NATIONAL Assessment Cen	tre Services well	1 ETHI 811 DAM 120, LEC	6			
Date In: 8/11/18-1617	Job description	Date &Tim	c Completed	Done	py	
Res No: Na Easkon > 14	SAS e-filing	i				
Veli No: 1/260982	E-mail (within Shrs, /	AIC 2hrs)			4	
D.O.A: 7/1/18-06170	i-Motor Claim Fo	orm				
	1-Motor W/O (Within: OD 2hrs, TP 4hrs)					
OD / P. Peporting Only	i-Photo Uploadeo	1			E-	
	Assessment/Survey	Report				
TP Insurer:	Ass't Report by Fa	Ass't Report by Fax / Hand to Owner/Wksp				
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)	
TP Particulars: Veh No: JR	sari.	INC()/Non-I	NC()	Vicigores.	Veneta i i i	
Owner / Driver: (Tel:)		
Policy No: ()	Period: () Cover Typ	c: ()		
Confirmed by : (line:)		
Insured/Driver Liability: (%)	[Note-Est. Status (WO)	N: 0-20%; P: 21-	79%. P: SO-100%	6]		
Year of Registration: ()	Warranty: YES ()	NO()				
Excess: (\$) Loading: \$	1,000 ()/\$2,000 ()	PATE ALL CATE STATE			
General Remarks:-				6.2.	4.7	
() Walk-In Customer : Customer's in	nformation strictly Confide	intial & Strictly NO ref	er of repairer.			
() Total Loss Case : to e-mail Ins	urer URGENTLY.	1000				
Drive-In ()/ Towed-In (); Invo	ice: YES () / NO () ; Towing Co: ()	
Remarks;- (INC hotline: 6788 6616):	Date&Tirr	e Completed	Done	by	
The state of the s	/ Courtesy Car ()					
2) QC Check / Post Repair Inspection	()					
3) Upload Resurvey Photo [Repair Cost >	\$3000] ()	-				
Injury:						
			Section (500) (502)	10 m	- CPI (M)	
Date/Time Actions			Concession (Concession)	MGMLRA 1830	-	
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3-1	In	voice Preparation C	hecklist	Anit (S)	Amt (3)	
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laimant's Particulars :-	2) I	OA : Damage Assessment (5	(100); INC (\$80) \$40/\$4			
river/Owner:		TF: Towing Fee T: Follow-Through Survey	\$120			
ontact No:	5) i	T : Follow-Through Survey or claiming against INC Onl	(Resurvey) \$30 y (wef 10 Jan 2005)			
amaged Portion:	6) 7	CR: Re-inspection	\$73	1		
annagur i ordon.		VI : Idao DA + SMRT Surve	y \$160			
C Checked by (Engr-In-Charge):	2))·	varies S			
Careta of (bilgi-th-Charge)		N5: Courtesy Car / Tpt Allo N6: Repair Co-ordination	\$10	0		
uditors' Comments :-	ABSTRACTOR CONT.	N7: Fost Repair Inspection N8: DV / Collect Excess Co.	\$2 ordination \$	-		
t 1:		P (N11): TP (N-in INC) age	sinst INC \$2	0	37	
	9) 1	N12: Idas Mobile	Fee Chargea	0	Marin E	
it 2/3:		oice dated oice dated	Fee Charged	SER IN		

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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

Fax Number Contact Number

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.
- 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.

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.
- 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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《李明·李明·李明·李明 》中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国	ACCIDENT STATEMENT			
Date Of Report	08/11/2018 16:13			
Date Of Accident	07/11/2018 06:30			
Exact Location Of Accident	3 MOUNT ELIZABETH			
Country/State of Loss	SINGAPORE			
为 有有种的人的	DETAILS OF OWN VEHICLE			
Vehicle Registration Number	YP6098Z			
Insured/Policyholder				
Name Of Registered Owner	A YONG PTE LTD			
Co Reg No	201328409W			
Email Address	NOEMAIL			
Mobile Phone No				
Alternative Phone No	OFFICE-68980978			
Vehicle Particulars				
Manufacturer	ISUZU			
Model	NPR85UH5A			
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	DMCPHQ18-001547			
Cover Note Number				
Driver				
Name of Driver	WANG JIANZHI			
Passport No/FIN	G2853409X			
Date Of Birth	01/11/1989			
Occupation	OUTDOOR			
Date Of Driving Pass	16/06/2017			
Driving Experience	1 YEAR AND 4 MONTHS			

MALE

NOEMAIL

(LOCAL) +65-82832798

OFFICE-82832798

Address 5 SECOND CHIN BEE ROAD

Postcode 618772

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 SIDE SWIPE 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) 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

ON STATED DATE AND TIME, WHEN I REVERSED ONTO THE CARPARK OF 3 MOUNT ELIZABETH, SUDDENLY VEHICLE B SQUEEZE THROUGH THE ROAD AND HIT ONTO MY VEHICLE REAR PORTION.

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 SLR2921

Vehicle Make/Model/Colour.

Details Of Properties

Vehicle Category PRIVATE HIRE Name of Driver KOK SAI KENG NRIC/Passport Number S7666351C

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2

Passenger 1

NAME:

GENDER:

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 <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
 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)

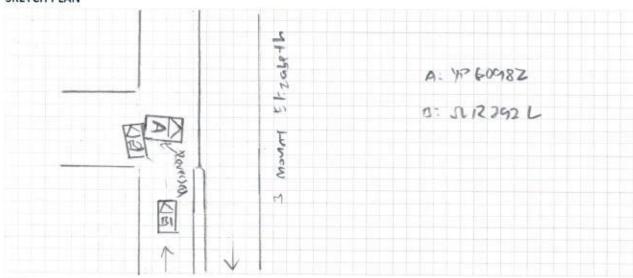
I understand, acknowledge, agree and consent that:

- (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, 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.

PANONE STE

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.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Human	4.		
	/		
, A. S.			

particulars are true in every respect. I/We declare

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

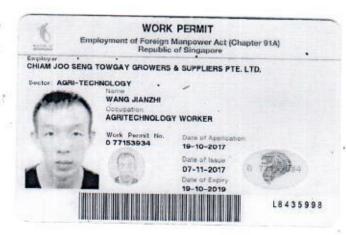
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES) EFFECTIVE DATE

Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors vehicles =< $2500 \ kg$

16 Jun 2017 S

G2853409X

S / No.9000300784

NP 428A



VISIT PASS Immigration Regulations

WANG JIANZHI



01-11-1989 M

G2853409X 07-11-2017 19-10-2019

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

CHINESE



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.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) (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 PRIVATE (SCH I) Comprehensive

Certificate No.: DMCPHQ18-001547

1. Index Mark and Registration Number of Vehicles

YP6098Z

Form: LCVP1 Excess: Section 1: YEID-AC Additional:

\$\$750.00 \$\$3,000.00

2. Name of Policyholder

A YONG PTE LTD

- 3. Effective Date of the Commencement of Insurance for the purpose of the Act 05/04/2018
- 4. Date of Expiry of Insurance

04/04/2019

5. Person or Classes of persons entitled to drive*

Goods carrying - (MZ300) Authorised Driver.

Any of the following :-

- The Policyholder
- 2. Any person on the order or with the permission of the Policyholder
- 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.
 - 2)Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's
 - 3)Use for social domestic and pleasure purposes.

THE POLICY DOES NOT COVER

- 1)Use for hire or reward or for racing pace-making reliability trial or speed testing.
- 2)Use whilst drawing a greater number of trailers in all than is permitted by Law.
- 3)Use for the carriage of passengers for hire or reward.
- 4)Liability arising from or in connection with 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.

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: HL Bank

A000342/Abwin Pte Ltd Date of Issue: 15/03/2018 14:21

Authorised Signatory EQ Insurance Company Limited

Exp No.: DMCPHQ17-002316