NATIONAL Assessment Cen	tire Ber Fices.				
Date In: 32/p/18-1817	Jeb description		Date &Time Completed	Done	by
Ref No: NA 180218 019188/24	SAS e-filing				
Veh No: JLV7 684C	E-mail (within	Shrs, AIC 2hrs)			
D.O.A: 27/10/18-16:50	i-Motor Clai	m Form	4		
	i-Motor W/C	(Within: OD 2hr	s, 7P 4hrs)		
OD . TP Reporting Only	i-Photo Uplo	aded			
TD	Assessment/Su	irvey Report			gargino i
TP Insurer:	Ass't Report b	y Fax / Hand	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			Tel: F	ax:	
TP Particulars: Veh No: 1	G 5599B	. INC(	)/Non-INC( )	4	
Owner / Driver: (			Tel:	)	TVD C
Policy No: ( )	Period: (	)	Cover Type: (	)	
Confirmed by: (		Date:	Time:	)	
Insured/Driver Liability: ( %)	) [Note-Est. Status (V	WO): N: 0-2	0%; P: 21-79%. F: 80-1	00%]	
Year of Registration: ( )	Warranty: YES (	)/NO(	)		
	1,000 ( )/\$2,000				
General Remarks:			Total Contract who are		
( ) Walk-In Customer: Customer's in	nformation strictly Co	nfidential & St	rictly NO refer of repairer.		
( ) Total Loss Case : to e-mail Ins	urer URGENTLY.	17	N 10 10 10 10 10 10 10 10 10 10 10 10 10	10	
Drive-In ( )/ Towed-In ( ); Invo	oice: YES ( ) / N	NO( );T	owing Co: (		)
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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 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.

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a selection and according to	ACCIDENT STATEMENT
Date Of Report	22/10/2018 18:13
Date Of Accident	21/10/2018 16:50
Exact Location Of Accident	LOR 27 GEYLANG TWDS SIMS AVE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLU7684C
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	HONDA
Model	VEZEL 1.5 HYBRID X
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

Dilvei	
Name of Driver	YEO KAI SEONG (YANG KAIXIANG)
NRIC No	S9104447A
Date Of Birth	07/02/1991
Occupation	OUTDOOR
Date Of Driving Pass	02/04/2015
Driving Experience	3 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91089196

Fax Number

Contact Number OFFICE-91089196

EMail Address NOEMAIL

Address BLK 493 ADMIRALTY LINK

#01-161

Postcode 750493

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTH

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 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? YES

Was any injured conveyed to hospital by

ambulance?

NO YES

NO

Was any other material or property damaged?

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?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJG5599B

Vehicle Make/Model/Colour

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)

#### **DETAILS OF INJURED PERSON 1**

Name

YEO KAI SEONG (YANG KAIXIANG)

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SHOULDER & NECK

SLU7684C

YES

NO

#### 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)

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 the purpose of the pu
  - 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 & Braung Date & Time:

LTO

Drive Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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### DECLARATION

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

Policy Holder's Signature

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

NRIC/FIN No.:

# SINGSOFT REACTION STATEWENT

# 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.
  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 ٠ 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.

	ACCIDENT DETAILS	<b>国际公司</b>
Date of accident	21/10/18	(DD/MM/YY)
Time of accident	1650	(MH:MM)
Exact location of accident	Lor 27, My Towards Sims Ave	

DETAILS OF VEHICLE
SLU 76844
Honda veze
Saloon □ MPV Ø CRV □ Van □
Lorry □ Bus □ Motorcycle □ Others
Private D Commercial Motorcycle D
Yes D No w if no, please select: Third part claim of Reporting only C

	INSURANCE INFORMATION
Insurance company	In EO
Policy number	
Type of policy	Comprehensive a Third party fire & theft b TP only a
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	AND THE RESIDENCE OF THE PARTY	OLICY HOLDER	A STATE OF THE PARTY OF THE PAR		
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Address				A.V. C. 4	

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DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)
Name	Yeo Kai Seong Male Female a
NRIC / Fin / Passport number	(9/0 4447
Contact	9108 9196
Address	BIL 493 Admiratty Link #01-161
Email address	
Date of birth	67/02/1991
Occupation	Indoor D Outdoor
Driving date pass	02/04/2015

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Was other vehicle damaged?	Yes D	No 🗆				
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Was injured conveyed to	1 ES D	110 0				
hospital by ambulance?						100
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REPUBLIC OF SINGAPORE DENTITY CARD NO \$9104447A



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YEO KAI SEONG (YANG KAIXIANG)

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CHINESE

D7-D2-1991 M

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

S9104447A

YEO KAI SEONG (YANG KAIXIANG)

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SSE No. S9104447A

07-02-2006

APT BLK 493 ADMIRALTY LINK #01-161 SINGAPORE 750493

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Materia dis  $\sim 200$  CU. Motor can we seem by the  $\sim 7$  parameter, evolution of the direct continuous district, one should be district. But some transmission district, we seem was not and prove materia  $\sim 2500~{\rm kg}$  . Hence, some way and prove materia  $\sim 2500~{\rm kg}$ 

S / No.9000270695

EC Insurance Company Limited

5 Mexwell Road #17-00 Tower Block MND Complex Singapore 059110
1el 65 6229 9433 | lox 05 6224 3903 | www.eqinsurence.com.eg



## 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

Q17-000185

 Index Mark and Registration Number of Vehicles SLU7684C

Outside Singapore SGD1,500.00 Section 2 SGD2,000.00 Outside Singapore SGD2,000.00 YEIDR (Section 2) SGD4,000.00

SGD1,500.00

Form: LCVH Excess:

Section 1

Name of Policyholder ROSET LIMOUSINE SERVICES PTE, LTD.

 Effective Date of the Commencement of Insurance for the purpose of the Act 13/12/2017

 Date of Expiry of Insurance 31/10/2018

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 perwitted 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.

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 ),

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.

UNWNBF/HD/B000070/Newstate Stenhouse (

A Member of Citystate

Authorised Signatory EQ Insurance Company Limited