	tre Services   [wet   Jan'05] M	H4[[417]00	
Date In: 2/9/18 - 14:02	Job description	Date & Time Completed	Done by
Ref No: NA) EQI 180 1993/24	SAS e-filing		
Veh No: JR24550	E-mail (within Shrs, AIC 2hrs)		
D.O.A : 1/4/18-17:30	i-Motor Claim Form		
	i-Motor W/O (Within: OD 2hr	s, TP 4hrs)	
OD : TP Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
IP Insurer.	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (		Tel: Fa	x:
TP Particulars: Veh No: Ju	MSOUH . INC (	)/Non-INC( )	
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: 80-10	00%]
Year of Registration: ( )	Warranty: YES ( )/NO (	)	
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General Remarks:-	ALV CONC. THOUSE LEVEL LAND		Com Silving
( ) Walk-In Customer: Customer's in	formation strictly Confidential & St	rictly NO refer of repairer.	
( ) Total Loss Case : to e-mail Insu	rer URGENTLY.	3 3	8.
Drive-In ( )/ Towed-In ( ); Invoi	ice: YES( ) / NO( ); T	owing Co: (	, )
			THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAME
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Apply for Transport Allowance ( )/     QC Check / Post Repair Inspection	Courtesy Car ( )	Date& Timb Completed	Done by
1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]	Courtesy Car ( )	Date&Tamb 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.
- 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.
- 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.

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The state of the s	ACCIDENT STATEMENT	
Date Of Report	03/09/2018 14:02	
Date Of Accident	01/09/2018 15:30	
Exact Location Of Accident	ALONG BKE (SLE)	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJR2455U	
Insured/Policyholder		
Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD	
Co Reg No	200406722Z	
Email Address	NOEMAIL	

Alternative Phone No Vehicle Particulars

Mobile Phone No

Manufacturer TOYOTA

Model COROLLA ALTIS 1.6 AUTO

Exact Purpose for which vehicle was being used at

time of accident

WORKING

OFFICE-89999999

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
 ONG JINRUI

 NRIC No
 \$8620685D

 Date Of Birth
 21/07/1986

 Occupation
 OUTDOOR

 Date Of Driving Pass
 19/05/2005

Driving Experience 13 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96301064

Fax Number

Contact Number OFFICE-96301064

EMail Address NOEMAIL

Address BLK 351 ANG MO KIO STREET 32

#11-119 560351

Postcode 560

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

THEK - HIKE

Insurance Company of Driver's Own Vehicle

•

#### General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions RAINING
Road Surface WET

### Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 3

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by ambulance? NO

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)

### **Details of Police Action**

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TECK GHEE NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 321 ANG MO KIO STREET 31 , POSTCODE: 560321 ,

COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-4599999 - FAX NO: 64574478

Was notice of intended Prosecution given?

If Yes, against whom?

NO

### Circumstances of Accident

REFER TO POLICE REPORT - T/20180901/2176.

#### Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SLN9506H Vehicle Make/Model/Colour HONDA FIT

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver TERN AIK WEI
NRIC/Passport Number S8032882F
Contact Number 96639227

Address Postcode

Insurance Company Name

No. Of Passenger (Including Driver)

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SKR9732L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver TONG CHIN FERN

NRIC/Passport Number

Contact Number 92700272

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF INJURED PERSON 1**

Name ONG JINRUI

Approximate Age

Injuries Sustain NECK & SHOULDER

Injured person in which vehicle? SJR2455U

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

## SKETCH PLAN

## IMPORTANT NOTICE

- 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 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 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 malling 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's 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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DECLARATION

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

Policyholder's Signature Date & Time:

Oriver'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.
- 4
- 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. 4
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Exact location of accident	12 13/12	BKF	tourds s	1 F	

AND AND THE PROPERTY OF THE PARTY OF THE PAR	DETAILS OF VEHICLE
Vehicle registration number	55R245SU
Vehicle make and model	Toyota Altis
Type of vehicle	Saloon MPV CRV Van D
Vehicle category	Private   Commercial   Motorcycle
Purpose of using at said time	wally
Are you claiming under your own insurance company?	Yes □ No Ø if no, please select: Third part claim Ø Reporting only □

	INSURANCE IN	ORMATION	De recipient Arrive
Insurance company	EQ		
Policy number		The Parker Parker	TP only 🗆
Type of policy	Comprehensive	Third party fire & theft 🗆	Tr Gary C

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Name	and tin Rvi Male   Female □				
NRIC / Fin / Passport number	586206850				
Contact	96301064				
Address	#11-119 S(560351)				
Email address	La lieut				
Date of birth	21/07/1986				
Occupation	Indoor D Outdoor				
Driving date pass	19/05/3005				

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hospital by ambulance?		
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Injuries sustained		
Which vehicle person in?	Yes 🗆	No 🗆
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	163 0	
hospital by ambulance?		
The state of the s	No. of the last of	INJURED PERSON 6
12365 T. I.	210 1000	
Name		
Injuries sustained	-	
Which vehicle person in?	Yes□	No □
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes	160 11
hospital by ambulance?	1	





1 of 3

Report No. T/20180901/2176

Police Station Of Origin: Teck Ghee NPP 321 Ang Mo Kio Street 31 SINGAPORE

Tel No: 1800-4599999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/09/2018 22:04		/lade:	Vide Report No.: J/20180901/0174	Station Diary No.: 41	
Informa	nt's Partic	ulars	群 (12. 程态) (15. 15. 15. 15. 15. 15. 15. 15. 15. 15.		
Name of ONG JIN	f Informant: NRUI		Address: APT BLK 351 ANG MO K 560351	IO STREET 32 #11-119 SINGAPORE	
ID Type / ID No.: NRIC NO / S8620685D			Contact No.: Home/Office: Mobile: 96301064		
	tionality: NGAPORE CITIZEN		Email:		
Sex: Male	Age:	Date of Birth: 21/07/1986	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: EXECUTIVE			Driving Licence Information Class: 3	on: Date of Expiry:	

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/09/2018 15:30	Type of Location Straight Road	
BUKIT TIMAH SELETAR EX Weather:	Traveling Toward Road EXPRESSWAY PRESSWAY	Road Surface:	R	oad Speed Limit:	
		Wet Traffic Control:	T	Traffic Volume:	
				Moderate	
Traffic Flow: One Way		Not Controlled			

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJR2455U	Car	ТОУОТА	Corolla Altis	Silver	Seriously Damaged	0
SKR9732L	Car	BMW		Black	Seriously Damaged	0
SLN9506H	Car	HONDA	Fit	Silver	Seriously Damaged	1



T/20180901/2176

/20180901/2176

2 of 3

Report No. T/20180901/2176

Police Station Of Origin: Teck Ghee NPP 321 Ang Mo Kio Street 31 SINGAPORE 560321

Tel No: 1800-4599999

CONTINUATION OF REPORT

Details of Perso	n Involved	P. P. S. S.		SERVE.	STAN	
Any Pedestrian I	nvolved: No		(3)			
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Driver						
Name	ONG JINRUI			ID No		\$8620685D Bik 321 Ang Mo S'pore 560321
Related Vehicle	SJR2455U (Car)		Contact No.		963010614 10 1000 438	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL	
Date Treatment	NIL Date D		Date Disc	scharge NIL		
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	NIL	
Driver			A STATE OF THE STA			
Name	TERN AIK WEI			ID No	4	S8032882F
Related Vehicle	SLN9506H (Car)			Conta	ct No.	96639227
Hospital/Clinic	NIL		8	Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	-	NIL	
No. of Days grant	ted Medical Leave	NIL	Degree o	f Injury	NIL	

# Brief Details.

On 01/09/2018 at about 1530hrs, I was driving one silver colour Toyota Corolla Altis (SJR2455U) along BKE towards SLE on the 2nd lane of 4 lanes. I then stopped my vehicle as the vehicle infront of me had stopped. Moments later, suddenly there was a large impact from the rear. I then discovered that one black colour BMW car (SKR9732L) had hit onto the rear portion of one silver colour Honda Fit (SLN9506H) which in turn hit onto the rear portion of my vehicle. I found out that the BMW car did not stop and pushed the Honda car which hit onto my vehicle.

Due to the accident, my vehicle's rear portion was badly damaged. I am not injured but the passenger inside the Honda Fit car was injured and was conveyed to hospital. Traffic Police came and attended to us reference J/20180901/0174. Incharge case TP IO Ken Lee Tel:65476138.



Police Station Of Origin: Teck Ghee NPP 321 Ang Mo Kio Street 31 SINGAPORE 560321 Tel No: 1800-4599999

3 of 3

Report No. T/20180901/2176

CONTINUATION OF REPORT

# Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Staff Sgt MUHAMMAD AZRI BIN ABDUL RAHIM	Signature Of Informant:
Signature Of Interpreter:	Date/Time:
Not applicable	01/09/2018 22:04
Officer In Charge Of Case:	Classification Of Case:
Staff Sgt LEE GUANG HUI	
Contact No.: 65476138	
Authentication Stamp	6

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8620685D



0

Nume

ONG JINRUI

王 进 瑞

CHINESE Date of birth

21-07-1986

SINGAPORE

Ser

588206650



5698961



800 m. S8620685D

Date of leave

08-02-2017

APT BLK 351 ANG MO KIO STREET 32 #11-119 SINGAPORE 560351

NRIC No: \$86206850

Date: 22/01/2018

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

PASS DATE

Class 3 Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor fractors /vehicles =< 2500 kg 19 May 2005

NP 428A



**EQ Insurance Company Limited** 5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110 tel 65 6223 9433 | fax 65 6224 3903 | www.eginsurance.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 S3R2455U

2. Name of Policyholder

Form: LCVH Excess: Section 1

Outside Singapore

YEIDR (Section 2)

Section 2 Outside Singapore SGD1,500.00 SGD1,500.00 SGD2,000.00 SGD2,000.00 SGD4,000.00

- ROSET LIMOUSINE SERVICES PTE. LTD.
- 3. Effective Date of the Commencement of Insurance for the purpose of the Act 12/12/2017
- 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 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

- 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

UNWNBF/HO/B000070/Newstate Stenhouse (

A Member of Citystate