| The state of the s |  | SIMNANDITIATE   |  |                |
|--|--|---|--|----------------|
| Date In: 13/10/18-13:54  | Jeb description  |   |  |                |
| Ref No: NA   ENT 80 REST   ZY  |  | Date & Time Comp  | leted De   | one by         |
| Veh No: SKL89304   | SAS e-filing   |   |  |                |
|  | E-mail (within Shrs, AIC 2)  | hrs)  |  |                |
| D.O.A: 17/10/8-10-55   | i-Motor Claim Form   |   |  |                |
| OD TP Reporting Only   | I-Motor W/O (Within: O   | D 2hrs, TP 4hrs)  |  |                |
|  | i-Photo Uploaded   |   |  |                |
| TP Insurer:  | Assessment/Survey Rep  | ort   |  | Vision 199     |
| D. C.  | Ass't Report by Fax / H  | and to Owner/Wksp   |  |                |
| Preferred Wksp / INC Assign Wksp / QW: (   |  | Tel:  | Fax:   | -              |
| TP Particulars: Veh No: SLL  | 33067 IN   | C( )/Non-INC(   | )  |                |
| Owner / Driver: (  |  | Tel:  | J  |                |
|  | eriod: (   | ) Cover Type: (   | · · · ·  |                |
| Confirmed by : (   | Date:  | Time  |  |                |
| Insured/Driver Liability: ( %)   | [Note-Est. Status (WO): N:   | 0-20%; P: 21-79% P.   | 80-1009/1  |                |
| P ( )  | Warranty: YES ( )/NO(  | )   | 30-10076   |                |
| Excess: (\$ ) Loading: \$1,0   | 000 ( ) (00 0== 1  |   |  |                |
| General Remarks.   | OFFICE AND A SUN   | Separate de la companya de la compa  | **: >**: >**   |                |
| ( ) Walk-In Customer: Customer's info<br>( ) Total Luss Case : to a mail Luss  | Amortic  |   | Zarizon b  |                |
| ( ) Total I ass Com  | Amation strictly Confidential &  | Strictly NO refer of repa   | irer.  |                |
| - to e-man insur   | er URGENTLY.   |   |  |                |
| Drive-In ( )/ Towed-In ( ); Invoice  | e: YES( ) / NO( )  |   |  |                |
|  | ( ), 110( )  | ; Towing Co: (  |  | )              |
| Remarks: (INC hotline: 6788 6616)  |  | 31  |  |                |
| I Apply for The  | The state of the s | Date&Time Complet   | d Don  | eby            |
| 2) OC Check / P.   | Courtesy Car ( )   |   | -  | 20,00          |
| 2) QC Check / Post Repair Inspection   | ( )  | 77  | <del>-</del>   |                |
| <ol> <li>Upload Resurvey Photo [Repair Cost &gt; \$3</li> </ol>  | 0000] ( )  | -   |  |                |
| Injury:  |  |   |  |                |
| Date/Time Actions  |  | <del></del>   |  |                |
| Date/Time Actions  | 4 TO STORES  | and the second  | INSTITUTE OF THE   |                |
| The Training of the Victorian Control of the V |  | SECTION TO A TOTAL SECTION OF THE PROPERTY OF THE PARTY O  | THE BOAT CHANGE  | A 11 1 1 1 1 1 |
|  | 3 10 - To Fee - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -  | 20 20 1 18 10 00 00 00 00 00 00 00 00 00 00 00 00   | 28 HENDEWIN 1981 1491 153  |                |
|  |  |   | **************************************   |                |
|  |  | 30 100 100 100 100 100 100 100 100 100 1  | A HEAD WAY 184 . A. S.   |                |
|  |  | +   | **************************************   | or 1, 145, 3   |
|  |  |   | **************************************   |                |
|  | 1  | *   | **************************************   |                |
|  | 1 Invoice 2  |   |  |                |
| SP SP SP   | 10. 3. Area alla 1900 11. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | eparation Checklist   | Anit (\$)  | Amil (         |
| timant's Particulars :-  | 1) AR : Accide   | ent Reporting (\$30);   | And (5)  | Amil (         |
| timant's Particulars :-  | 1) AR : Accide<br>2) DA : Dame<br>3) TF : Towing   | ent Reporting (\$30);<br>ge Assessment (\$100); INC<br>gree   | Aur (S)  | Amil (         |
| umant's Particulars :-<br>ver/Owner:   | 1) AR : Accide 2) DA : Dame 3) TF : Towing 4) FT : Follow 5) FT : Follow   | ent Reporting (\$30);<br>ge Assessment (\$100); INC<br>gree<br>Through Survey<br>Through Survey (Resurvey)  | (\$80)<br>\$40/\$45<br>\$120<br>\$30   | Amu(           |
| umant's Particulars :- ver/Owner:  | 1) AR : Accide 2) DA : Dame 3) TF : Towing 4) FT : Follow 5) FT : Follow For claiming  | ent Reporting (\$30); Re Assessment (\$100); INC Ree Through Survey Through Survey (Resurvey) Lagainst INC Only (wef 10 Jan 2   | (\$80)<br>\$40/\$45<br>\$120<br>\$30   | Amu(           |
| umant's Particulars :- ver/Owner:  | 1) AR : Accide 2) DA : Dama 3) TF : Towing 4) FT : Follow 5) FT : Follow For claiming 6) TR : Re-ins 7) N1 : Idae D  | cnt Reporting (\$30); ge Assessment (\$100); INC gree Through Survey Through Survey (Resurvey) Laggingt INC Only (wef 10 Jan 2) section A + SMRT Survey   | (\$80)<br>\$40/\$45<br>\$120<br>\$30<br>(905)<br>\$75  | Amu(           |
| umant's Particulars :- ver/Owner: ntact No: naged Portion:   | 1) AR : Accide 2) DA : Dame 3) TF : Towing 4) FT : Follow 5) FT : Follow For claiming 6) TR : Re-ins 7) N1 : Idae D/ 8) NTUC Addi  | cnt Reporting (\$30); ge Assessment (\$100); INC gree Through Survey Through Survey (Resurvey) Laggingt INC Only (wef 10 Jan 2)   | (\$80)<br>\$40/\$45<br>\$120<br>\$30   | Amu(           |
| umant's Particulars :- ver/Owner: ntact No: naged Portion:   | 1) AR : Accide 2) DA : Dame 3) TF : Towing 4) FT : Follow 5) FT : Follow For claiming 6) TR : Re-ins 7) N1 : Idao D 8) NTUC Addi OD.*  | cnt Reporting (\$30); ge Assessment (\$100); INC gree Through Survey Through Survey (Resurvey) asseinst INC Only (wef 10 Jan 2 section A + SMRT Survey lional Services:   | (\$80)<br>\$40/\$45<br>\$120<br>\$30<br>(905)<br>\$75<br>\$160   | Amu(           |
| umant's Particulars :- ver/Owner: ntact No: naged Portion: Checked by (Engr-In-Charge):  | 1) AR : Accide 2) DA : Dame 3) TF : Towing 4) FT : Follow 5) FT : Follow For claiming 6) TR : Re-ins 7) N1 : Idao D 8) NTUC Addi OD* *N5: Courte: *N6: Repair  | cnt Reporting (\$30); ge Assessment (\$100); INC green Fee Through Survey Through Survey (Resurvey) Lagainst INC Only (wef 10 Jan 2 section A + SMRT Survey Lional Services:- Lagainst INC Only (Wef 10 Jan 2 section) A + SMRT Survey Lional Services:- Lagainst INC Only (Wef 10 Jan 2 section) A - SMRT Survey Lional Services:- Lagainst INC Only (Wef 10 Jan 2 section) Co-ordination  | (\$80)<br>\$40/\$45<br>\$120<br>\$30<br>(905)<br>\$75<br>\$160   | Ami (          |
| umant's Particulars :-  ver/Owner:  ntact No:  naged Portion:  Checked by (Engr-In-Charge):  | 1) AR : Accide 2) DA : Dame 3) TF : Towing 4) FT : Follow 5) FT : Follow For claiming 6) TR : Re-ins 7) N1 : Idao D 8) NTUC Addi OD* *N5: Courte: *N6: Repair *N7: Fost Re   | cnt Reporting (\$30); ge Assessment (\$100); INC green Fee Through Survey Through Survey (Resurvey) Lagainst INC Only (wef 10 Jan 2) section A + SMRT Survey lional Services:  Ty Car / Tpt Allowance Co-ordination pair Inspection   | (\$80)<br>\$40/\$45<br>\$120<br>\$30<br>\$005)<br>\$75<br>\$160  | Ami (J         |
| ver/Owner:  ntact No:  naged Portion:  Checked by (Engr-In-Charge):  | 1) AR : Accide 2) DA : Dame 3) TF : Towing 4) FT : Follow 5) FT : Follow For claiming 6) TR : Re-ins 7) N1 : Idao D 8) NTUC Addi OD* *N5: Courte: *N6: Repair *N7: Fost Re *N8: DV / C TP (N11) : T  | ent Reporting (\$30); ge Assessment (\$100); INC green Feet (\$100); IN | (\$80)<br>\$40/\$45<br>\$120<br>\$30<br>\$003)<br>\$75<br>\$160<br>\$35<br>\$510<br>\$25<br>\$35   | Amu(           |
| ver/Owner:  ntact No:  naged Portion:  Checked by (Engr-In-Charge):  | 1) AR : Accide 2) DA : Dama 3) TF : Towing 4) FT : Follow 5) FT : Follow For claiming 6) TR : Re-ins 7) N1 : Idao D 8) NTUC Addi QD*  *N5: Courte *N6: Repair *N7: Post Re *N8: DV / C TP (N11) : T 9) N12: Idao M   | cont Reporting (\$30); ge Assessment (\$100); INC green in the survey Through Survey (Resurvey) Laggingt INC Only (wef 10 Jan 2 section A + SMRT Survey lional Services:  The survey Lional Services:  The survey Lional Services:  Locardination Point Inspection Delicated Excess Coordination P (Non INC) against INC Debile   | \$30<br>\$30<br>\$40/\$45<br>\$120<br>\$30<br>\$90<br>\$75<br>\$160<br>\$5<br>\$10<br>\$25<br>\$3<br>\$20<br>30  | AAR ()         |
| nimant's Particulars:  iver/Owner:  intact No:  maged Portion:  Checked by (Engr-In-Charge):  litors' Comments::   | 1) AR : Accide 2) DA : Dame 3) TF : Towing 4) FT : Follow 5) FT : Follow For claiming 6) TR : Re-ins 7) N1 : Idao D 8) NTUC Addi OD* *N5: Courte: *N6: Repair *N7: Fost Re *N8: DV / C TP (N11) : T  | ent Reporting (\$30); ge Assessment (\$100); INC green Feet (\$100); IN | \$30 (05)<br>\$40/\$45<br>\$120<br>\$30 (005)<br>\$75<br>\$160<br>\$25<br>\$31<br>\$25<br>\$31<br>\$31<br>\$31<br>\$31<br>\$31<br>\$31<br>\$31<br>\$31<br>\$31<br>\$31 | Ami ()         |

### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

**EMail Address** 

- 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 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.
- 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.

| NAME OF TAXABLE PARTY OF THE PA | ACCIDENT STATEMENT                   |
|--|--------------------------------------|
| Date Of Report   | 17/10/2018 13:54                     |
| Date Of Accident   | 17/10/2018 10:55                     |
| Exact Location Of Accident   | LOWER DELTA RD TWDS TELOK BLANGAH RD |
| Country/State of Loss  | SINGAPORE                            |
| AND THE PROPERTY OF THE PROPER | DETAILS OF OWN VEHICLE               |
| Vehicle Registration Number  | SKL8900G                             |
| 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   | MERCEDES-BENZ                        |
| Model  | E250 CDI (R17)                       |
| 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   | LOW CHENG KIAN (LIU QINGJIAN)        |
| NRIC No  | S7024795Z                            |
| Date Of Birth  | 20/07/1970                           |
| Occupation   | OUTDOOR                              |
| Date Of Driving Pass   | 01/02/1991                           |
| Driving Experience   | 27 YEARS AND 8 MONTHS                |
| Gender   | MALE                                 |
| Mobile Number  | (LOCAL) +65-86140114                 |
| Fax Number   |                                      |
| Contact Number   | OFFICE-86140114                      |

NOEMAIL

BLK 529 BEDOK NORTH STREET 3 Address

#06-584

460529

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

Postcode

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

5

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? 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.

Number of Passengers (Including Driver)

Passenger 1 NAME: : MR. ERODE

> GENDER: : MALE

Passenger 2 NAME:

> GENDER: : FEMALE

Passenger 3

NAME:

GENDER: : FEMALE

Passenger 4

NAME:

NO

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? NO

If Yes, against whom?

Circumstances of Accident

REFER TO 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 Witness 1** 

Name MR. ERODE Phone Number 98272586

**Email Address** 

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SLL3306T NISSAN

PRIVATE CAR NATASHA PEART

85055996

#### SKETCH PLAN

## 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 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)

l 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:
  - (i) 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 Date & Time:

w

ROS

Driver's Signature

(If driver is not the policyholder)

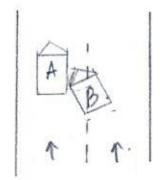
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

TELOF BLANGAH



A & SKL 8900G. B & SUL 3306T.

| DESCRIBE | CIRCUMSTA   | ANCES OF  | THE A  | CIDENT |
|----------|-------------|-----------|--------|--------|
| DESCRIBE | CINCUIVISTA | HIVLES OF | I DE A | LUDENI |

| <ul> <li>I was travelling straight a long Lower Delta towards</li> <li>Telok Blangah Road pass Jalan Bukit Merah junction</li> <li>suddenly vehicle B (SLL 3306T) changing her lane to left</li> <li>side and hit on to my right rear portion. After that I alight and exchange particular with vehicle B.</li> </ul> |
|---|
|   |
|   |

DECLARATION

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

Policyholde Signature Date & Time 1838 3

Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

# SINGREGRE ACCIDENT SVATERIENT

# 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.
- 0
- 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 4 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.

| Date of accident           | TY (0 /18. (DD/MM/94)                      |
|----------------------------|--|
| Time of accident           | 10. 55 AM (HH:MM)                          |
| Exact location of accident | TRAVELING Along Lower Detta two Telole Bit |

| 是是到的经济发达,他们是这种思想                                   | DETAILS OF VEHICLE   |
|--|--|
| Vehicle registration number                        | 1 3kc 89006.   |
| Vehicle make and model                             | MERCEGES E CLASS   |
| Type of vehicle                                    | Saloon D MPV D CRV D Van D<br>Lorry D Bus D Motorcycle D Others  |
| Vehicle category                                   | Private □ Commercial Motorcycle □                                |
| Purpose of using at said time                      |  |
| Are you claiming under your own insurance company? | Yes No p if no, please select: Third part claim Reporting only D |

| 14  | The state of the s |  |
|-----|--|--|
| 100 |  | INSURANCE INFORMATION  |
| 2   | Insurance company  | INEO STREET, WHEN THE PROPERTY OF THE PROPERTY |
| 9   | Policy number  | DM CFHB 17 - 000195  |
| 1   | Type of policy   | Comprehensive Third party fire & theft TP only D   |
| 3   | The Company of the Co |  |

| THE REAL PROPERTY AND ADDRESS OF THE PERSON | And the second s | LICY HOLDER     |   |          |
|---|--|-----------------|---|----------|
| Name  | ROSET LIMOUSI  | NE SERVICES PTE | LTD Male                                | Female 1 |
| NRIC / Fin / Passport number  | 200406722Z   |                 | 1-11-11-11-11-11-11-11-11-11-11-11-11-1 |          |
| Contact   |  | 4.              |   | - 1      |
| Address   | 31.00  |                 | G                                       |          |

| DRIVER                       | SAME AS INSURED ABOVE (SKIP TO D.O.B) |
|------------------------------|---------------------------------------|
| Name                         | LOW CHENG FLAND Male Female           |
| NRIC / Fin / Passport number | 590247.052                            |
| Contact                      | 8614 014.                             |
| Address                      | BLE 509 BEDOIL MONTH ST 3# 06-584.    |
| Email address                |                                       |
| Date of birth                | 20/1/1930 .                           |
| Occupation                   | Indoor D Outdoor D                    |
| Driving date pass            | 01/02/1991                            |

|   |  | 211  |             | * 1 : 13/30  |   |                      |  |
|---|--|--|-------------|--|---|----------------------|--|
| Alse of the remember to the of  | Yes 🗆  | No p   | War ele     | iver and insu  | race H  | rer.                 |  |
| A A Insurad's company?  | If no, reis  | ationship or   | the Gr      | IVEL STIG HISG   | eu.   |                      |  |
| Accident captured by camera?  | Yes 🗆  | Not  |             |  |   |                      |  |
| Weather condition   | Clear  | Raining  |             | Others:  |   | Mile Post Control    |  |
| Road surface  | Dry p  | Wet □  |             |  |   | Unclus               | sive of drive  |
| No of passenger   | V = 1  | 5.   | -           |  |   | Inicia               | Sive of arrive   |
|   |  | 123222   | -10-03      | A PERSONAL PROPERTY.   |   | Waltonia             | See See 2  |
| was to the come with the  | Send Lines   | PASSED   | CENT        | THE PARTY OF THE P | DE TOWN DE  | SHOW AND SHOW        | Control of the last  |
| Name  |  | ERODE  |             |  |   |                      |  |
| Gendar  | Male   | Female   |             |  |   |                      |  |
|   |  |  | THE SECTION |  | olar initia   | Contract of the last | A AMERICAN   |
| · · · · · · · · · · · · · · · · · · ·   | SE SER   | · FASSIO   |             |  |   |                      | Senior Parket  |
| Name  | -  |  | ,           |  |   |                      |  |
| Gender  | Male 🗆   | Female   | 7           |  |   | _                    |  |
|   |  |  |             | ti titi  | in the same of  | A CONTRACTOR OF      | SCHOOL STREET  |
| Market St. Co. Co. Co. Co. Co. Co. Co. Co. Co. Co   |  | PASSE  | DE ELL      | AND REAL PROPERTY.   |   |                      | PERSONAL PROPERTY AND PERSONS ASSESSED.  |
| Name  | -  | V = 20 01.5  | -           |  | -   |                      | -  |
| Gender  | Male 🗆   | Female   | Z           |  |   |                      |  |
|   | 44.1   |  |             |  |   |                      |  |
| SHOW THE PROPERTY OF  | CONTRACTORS  | Passin   | 16ER 4      | <b>地位为是</b> 基本化  | W. 1833   | THE PARTY NAMED IN   | ESTRAGIO (NAT)   |
| Name  |  |  |             |  |   |                      |  |
| Gender  | Male □   | Female   | 7           |  |   |                      |  |
|   |  |  |             | - Complete and   | in section that   | CALLED TO SECURE     | No. of Parties and |
| · 数据2000年100日(100日)   | THE PARTY  | PASSIN   | OCER S      | 是 图 图 图 图  | SHALL SHALL   | THE REAL PROPERTY.   | The second second  |
| Name  |  |  |             |  |   |                      | -  |
| Gender  | Male 🗆   | Fernal   | W-          |  |   |                      |  |
|   |  |  |             |  | de la companya della companya della companya de la companya della | SCHOOL POWER         | and the second second  |
|   | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | PASSE  | ofer !      | 5  | ALTERNATION A   | P. Commission        |  |
| Name  | (STOWN)  |  |             |  |   |                      |  |
| Gender  | Male 🗆   | Female   |             |  |   | _                    |  |
| College.  | Maria de la composición del composición de la composición de la composición del composición de la composición del composición de la composición de la composición del composición del composición de la composición del composición del composición del composición del composición del composición del comp |  |             |  | -   | Solin Walter         | de la carinación   |
| CONTRACTOR OF THE PARTY OF THE | 151200   | OTHER INFO   | DRIVIA      | TION   | <b>Kerry</b>  |                      |  |
| Was anybody injured?  | Yes□   | Nop  |             |  |   |                      |  |
| Was other vehicle damaged?  | Yes 🗹  | No 🗆   |             |  |   |                      |  |
| Was other veinge damage.  | -  |  |             |  |   |                      |  |
| A THE PARTY HAVE A PROPERTY AND THE   | DE   | TAILS OF PE  | DLICE /     | ACTION   | PER SERVICE   | AND LANE             | The Land Street  |
| Reported to police?   | Yes 🗆  | No 🗷   | If yes      | , please state   | e which p   | olice static         | on,  |
| Police station name   |  |  |             |  |   |                      |  |
| Pulle station name  | Vs = _ :=  | Ga Carana  |             |  |   | -                    | entra in territorio  |
| SECURIOR STATE OF THE | THE STATE OF   | WITH   | ESS 1       | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | 100   | THE TAX              | AC VALUE   |
| Make Market and the Company of the  | MR.  | PRODE C  | 1827        | 12586)   |   | ur-                  |  |
| Name  | ,  |  | toss        |  |   |                      |  |
|   | No. of the last of | WITN   | ESS 2       |  |   |                      |  |
|   | The State of the S | Control of the Contro |             |  |   |                      |  |
| Name  |  |  |             |  |   |                      |  |

| 1. 12 - 1  | Contract to Lit.   |
|--|--|
| yantha ragtetratten number   | SLL 3306T  |
|  | NATASHA. PEART.  |
| Vehicla maka model   | NATASHA. PEART.  |
| Name<br>NRIC / Fin / Passport number   |  |
|  | 85046 996.   |
| Contact  |  |
| THE PROPERTY AND THE PARTY OF T | TOURD GARTY WERRELE 2  |
| A Little or all the property of  | United to the second se |
| Vehicle registration number Vehicle make model   |  |
|  |  |
| Name<br>NRIC / Fin / Passport number   |  |
|  |  |
| Contact  |  |
|  | TRONG BULETY VERICUE P   |
| The state of the s | And the second of the second o |
| Vehicle registration number  |  |
| Vahicle make model   |  |
| Name   |  |
| MRIC / Fin / Passport number<br>Contact  |  |
| Contact  |  |
| The black of the second black of the average of  | THIRD PARTY VEHICLE 4  |
| Vehicle registration number  |  |
| Vehicle make model   |  |
|  |  |
| Name NRIC / Fin / Passport number  |  |
| Contact .  |  |
| Contact  |  |
|  | THIRD PARTY VIHIGLE 5  |
| Vehicle registration number  |  |
| Vehicle registration   |  |
| Name   |  |
| NRIC / Fin / Passport number   |  |
| Contact  |  |
|  |  |
| COLOR DE LA COLOR  | THIRD PARTY VEHICLE 6  |
| Vehicle registration number  |  |
| Vehicle make model   |  |
| Name   |  |
| NRIC / Fin / Passport number   |  |
| Contact  |  |
|  |  |
| LONG THE PARTY OF THE PARTY.   | THIRD PARTY VEHICLE 7  |
| Vehicle registration number  |  |
| Vehicle make model   |  |
| Name   |  |
| NRIC / Fin / Passport number   | 1  |
| Contact  |  |
| The second secon |  |

| Nama   |                           |  |
|--|---------------------------|--|
| Infletes sustained   |                           |  |
| Which vehicle person in?   |                           |  |
| Were seat belts worm?  | Yes 🗆                     | No D   |
| Was injured conveyed to  | Yes 🗆                     | No 🗆   |
| hospital by ambulance?   |                           |  |
|  |                           | 21002-20 G-2242000   |
|  | -                         | MUNICIPALITY OF THE PROPERTY O |
| Name   |                           |  |
| injuries sustained   |                           |  |
| Which yehicle person in?   |                           |  |
| Were seat belts worn?  | Yes 🗆                     | No 🗆   |
| Was injured conveyed to  | Yes 🗆                     | No 🗆   |
| hospital by ambulance?   |                           |  |
| tent and the second second   |                           | · · · · · · · · · · · · · · · · · · ·  |
| A CONTRACTOR OF THE  |                           | minded reasons   |
| Name   |                           |  |
| Injuries sustained   |                           |  |
| Which vehicle person in?   |                           |  |
| Were seat belts worn?  | Yes 🗆                     | No D   |
| Was injured conveyed to  | Yes 🗆                     | No 🗆   |
| hospital by ambulance?   |                           |  |
| (  | - Autoli                  |  |
| A STATE OF THE PARTY OF THE PAR |                           |  |
| A STATE OF THE PARTY OF THE PAR | <b>经验</b> 证明显示            | MUNEO HERSON 4   |
| Name   | BARNA SERVICE             | (MUREO PERSON 4  |
| Injuries sustained   | NAME OF THE PARTY.        | (MUNEO PERSON 4  |
| Injuries sustained Which vehicle person in?  | all sections are an extra |  |
| Injuries sustained Which vehicle person in? Were seat belts worn?  | Yes 🗆                     | No D   |
| Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to  | Yes 🗆<br>Yes 🗈            |  |
| Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to  |                           | No D   |
| Injuries sustained Which vehicle person in? Were seat belts worn?  |                           | No D   |
| Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to  |                           | No D   |
| Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name  |                           | No D   |
| Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained   |                           | No D   |
| Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in?   | Yes 🗆                     | No D No D INIURED PERSON 5   |
| Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?  | Yes D                     | No D  No D  INDURED PERSON 5   |
| Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to  | Yes 🗆                     | No D No D INJURED PERSON 5   |
| Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?  | Yes D                     | No D  No D  INDURED PERSON 5   |
| Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to  | Yes D                     | No D  No D  No D  No D  No D   |
| Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to  | Yes D                     | No D  No D  INDURED PERSON 5   |
| Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to  | Yes D                     | No D  No D  No D  No D  No D   |
| Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained   | Yes D                     | No D  No D  No D  No D  No D   |
| Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in?  | Yes D<br>Yes D            | No D  INDURED PERSONS  No D  INDURED PERSON 6  |
| Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn?  Was injured conveyed to hospital by ambulance?  | Yes D<br>Yes D            | No D  INJURED PERSON 6  NO D  INJURED PERSON 6   |
| Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in?  | Yes D<br>Yes D            | No D  INDURED PERSONS  No D  INDURED PERSON 6  |

IDENTITY ЗЕКО НО. S7024795Z





LOW CHENG KIAN (LIU QINGJIAN)

刘清健

CHIMESE 20-07-1970 Controllate of birth BINGAPORE

87029725Z

5963863

S7024795Z

22-05-2018

APT 8LK 529 BEDOK NORTH STREET 3 #06-584 SINGAPORE 460529



# YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

01 Feb 1991

Class 3

Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

Licence No:S7024795Z

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



Form: LCVH Excess:

## 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 FLEET Comprehensive

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

Certificate No.: DMCFH017-000185

Index Mark and Registration Number of Vehicles

2. Name of Policyholder ROSET LIMOUSINE SERVICES PTE. LTD.

Section 1 SGD1,500.00 SKI 8988G Outside Singapore SGD1,500.00 Section 2 SGD2,000.00 Outside Singapore SGD2,000.00 YEIDR (Section 2) SGD4,000.00

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

Person or Classes of Persons entitled to dile.

Any person who is Authorised to drive on the Insured s or 5. Person or Classes of Persons entitled to drive\*

\*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 of 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 particle person whom the vehicle is hired purposes and business purposes of any pleasure

THE POLICY DOES NOT COVER

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 B 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 (

A Member of Citystate