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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
- 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.

 5. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for a 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

| 21.012 | ACCIDENT STATEMENT |
|------------------------------------------------------------------------------|---------------------------------------------|
| Date Of Report | 13/10/2018 15:50 |
| Date Of Accident | 12/10/2018 19:35 |
| Exact Location Of Accident | TAMPINES AVE 7 EXITING LEFT TO TPE(CTE/SLE) |
| Country/State of Loss | SINGAPORE |
| D | ETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SCA21Z |
| Insured/Policyholder | |
| Name Of Registered Owner | SOH PEK KOON(SU BIJUN) |
| NRIC No | \$8035420G |
| Email Address | |
| Mobile Phone No | JOEY,SOH.21@GMAIL.COM |
| Alternative Phone No | (LOCAL) +65-90478891 OTHERS-90478891 |
| Vehicle Particulars | OTTIENG-904/8891 |
| Manufacturer | TOYOTA |
| Model · | TOYOTA HARRIER |
| Exact Purpose for which vehicle was being used at time of accident | MARKIER |
| time of accident | PRIVATE 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 CAR |
| Insurance Company | |
| Name of Insurance Company | EQ INSURANCE COMPANY LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO NO |
| Policy Number | DMPPHQ18-001178 |
| Cover Note Number | DMFF11Q10-001178 |
| Driver | |
| Name of Driver | COLLEGE |
| NRIC No | SOH PEK KOON(SU BIJUN) |
| Date Of Birth | S8035420G |
| Occupation | 03/11/1980 |
| Date Of Driving Pass | INDOOR |
| Driving Experience | 08/07/2002 |
| Gender | 16 YEARS AND 3 MONTHS |
| Mobile Number | FEMALE |
| Fax Number | (LOCAL) +65-90478891 |
| Contact Number | |
| EMail Address | OTHERS-90478891 |
| minute / m/4/1003 | JOEY.SOH.21@GMAIL.COM |

Address 24A RICHARDS AVE

Postcode 546436

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

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 DRIZZLING Road Surface WET

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

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) 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

PLS REFER TO THE ATTACHED STATEMENT

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES Remarks/ Reasons:

THE FILES TOO BIG, WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number **GBB6337E** Vehicle Make/Model/Colour NISSAN Details Of Properties

Vehicle Category COMMERCIAL VEHICLE Name of Driver ZONG QINGHUA

NRICIPassport Number

Contact Number 82685485

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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
- 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 personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured wehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the 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 y Signature Date & Time

13 - October 2018

9:40 tm

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

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:



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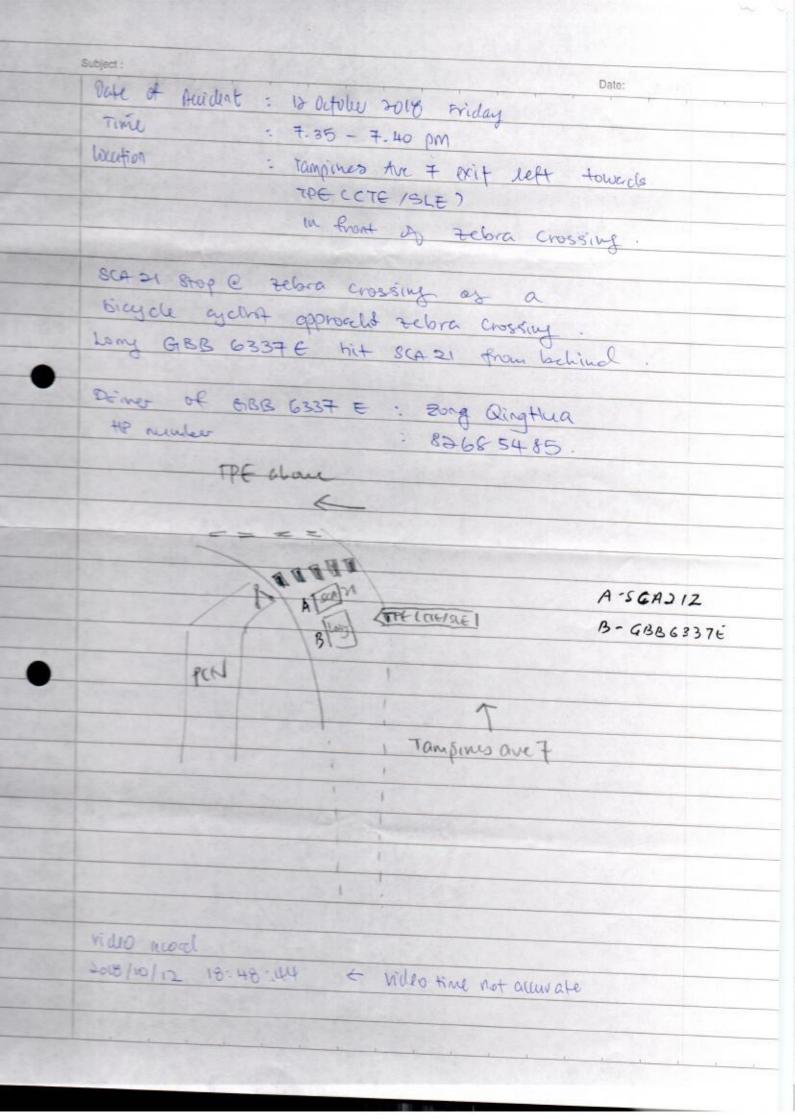
I/We declare the foregoing particulars are true in every respect.

Policyholder a Signature
Date & Time
13 Octob u 2018
9: 40 AM.

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:



ACCIDENT STATEMENT

| ACCID | ENT DATE: 12 10 2018 | LI(DD/MM/YYY), TIME: | 19:35)(HH:MM) 7.35 PM |
|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| LOCATI | ION: Tampines Ave | 7 exis exiting | uff to TPE (CTE/SLE). |
| | DETAILS OF VEHICLE a) VEHICLE NUMBER: b) INSURANCE COMPANY: c) POLICY NUMBER: d) POLICY TYPE: COMPREHEN e) MAKE & MODEL: f) TYPE: (SALOON / COUPE / (MODEL) g) VEHICLE CATEGORY: PRIV | LA 21 Z EQ INSULANCE VISIVEY THIRD PARTY / THIRD TOYOTA HOME PV/VAN/LORRY/MOTO | IN that of Zebra crossing PARTY FIRE &THEFT) PROYCLE / OTHERS) |
| 2. | h)PURPOSE OF USING AT ACC i) ARE YOU CLAIMING UNDER IF NO, PLEASE STATE (THIRD F INSURED / POLICY HOLDER A)NAME: SOH PE b)NRIC/FIN/PASSPORT: C)ADDRESS: 24A RICH C | PARTY CLAIM REPORTING | (ES/(NO)) ONLY) (MALE (FEMALE) |
| (Including driver) | CONTINUE TO 3.d IF DRIVER DRIVER DINAME: as above DINRIC/FIN/PASSPORT: DIADDRESS: | | _(MALE / FEMALE) |
| 4. V I 5. c 6. V 7. c | COLOR OF BIRTH: (03 / 1) DOCCUPATION: (NDOOR) COLOR OF | OUTDOOR) NCE: 7 10 Y(S) OF THE INSURED'S COM HE DRIVER WITH INSURE AR / RAINING / OTHERS OTHERS NO POLICE STATION: - | IPANY? (YES/NO) ED: auno- drizzling |
| (Including driver) 1 (Including driver) 1 (Including driver) 1 (Including driver) 1 (Including driver) 1 | HIRD PARTY VEHICLE O) VEHICLE NUMBER: G. B.S. O) DRIVER'S NAME: E. O) NRIC/FIN/PASSPORT: 8 HIRD PARTY VEHICLE D) VEHICLE NUMBER: O) DRIVER'S NAME: NRIC/FIN/PASSPORT: | tong QingHua | :_ Niscan (Long) ACT: 8268 5485 |
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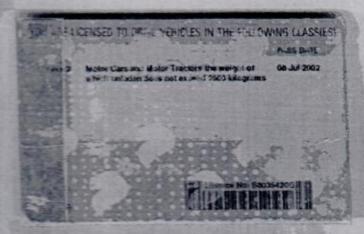
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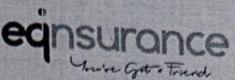








Q Insurance Company Limited 6 Marriell Road #17-00 Tower Block MND Complex Singapore 068110 tel 55 5223 9433 | fax 65 6224 3903 | www.eqineurance.com.ag reg no. 1978-00490-N



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)

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996 EDITION(REPUBLIC OF SINGAPORE)

OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

PRIVATE CAR Comprehensive

Certificate No.: DMPPHQ18-001178

1. Index Mark and Registration Number of Vehicles SCAZIZ

2. Name of Policyholder Soh Pek Koon (Su Bijun) Form: MX2 Insured/Named Driver SGD680.00 Unnamed Drivers SGD1,100.00 Additional SGD3,000.00 YEID

- Effective Date of the Commencement of Insurance for the purpose of the Act
- 4. Date of Expiry of Insurance 16/83/2819
- 5. Person or Classes of Persons entitled to drive*
 - (a) The Policyholder
 - (b) Any other person who is driving on the Policyholden's order or with his

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.

E. Limitations as to use*

use for social, comestic and pleasure purposes and for the Policyholder's

The policy does not cover

(a) use for hire or reward

(b) use for racing, pace-making, reliability trials or speed testing (c) use for the carriage of goods (other than samples) in connection with any

(d) use for any purpose in connection with the Motor Trade

Communications rendered inoperative by Section 8 of the Motor vehicles (Third-Party Risks and (Pelaysia), are not to be included under these headings.

The MERSEY 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 the Motor Chapter 1891 and Part IV and Amendment, Act or Acts passed in substitution thereof.

#1550/HO/BOOME29/PACIFIC INSURANCE BE

A Member of Citystate

Authorised Signatory EQ Insurance Company Limited