NATIONAL Assessment Centre Services. port 1 Junios Done by Date & Time Completed Date In: 07 /11 /10 Jeb description ROTNU NIA/EQ [18020 101 /13 SAS e-filling Vch No: 5KN4763B E-mail (within Shrs, AIC 2hrs) 1625 D.O.A : 05/11/18 i-Motor Claim Form I-Motor W/O (Within: OD 2hrs, TP 4hrs) (TP)' Reporting Only i-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp CHENG MOTOR Fax: Preferred Wksp / INC Assign Wksp / QW: (Tol: XE 8930 Veh No: INC ()/Non-INC (TP Particulars: Owner / Driver: (Tcl: Policy No: (Period: (Cover Type: (Time: Confirmed by: (Date: Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. Year of Registration: (Warranty: YES ()/NO(Excess: (\$ Loading: \$1,000 ()/\$2,000 (Geneval Remarks 12) Walk-In Customer's information strictly Confidential & Strictly NO refer of repairer.) Total Loss Case : to e-mail Insurer URGENTLY. Drive-In ()/Towed-In () / NO (); Towing Co: (); Invoice: YES (Remarks: (INC hothies 6788 6616) New Microsoft 1) Apply for Transport Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time / Actions 1) AR : Accident Reporting (530); Chaimant's Particulars is INC (\$80) 2) DA : Damege Assessment (\$100); \$40/\$4: 3) TF : Towing Fee Driver/Owner: \$120 4) FT : Follow-Through Survey 5) FT : Follow-Through Survey (Resurvey) 530 Contact No: For claiming against INC Only (wef 10 Jan 2005) \$75 6) TR : Re-inspection Damaged Portion: \$160 7) N1 : Idao DA + SMRT Survey 8) NTUC Additional Services:-QC Checked by (Engr-In-Charge): * NS: Courlesy Car / Tpt Allowance 510 *N6: Repeir Co-ordination \$25 * N7: Fost Repair Inspection Auditors! Comments :: *NS: DV / Collect Excess Coordination 35 TP (N11): TP (Non INC) against INC \$20 'at. 13 30 9) N12: Idao Mobile Fee Charged Involve dated 273; Fee Charged Invoice dated

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.

Date Of Accident 05/11/2018 16:25 Exact Location Of Accident 6A LENGKONG LIMA SINGAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number SKN47638 Insured/Policyholder Jame Of Registered Owner DAVE TAN YAN WEI JAMES OF REGISTER OWNER JAMES OF REGISTER OWNER JAMES OF LOCAL 16:5-91082232 JAMES OF LOCAL 16:5-9108232 JAMES OF LOCAL 16:5-910823 JAMES OF LOCAL 16:5-	建 操业业的 第二号 (1)	ACCIDENT STATEMENT
Exact Location Of Accident Country/State of Loss SINGAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number SKN4763B SSN4763B SSN47641998 Vehicle Particulars Alanufacture MAZDA Model MAZDA	Date Of Report	07/11/2018 11:27
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Vehicle Registration Number Insured/Policyholder Vame Of Registered Owner VRIC No S8412434F S8412434F S84012434F MOEMAIL (MOCAL) +65-91082232 OTHERS-94761998 Vehicle Particulars MAZDA Madurateurer MAZDA Madurateurer MAZDA MA	Country/State of Loss	SINGAPORE
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ax Number	Gender	FEMALE
	Mobile Number	(LOCAL) +65-94761998
ontact Number	Fax Number	
	Contact Number	

TZESHUAN@YAHOO.COM.SG

BLK 519A TAMPINES CENTRAL 8 Address

#07-09

Postcode 521519

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLIDED INTO PARKED VEHICLE

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

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)

0

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

MY VEH WAS PARKED OUTSIDE MY HOUSE AT 6A LENGKONG LIMA.MY NEIGHBOUR CAME TO MY HOUSE AND INFORMED MY FAMILY THAT MY VEH WAS HIT BY VEH(B)BEARING REG NO XE893D WHEN THE DRIVER CAME OUT AND MAKE A LEFT TURN FROM THE HOUSE NO 5 THAT THE HOUSE WAS UNDER RENOVATION.

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 PETER YONG Phone Number 98784289

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number XE893D

Vehicle Make/Model/Colour

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

- 1. 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.
- 3. 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.
- 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. 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.
- 7. 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:
 - (i) 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 Signature Date & Time:

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

NOV 7, 2018

Reporting Centre Personnel's Signature

w 07/11/18

Name NRIC/FIN No.:

SKETCH PLAN	6A	LENGRONG	LIMA
- SKN4763B - XE893A		J6A	6
-XE893A		-	
		Ť	5
DESCRIBE CIRCUMSTANCES (OF THE ACCIDENT		
Pls refu o	to the statem	went	
ECLARATION We declare the foregoing particul	ars are true in every respect.		
\$	Smen		- 07/4/1
olicyholder's Signature ate & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Name: NRIC/FIN No.:	re Personnel's Signature
	430am		

ACCIDENT STATEMENT

ACCII	DENT DATE: 05/11/2018 (DD/MM/YYYY), TIME: (6:26)(HH:MM)
LOCA	TION: GA LENGIKONG UMA
	DETAILS OF VEHICLE
1.	DETAILS OF VEHICLE SKN 4763B
	DINSURANCE COMPANY: EQ INSUFANCE COMPANY UMITED
83	DINSURANCE COMPANY: CO-(VY SOFTATO DE CO)
	CIPOLICY NUMBER: DMPPHO18-003396
	DIPOLICY TYPE: COMPREHENSIVEY THIRD PARTY / THIRD PARTY FIRE &THEFT)
	EJMANE & MODEL.
	TITYPE: SALOON / COUPETMRY /VAN / LORRY / MOTORCYCLE / OTHERS)
	DIPURPOSE OF USING AT ACCIDENT TIME:
	IIII oli ose ol osilio III risoloni
	I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YESKNO)
	IF NO, PLEASE STATE (THERD PARTY CLAIM / REPORTING ONLY)
2.	ANAME: DAVE TAN YAN WET MALE FEMALES 2
	CIADDRESS: BLK SISA TAMPINES CENTRAL # #07 09
	SINGAPORE 521519
	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
	DDIVER
of passanga	MALE TO E CHILAN MALE FEMALE
reducting driver)	DINRIC/FIN/PASSPORT: SP439126C CONTACT: 94761978
()	CIADDRESS: BLK 519A TAMPINES CENTRAL & #07-09
	SINGA8018 521579
	*d)DATE OF BIRTH: (11 / 12/1964)(DD/MM/YYYY)
	PLOCCUPATION: ANDOOR COUTDOOR)
	TYEARS OF DRIVING EXPRERIENCE: 13 years
4.	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES NO)
	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
5.	a) WEATHER CONDITION; (CLEAR / RAINING / OTHERS
	b)ROAD SURFACE: (DRY) / WET / OTHERS
	WAS ANYBODY INJURED (YES /(NO))
7.	a) REPORTED TO POLICE (YES (NO)
	IF YES, PLEASE STATE WHICH POLICE STATION:
8.	THIRD PARTY VEHICLE A) VEHICLE NUMBER: XE 893D MODEL:
of passenger	a) VEHICLE NUMBER: X & 8730 MODEL:
duding driver)	b) DRIVER'S NAME: C) NRIC/FIN/PASSPORT: CONTACT:
() 9.	C) NRIC/FIN/PASSPORT: CONTACT: THIRD PARTY VEHICLE
	MODEL:
1	Ci Terriote Homes.
of passenger	AL DOMES'S NAME
o of passenger dudina driver	e) DRIVER'S NAME:
duding driver	e) DRIVER'S NAME:CONTACT:
duding driver	F) NRIC/FIN/PASSPORT:CONTACT:
of passizinger ducking diriver	F) NRIC/FIN/PASSPORT:CONTACT:
duding driver	email = +zeshuan@yahoo.com 9278
duding driver	F) NRIC/FIN/PASSPORT:CONTACT:

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8439126C



ONG TZE SHUAN (WANG ZIXUAN)

芋 璇

CHINESE 11-12-1984

Country/Place of birth SINGAPORE





5439745



19-03-2015

APT BLK 519A TAMPINES CENTRAL B #07-09 SINGAPORE 521519

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

PASS DATE

Motor Cars and Motor Trackers the weight of which unladen does not exceed 2500 kilograms

10 Dec 2003

NP 423A



EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110 tel 66 6223 9433 | fax 65 6224 3903 | www.eqinsurance.com.sg reg no. 1978-00490-N



\$\$500.00

\$\$1,000.00

S\$3,000.00

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

PRIVATE CAR Comprehensive

Form: MX2 Excess:

YEID

Insured/Named Driver:

Additional:

Unnamed Drivers:

Certificate No.: DMPPHQ18-003396

 Index Mark and Registration Number of Vehicles SKN4763B

2. Name of Policyholder

DAVE TAN YAN WEI

 Effective Date of the Commencement of Insurance for the purpose of the Act 19/06/2018

4. Date of Expiry of Insurance

18/06/2019

5. Person or Classes of persons entitled to drive*

(a) The Policyholder

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

Use for social, domestic and pleasure purposes and for the Policyholder's business.

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 trade or business
- (d) use for any purpose in connection with the Motor Trade

*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.

Hire Purchase: Hong Leong Finance Ltd.

A000423/Car Insurance Agency Pte Ltd Date of Issue: 24/05/2018 10:10

Authorised Signatory EQ Insurance Company Limited

Exp No.: DMPPHQ17-002845

