NATIONAL Assessment Centre	Services ve	1 Jan 105 MM	IA 118122103			
Date In: 20/9/18 14:33	Jeb description		Date & Time Comp	leted	Don	by by
ROTNO WAT EAZ 18017136/64.	SAS c-filing	i				
Veh No XE 1090 Y	E-mail (within Shrs,	AIC 2hrs)				
DOA 1919 118 12:00.	i-Motor Claim F	form				
	i-Motor W/O (w	ithin: OD 2hrs, Ti	' 4brs)			
OD / O ' Reporting Only	i-Photo Uploade	-				
TP fusurer:	Assessment/Surve	y Report				
	Ass't Report by Fa	ax/Hand to C	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (and the state of t	- International Control	Γel:	Fax:		
1,	3324 R.	INC()/Non-INC ()_		
Owner / Driver: (002111		Tel:)	
Policy No: () Period	d: () C	over Type: ()	
Confirmed by : (D	ate:	Time:)	
Insured/Driver Liability: (%) [No	te-Est. Status (WO)	: N: 0-20%	P: 21-79%. F	: 80-100%	/o]	
Year of Registration: () Wa	rranty: YES ()	/NO()				
Excess: (\$) Loading: \$1,000	()/\$2,000()				
General Remarks:-				10500		100 E
() Walk-In Customer: Customer's informa						
() Total Loss Case : to e-mail Insurer I	URGENTLY.		A 12			
Drive-In ()/ Towed-In (); Invoice: Y	ES () / NO () ; Tow	ing Co: (,)
		1.	Pate&Time Comple	CENT 27	Done	hov.
Remarks: (INC hadine: 6788 6616)	rtest Cos (varience autrio extensive	1000	1. 12.000	1.0
1) Apply for Transport Allowance ()/ Cour	nesy Car ()					
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$3000]	07					
3) Opioad Resulvey Photo [Repair Cost > \$5000	0) ()					
Injury:	1					Marin (1, 11 19, 11 19
Date/Time Actions					dicaet in	
The state of the s	14.74	•				
	1					
TOTAL CONTRACTOR OF THE STATE O		•		504670	Anit (\$)	: Amt (1)
	In	voice Prepar	ation Checklist		fit Bill	Add Bill
laimant's Particulars :-		R : Accident Rep A : Damage Asse		NC (\$80)		
Driver/Owner:	3) T	F : Towing Fee		\$40/\$45		
	4) F	T : Follow-Thron	gh Survey	\$120		
Contact No:	5) i²	T : Follow-Throu	gh Survey (Resurvey)	\$30		
Commit 170.	5) i² Fe	T : Follow-Throu or claiming agains	gh Survey (Resurvey) UNC Only (wef 10 Jo	n 2905)		William Control
Damaged Portion:	5) i ² Ee 6) T 7) N	T : Follow-Through or claiming agains R : Re-inspection I : Idae DA + SM	IJNC Only (well 10 Jo IRT Survey	and the second s		
	5) i' Fe 6) T 7) N 8) N	T: Follow-Throu, or claiming agains R: Re-inspection I: Idao DA + SM TUC Additional S	IJNC Only (well 10 Jo IRT Survey	n 2905) \$75		
	5) i' E 6) T 7) N 8) N	T : Follow-Through or claiming agains R : Re-inspection I : Idae DA + SM	UNC Only (wef 10 Jo IRT Survey Services -	n 2905) \$75		
Pamaged Portion: C Checked by (Engr-In-Charge):	5) i* E9 6) T 7) N 8) N Q	T: Follow-Throu, or eleining egains R: Re-inspection II: Idea DA + SM TUC Additional S II* N5: Countesy Car N6: Repair Co-one	IJNC Only (wef 10 Jo RT Survey Services - / Tpt Allowanse Gnation	\$160 \$35 \$35 \$35 \$35 \$35		
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Pamaged Portion: OC Checked by (Engr-In-Charge): Auditors Comments :-	5) i' F: 6) T 7) N 8) N Q -1	T: Follow-Throuser claiming against R: Re-inspection R: Re-inspection R: Idao DA + SM TUIC Additional SD* N5: Courtesy Car N6: Repair Co-occ N7: Fost Repair Ir N8: DV / Collect I	IJNC Only (wef 10 Jo RT Survey Services - / Tpt Allowanse Gnation	\$160 \$160 \$55 \$10 \$25 \$3 \$20		
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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.
- 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.

Limited to the property of the second second second	ACCIDENT STATEMENT		
Date Of Report	20/09/2018 14:33		
Date Of Accident	19/09/2018 12:00		
Exact Location Of Accident	ALONG CHOA CHU KANG WAY		
Country/State of Loss	SINGAPORE		
Desired the second seco	ETAILS OF OWN VEHICLE		
Vehicle Registration Number	XE1090Y		
Insured/Policyholder			
Name Of Registered Owner	JR ENVIRONMENTAL PTE LTD		
Co Reg No	Control of the Contro		
Email Address	NOEMAIL		
Mobile Phone No			
Alternative Phone No	OFFICE-85885506		
Vehicle Particulars			
Manufacturer	IVECO		
Model			
Exact Purpose for which vehicle was being used at time of accident	WORKING		
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	COMMERCIAL VEHICLE		
Insurance Company			
Name of Insurance Company	EQ INSURANCE COMPANY LTD		
Type Of Coverage	COMPREHENSIVE		
Fleet Policy	NO		
Policy Number	DMCPHQ17-005777		
Cover Note Number			
Driver			
Name of Driver	ZHANG JIANYAN		
NRIC No	G6508214X		
Date Of Birth	24/02/1980		
Occupation	OUTDOOR		
Date Of Driving Pass	30/05/2013		
Driving Experience	5 YEARS AND 3 MONTHS		
Gender	MALE		
Mobile Number	(LOCAL) +65-86121061		
Fax Number			
Contact Number			
EMail Address	NOEMAIL		

Address

BLK 153 BUKIT BATOK ST 11 #02-292

Postcode

650153

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 - CHANGE/CROSS LANE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

YES

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

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

PLEASE REFER TO ATTACHED 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

Vehicle Make/Model/Colour

YP3324R

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.
- 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 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, 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 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.

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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.:

Policyholder's Signature Date & Time:

(If driver is not the policyholder)

Date & Time:

Name:

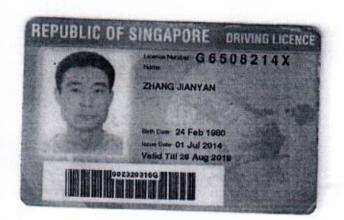
NRIC/FIN No.:

Cukenic ShrizhPianForm_V2

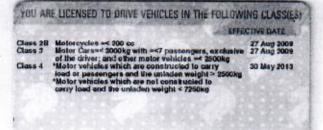
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Date of Accident	: 19/9/18	Accident Time: 12 pm (24-HR-Format)
Accident Place	: Along C	has the kan way
Vehicle. No. (Car Plate No.)	: XE 10"	103 Make/Model: IVECO Tratter
Insurace Company	EQ_	Policy No: DMCPHQ17-02577
Owner or Company Name /IC No.	: JR el	ovironmental fle Ltd/201319056H
Owner or Company Contact No.	i	Owner's Hp 85885506 Company Tel
DRIVER'S Name / IC No.	: Zhung	Jian Yan / G6508214X
DRIVER'S Date Of Birth	: 24/2/191	DRIVER'S License Pass Date 27/8/2009
Relationship of Owner & Driver	: Spouse \ Parent	s \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: 61K 153 . 1	Bukit Batok St 11 #02-292
DRIVER'S Contact No./ Alt No.	(1:	1061 2) 5650152
DRIVER'S Occupation	: INDOOR \ OU'	DOOR (e.g. working inside or outside office)
Email Address	:	10
Weather & Road Surface	: CLEAR & DRY	\RAINING & WET\AFTER RAIN & WET
Reporting Type	: Reporting Only	\ Claim Own Insurance
Number of Passengers (Including D	river):l D	river
Was there any video Captured by ca Exact purpose for which vehicle was Any injury (If YES, Pls state):/	s being used at the	time of accident: Private use \ Work purpose
Other P	arty Driver's Par	rticular (if any)
Vehicle, No: <u>JP 3324</u>	R (AXA)	Vehicle, No:
Vehicle Make\Model:		Vehicle Make\Model:
Name Driver:		Name Driver:
IC No. Driver/Contact:		IC No. Driver/Contact:

* NEW - Passenger's name & gender:







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.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 1995 EDITION (REPUBLIC OF SINGAPORE) OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

COMMERCIAL VEHICLE PRIVATE (SCH I) Comprehensive

Certificate No.: DMCPHQ17-005777

Form: LCVP1

Index Mark and Registration Number of Vehicles

Excess: Section 1:

Additional

\$\$2,000,00 \$\$3,000.00 All Claims \$\$100.00 S\$1,500.00 All Claims

XE1090Y

YEID: WindScreen: TPWR:

2. Name of Policyholder

JR ENVIRONMENTAL PTE. LTD.

- 3. Effective Date of the Commencement of Insurance for the purpose of the Act 13/10/2017
- 4. Date of Expiry of Insurance 12/10/2018
- Person or Classes of persons entitled to drive*

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

(a) The Policyholder

(b) Any other person who is driving on the Policyholder's order or with his permission.

- * Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment 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. Limitation as to use*
 - 1) Use in connection with the Insured's business,
 - Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business.
 - Use for social domestic and pleasure purposes.

THE POLICY DOES NOT COVER:

- Use for hire or reward or for racing pace-making reliability trial or speed testing.
- Use whilst drawing a greater number of trailers in all than is permitted by Law.

Use for the carriage of passengers for hire or reward.

4) Liability arising from or in connection wiht 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.

NWE 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.

Hire Purchase: Mercedes-Benz Financial Services Singapore Ltd

A000250/V. Rich Services Pte Ltd Date of Issue: 05/10/2017 16:05

Authorised Signatory EQ Insurance Company Limited

Note

Young, Elderly &/or Inexperience Driver (YEIDR) refers to any person authorized to drive who is below 26 years old or above 70 years old and/or the holder of a qualified driving licence of less than 2 years duration.

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