Date In: 3/9/18-17:57	Jeb description	Date &Time Completed	Done by
Res No: NA EQ 1 1801 LOT 7/24	SAS e-filing		
Veh No: 5477642	E-mail (within Shrs, AIC 2hrs)		
D.O.A : 1/9/18-20:40	i-Motor Claim Form		
	i-Motor W/O (Within: OD 2)	nrs, TP 4hrs)	
OD (TP) Reporting Only	i-Photo Uploaded		1
Th. I	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:	(Tel: Fax	c:
TP Particulars: Veh No: S	CLTHEZ . INC	()/Non-INC()	
Owner / Driver: (Tel:)
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%	Note-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 80-100	0%]
Year of Registration: ()	Warranty: YES ()/NO ()	
	51,000 ()/\$2,000 ()		
General Remarks;			
() Walk-In Customer : Customer's	and the second s		
() Total Loss Case : to e-mail Ins		National Property of the Parish	
		Towing Co: (
Remarks:- (INC hotline: 6788 6616		Date&Time Completed	Done by
1) Apply for Transport Allowance ()	/ Courtesy Car ()		
2) QC Check / Post Repair Inspection	()		
3) Upload Resurvey Photo [Repair Cost >	>\$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.
- 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.

aforesaid,	
A STREET ABOUT OF STREET	ACCIDENT STATEMENT
Date Of Report	03/09/2018 17:57
Date Of Accident	01/09/2018 20:40
Exact Location Of Accident	BKE (SLE) BEFORE DAIRY FARM RD EXIT
Country/State of Loss	SINGAPORE
A land of the second	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLJ7645Z
Insured/Policyholder	
Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Co Reg No	200406722Z

Co Reg No 200406722Z Email Address NOEMAIL

Mobile Phone No

Alternative Phone No OFFICE-89999999

Vehicle Particulars

Manufacturer TOYOTA

Model COROLLA ALTIS CLASSIC 1.6 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 TAN KENG CHUAN (CHEN JINGQUAN)

 NRIC No
 \$8809853F

 Date Of Birth
 26/03/1988

 Occupation
 OUTDOOR

 Date Of Driving Pass
 02/08/2007

Driving Experience 11 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90488976

Fax Number

Contact Number OFFICE-90488976

EMail Address NOEMAIL

BLK 836 TAMPINES STREET 82 Address

#10-75

520836 Postcode

Was driver an employee of the Insured's Company NO

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

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident SIDE SWIPE Weather Conditions CLEAR DRY Road Surface

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? YES Was any injured conveyed to hospital by NO ambulance? YES Was any other material or property damaged?

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

Number of Passengers (Including Driver)

Passenger 1 NAME: : KUMA

GENDER: : MALE

NO

NO

4

Passenger 2 : SHU JOON NAME:

> GENDER: : FEMALE

Passenger 3 NAME: : DHARSHINI

> 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?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKL5266Z

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 KENG CHUAN (CHEN JINGQUAN)

Approximate Age

Injuries Sustain NECK
Injured person in which vehicle? SLJ7645Z
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 2

Name KUMA

Approximate Age

Injuries Sustain NECK
Injured person in which vehicle? SLJ7645Z
Were seat belts worn? YES
Was this injured conveyed to hospital by

ambulance? Address

Postcode

DETAILS OF INJURED PERSON 3

Name SHU JOON

Approximate Age

Injuries Sustain NECK
Injured person in which vehicle? SLJ7645Z
Were seat belts worn? YES
Was this injured conveyed to hospital by
NO

ambulance?

Address Postcode

DETAILS OF INJURED PERSON 4

Name DHARSHINI

Approximate Age

Injuries Sustain NECK
Injured person in which vehicle? SLJ7645Z
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.
- 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.
- 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.
- 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 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

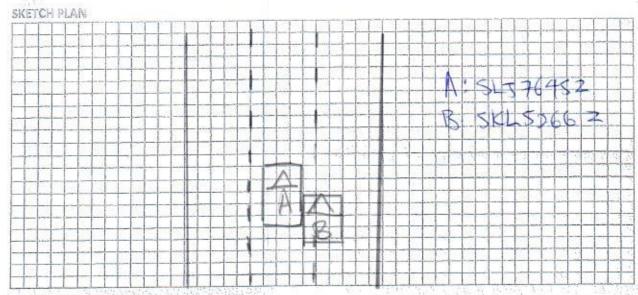
(If driver is not the policyholder)

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 raspect.

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personner's Signature Name:

NRIC/FIN No.:

SINGAPORE ACCIDENT SYATEMENT

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. 4

Date of accident 01 0 9 1 18	DD/MM/YY)
	(HH:MM)
Time of accident 2010 Exact location of accident BKE towards SLE before Dairy	

The Assessment Property of the St.	DETAILS OF VEHICLE
Vehicle registration number	\$L37645Z
Vehicle make and model	Toyota AMS
Type of vehicle	Saloon MPV G CRV G Van G Lorry G Bus G Motorcycle G Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at sald time	
Are you claiming under your own insurance company?	Yes □ No ☑ If no, please select: Third part claim ☑ Reporting only □

Charles Market Charles	INSURANCE INFORMATION
Insurance company	EQ
Policy number	PMC FHQ 17 - wood 85
Type of policy	Comprehensive Third party fire & theft TP only

AND CHIEF THE PLANT OF THE	INSURED / POLICE	Y HOLDI	EKE		1000	ENERGY.		
Name	ROSET LIMOUSINE	SERVI	CES	PTE	TD	Male 🗆	Fe	male 🗆
NRIC / Fin / Passport number	200406722Z			77.4.7.1	1 = 1	**************************************	221,711	1.7
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DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)
Name	Tan king than Male Female a
NRIC / Fin / Passport number	58809 853 F
Contact	90488976
Address	51K & 36 TAMPINS STANT & 2 + 10-75
Email address	
Date of birth	26/03/1988
Occupation	Indoor D Outdoor
Driving date pass	02(08/2007

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Accident captured by camera?	Yes 🗆	No D		
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Was other vehicle damaged?	Yes 🖪	No 🗆		
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Injuries sustained Which vehicle person in?	Yes 🗆 Yes 🗆	No 🗆	PERSON 6	

MERCHELL, OF SENCIAPORE





TAN KEWA CHRIAN (CHEN UNGQUAN)

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Buec Greep | Delegatives | 03-04-2903

APT BLK 838 TAMPINES STREET 82 #10-73 SINGAPORE 520835

YOU ARE LIGENSED TO GROVE VEHICLES IN THE POLLOWING CLASSIES)

Class 3 Motor Cars -< 3000kg with >< 7 passengers, exclusive 12 Aug 2007 of the driver; and other mater vehicles -< 2000kg

EQ Insurance Company Limited 5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110 tel 65 6223 9433 | fax 65 6224 3903 | www.eqinsurance.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 SL37645Z

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

Section 1 Outside Singapore Section 2

SGD1,500.00 SGD2,000.00 SGD2,000.00

SGD1,500.00

Outside Singapore YEIDR (Section 2)

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 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.

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

Edition of the last

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

unwjt/HO/B000042/NEWSTATE STENHOUSE (

