sectio	Section Villa	and Warran Land
Injuries sustained		100	W. Commercial		/	
Which vehicle person in?	711/				/	
Were seat belts worn?	Yes	No□			1	
Was injured conveyed to	Yes 🗆	No 🗆				
hospital by ambulance?	0.7824/231					
nospital by allianian	Carlo San	D. B. Barrell	s e stronge mede		disamental lines	Share Sale bank
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Name	100000000000000000000000000000000000000		100000	and any and the same	Coloradorale	Carlotte and Carlotte
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REPUBLIC OF SINGAPORE MARTINE S1292815G





CHADRAW SIG POCEN

MALAYALEE 06-9159 27-03-1958





14-08-1994 PT BLY BELL SEMBAWANG CLUSE #02 - 97 NUAPORL 2002

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 14 Nov 2007 of the driver; and other motor vehicles =< 2500kg

NP 428A

5 Maxwell Road #1700 Tosser Block MND Complex Singapore 08910 tel 65 6223 9433 | tax 65 6274 3993 | www.egincurance.cram.ag 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

Form: LCVH Excess:

1. Index Mark and Registration Number of Vehicles

Section 1

SGD1,500.00 SGD1,500.00

SJR8042M

Outside Singapore Section 2 Outside Singapore

SGD2,000.00

2. Name of Policyholder

ROSET LIMOUSINE SERVICES PTE. LTD.

YEIDR (Section 2)

SGD2,000.00 SGD4,000.00

3. Effective Date of the Commencement of Insurance for the purpose of the Act 29/06/2018

4. Date of Expiry of Insurance

EQ Insurance-MARS Motor Accident Help Center 6311 3211



5. Person or Classes of Persons entitled to drive\*

Any person who is Authorised to drive on the Insured's order or with the 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

unwck/HO/8000070/Newstate Stenhouse (

🖟 A Member of Citystate