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Owner / Driver: (40-171-	Tel:)
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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 <u>truthful and accurate</u> 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,	
THE REPORT OF THE PROPERTY OF THE PARTY OF T	ACCIDENT STATEMENT
Date Of Report	11/09/2018 10:50
Date Of Accident	09/09/2018 12:30
Exact Location Of Accident	TELOK BLANGAH RD TWDS SENTOSA GATEWAY
Country/State of Loss	SINGAPORE
Contract of the Contract of th	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLP1249S
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	

Driver

Name of Driver ZAINAL ABIDIN BIN HUSSIEN

 NRIC No
 \$1694762H

 Date Of Birth
 21/09/1965

 Occupation
 OUTDOOR

 Date Of Driving Pass
 29/07/1986

Driving Experience 32 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-91047870

Fax Number

Contact Number OFFICE-91047870

EMail Address NOEMAIL

NO 14 JLN EKO BOTANI 2/9 Address

TMN EKO BOTANI 79100 ISKANDAR PUTERI JOHOR

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

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 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) NO soliciting/offering accident claims assistance. 3

Number of Passengers (Including Driver)

Passenger 1

NAME: GENDER: : NANDINI

: FEMALE

Passenger 2

NAME:

. -

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

Circumstances of Accident REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

Details of Witness 1

Name Phone Number NANDINI

86260658

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKH6017R Vehicle Make/Model/Colour LEXUS

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)

ROBINSON STUART JAMES

G5734725U

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 repuddate boil or 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 jodgment 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 (POPA)

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 the 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 "linsurers"), the insurers lawyers/law/inns, 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, involces, 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 due 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

õ

Date & Time:

Driver's Signature

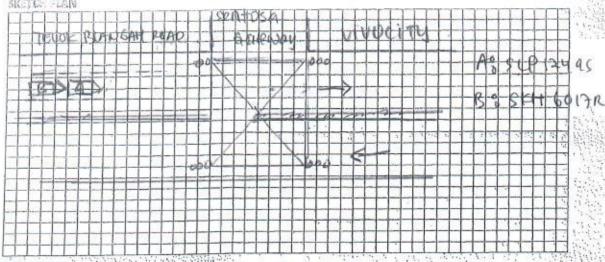
(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE ORCUMSTANCES OF THE ACCIDENT

I was traveling on the second lane along Telok Blangah road towards Vivocity. It was slow traffic and speed. I was tried to slow down my car upon traffic light change from yellow to red suddenly one car (SKH6017R) knocked into rear portion of my car. On that time was raining and the road condition was wet. There were 2 passengers with me (Mother and daughter) and one of the witness (Ms Nandini) willing to become witness for this incident. SKH6017R also admitted that was his fault and agreed make the settlement through his' car insurance.

DECLARATION

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

Policyholder's Signature Date & Time: OH + Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

GIARMC SketchPlanForm_V3

2

SINDAFT REACTIFE ACTIVE AT STATEMENT

IMPORTANT NOTICE

8//

- Complete and submit this form to the individual insurance authorised reporting cantre. Please report correctly on the details of the accident to speed up the claim process.

- rease report correctly on the details or 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 willful 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.

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Any false reporting may be referred to the traffic police department for investigation.

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	Det	TAILS OF VEHICLE
Vehicle registration number	SID	10.495
Vehicle make and model	10	MPV CRV Van D
Type of vehicle	Saloon □ Lorry □	Bus Motorcycle Others:
Vehicle category	Private 🗆	Commercial of Motorcycle p
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Name	TAINAL ABIOW KIN HUBSIANIALD Females
NRIC / Fin / Passport number	\$ 169466211
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Address	Fla (ov Istandar Pulen Johor
Email address	hadazainal @ gmail com
Date of birth	21/9 /1965
Occupation	Indoor Outdoor
Driving date pass	19/7/1906.

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Was injured conveyed to	162 []	NO D
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REPUBLIC OF SINGAPORE IDENTITY CARD NO \$1694762H





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21-09-1965 M

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE e: 21 Sep 1965 ₩ 30 Oct 2008



MRC III. S1694762H

Case of Issue 29-12-2008

NO.14 JLN EKO BOTANIZ/9,TMN EKO BOTANI 79100 ISKANDAR PUTERI JOHOR

NRIC No. \$1694/52H S1694782H Date:

10/04/2018

YOU ARE HIGENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSICS)

EQ Insurance Company Limited 5 Marcwell Road #17-00 Tower Block MND Complex Singspore 069110 lel 65 (223 9433 | fax 65 6224 3903 | www.eqinsurance.com.sq ring 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 SI P12495

2. 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

Outside Singapore YEIDR (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 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

Extension of the second

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.

unwjt/HD/B000042/NEWSTATE STENHOUSE (

A Member of Citystate

Authorised Signatory EQ Insurance Company Limited