NATIONAL Assessment Centre	Services [well samos]	MNA 118 116958.		
Date In: 10/9/19 13:34	Jeb description	Date & Time Completed	Don	ic by
Rel No NA   EQT 18016414164	SAS c-filing			
Veh No 680 51932	E-mail (within Shrs, AIC 2hrs)			-
15 CS 1	i-Motor Claim Form			
711/19 16:03	i-Motor W/O (Within: OD 2	hts, TP 4bts)		
OD / TP / Reparing Only	i-Photo Uploaded			
	Assessment/Survey Report			) one by
TP Insurer:	Ass't Report by Fax / Hane			
Preferred Wksp / INC Assign Wksp / QW: (	A	Tol: Fa	C	)
	C 525 PK. INC	( )/Non-INC( )	121	
Owner / Driver: (	C 323 YK.	Tcl:	)	
Policy No: ( ) Perio	od: ( )	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( %) [No	ote-Est Status (WO): N: 0-	20%; P: 21-79%. F: 80-100	0%]	
Year of Registration: ( ) W	arranty: YES ( )/NO (	)		
Excess: (\$ ) Loading: \$1,000	0()/\$2,000()			
General Remarks;-		Tagana a sa		
( ) Walk-In Customer; Customer's inform		Them are a second		
( ) Total Loss Case : to e-mail Insurer	in a comparison of a comparison of the compariso	4 4 4 4	4	
Drive-In ( )/ Towed-In ( ); Invoice:		Towing Co. (		)
THE STATE OF THE S		a a company de la company	#/K/F/00/251**	West to
Remarks:- (INC hotline: 6788 6616)		Date&Time Comple 3d	Done	e by
1) Apply for Transport Allowance ( )/ Cor	urtesy Car ( )			
2) QC Check / Post Repair Inspection	( )			
3) Upload Resurvey Photo [Repair Cost > \$300	00] ( )	100		
Injury:				
Date/Time Actions			ngge er er stall Selfschaft bet	
		•	937 JPA ( 550 ) . Fol	-
	3			
V-1	Invoice Pr	eparation Checklist	Anit (S)	
The second Reserve	1) AR : Accider	nt Reporting (\$30);	перш	- Attainam
Claimant's Particulars :-	2) DA : Demeg 3) TF : Towing	Fee (\$100); INC (\$80)	is .	
Driver/Owner:	4) FT : Follow-	Through Survey \$12		
Contact No:		Through Survey (Resurvey) 53 against INC Only (wef 10 Jan 2005)	0	
Damaged Portion:	6) TR : Re-insp	시 그리고 아이들이 하다면 하지만 하는데	5	
t order	7) N1 : Idae DA 8) NTUC Addit	+ SMRT Survey 516	0	1-1-1-1
OF Checkell of A. C.	S) NTUC Addit	tours defauces.*		
C Checked by (Engr-In-Charge):	*N5; Courtes	y Car / Tpt Allowanus 5	-	
The same state of the same sta	*N6: Repair (	pair Inspection 52		
Anditors' Comments :-	*N8: DV / Co	ollect Excess Coordination 3	Air Comments	
at. 1;	9) N12: Idae M	P (Non INC) against INC \$2 obile 3	0	
u. 2/3;	lavoice dated	Fee Charged		
7.0.10	Invoice dated	Fee Charged	PERSONAL PROPERTY.	

#### 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

ACCID	ENT	CTAI	4	NE N	т
ACCID		SIA	<b>I I I I</b>		ш

Date Of Report 10/09/2018 13:34 Date Of Accident 07/09/2018 16:05

FORT RD JUNC WITH MCE(AYE) Exact Location Of Accident

Country/State of Loss SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number GBD5193Z

Insured/Policyholder

Name Of Registered Owner SEN SHENG IMPORT AND EXPORT PTE LTD

Co Reg No

**Email Address** NOEMAIL

Mobile Phone No

Alternative Phone No OFFICE-67773368

Vehicle Particulars

NISSAN Manufacturer Model NV350

Exact Purpose for which vehicle was being used at WORKING

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken REPORTING ONLY Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company EQ INSURANCE COMPANY LTD

COMPREHENSIVE Type Of Coverage

Fleet Policy NO

Policy Number DMCPHQ17-006454

Cover Note Number

Driver

Name of Driver LIM KIM SIM NRIC No. S1799455G Date Of Birth 27/07/1967 OUTDOOR Occupation Date Of Driving Pass 06/06/1991

Driving Experience 27 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90228870

Fax Number Contact Number

EMail Address NOEMAIL Address

BLK 24 BALAM RD #04-118

Postcode

370024

Was driver an employee of the Insured's Company YES

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

COLLISION - HEAD TO REAR

Weather Conditions

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

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)

NO 1

YES

**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

I WAS TRAVELLING ALONG FORT RD WHILE APPROACHING JUNCTION WITH MCE (AYE). THAT DAY WAS RAINING DAY, THE ROAD WAS SLIPPERY, AS THE RESULT MY VEH ACCIDENTALLY HIT ONTO THE VEH B REAR PORTION.

### Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

HAVENT RETRIEVE

Was there any audio recorded?

NO

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

PC5258K

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

COMMERCIAL VEHICLE

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
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- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
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  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 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 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.

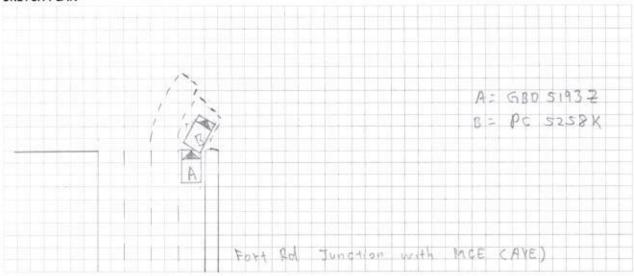
Policyholder's Signature Date & Time:

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

e policyholder) Name

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please	Refer	to	Statement	f
			<u></u>	

DECLARATION EXPOR

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

Policyholder's Signature Date & Time:

24345 N39

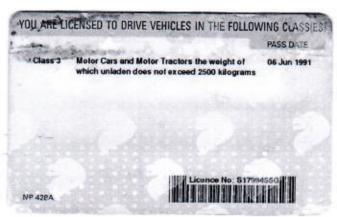
Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:









**EO 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)

# COMMERCIAL VEHICLE PRIVATE (SCH I ) Comprehensive

Certificate No.: DMCPHQ17-006454

 Index Mark and Registration Number of Vehicles GBD5193Z Form: LCVP1 Excess:

Section 1 SGD500.00 YEID-AC Additional SGD3,000.00 .

Name of Policyholder SEN SHENG IMPORT AND EXPORT PTE LTD

. Effective Date of the Commencement of Insurance for the purpose of the Act 28/11/2017

 Date of Expiry of Insurance 27/11/2018

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

Goods carrying - (MZ300) Authorised Driver. Any of the following :-

1. The Policyholder

2. Any person on the order or with the permission of the Policyholder

\*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\*

1)Use in connection with the Insured's business. 2)Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business. 3)Use for social domestic and pleasure purposes.

THE POLICY DOES NOT COVER

1)Use for hire or reward or for racing pace-making reliability trial or speed testing. 2)Use whilst drawing a greater number of trailers in all than is permitted by Law. 3)Use for the carriage of passengers for hire or reward. 4)Liability arising from or in connection with the carriage of hazardous materials, high explosives, inflammable liquid or gases including LPG in cylinders.

\*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