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D.O.A: 7)/0/18 17.3	i-Motor Cl	aim Form				11
OD (TP) Reporting Only	i-Motor W	O (Within: OD 2hrs	, TP 4brs)			
OB The porting Only	i-Photo Up	loaded				, e e
TP Insurer:	Assessment/	Survey Report	<u> </u>			
Though	Ass't Report	by Fax / Hand t	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax	:	
TP Particulars: Veh No: Ju	7 4539P .	. INC (	)/Non-INC	2( ).		
Owner / Driver: (			Tel:		)	-375-13
Policy No: ( )	Period: (	)	Cover Type:		)	
Confirmed by: (		Date:	Tim	e:	)	
Insured/Driver Liability: ( %)	[Note-Est. Status	(WO): N: 0-20	%; P: 21-79%	6. P: 80-100	%]	
Year of Registration: ( )	Warranty: YES (	The state of the s	)			
Excess: (\$ ) Loading: \$1	,000 ( )/\$2,00	0()				2000
General Remarks:		S C S (S) Te	WAY S			
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( ) Total Loss Case : to e-mail Insu						
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The state of the s	3/200/					
Drive-In ( )/ Towed-In ( ); Invoice	ce: YES( )/	NO ( ); To	wing Co: (	1	(9)	)
Remarks: (INC hotline: 6788 6616)		NO( );To		mple ad	Don	) Sbv
Remarks: (INC hotline: 6788 6616)		NO(); To	wing Co. (	mple ad 1	Don	) by
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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.
- Information provided must be as <u>truthful and accurate</u> 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.
- 6. 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.

<b>经验证证据</b> 实验的证据。	ACCIDENT STATEMENT
Date Of Report	14/11/2018 17:07
Date Of Accident	31/10/2018 13:30
Exact Location Of Accident	JUNC TAMPINES AVE 4 & TAMPINES AVE 5
Country/State of Loss	SINGAPORE
the state of the party of the p	ETAILS OF OWN VEHICLE
Vehicle Registration Number	YP8731R
Insured/Policyholder	
Name Of Registered Owner	BRILLANT STARS ENTERTAIMENT
Co Reg No	53155397C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97818914
Alternative Phone No	OFFICE-97818914
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	CANTER FEB21ER4SDEN (CBU)
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	DMCPHQ18-003314
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD YUNOS BIN HADLI
NRIC No	S7918748H
Date Of Birth	21/06/1979
Occupation	OUTDOOR
Date Of Driving Pass	28/08/2003
Driving Experience	15 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86495369
Fax Number	
Contact Number	OFFICE-86495369
EMail Address	NOEMAIL

BLK 484B CHOA CHU KANG AVENUE 5 Address

#06-36

Postcode 682484

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

NO

#### General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION

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?

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 SLT4539P

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)

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:

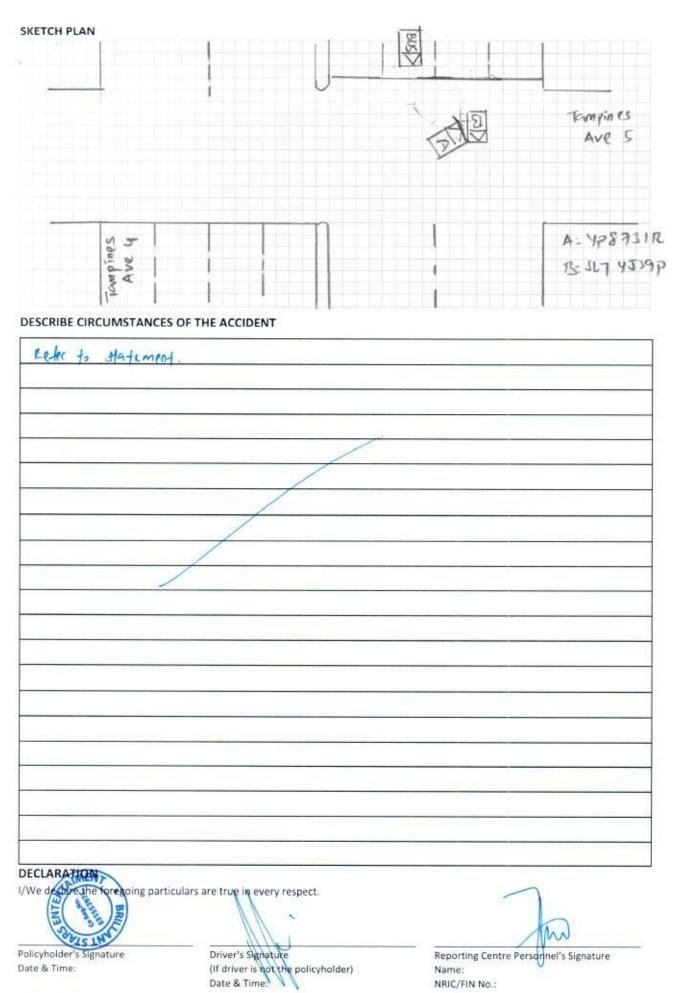
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

Date & Time:

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

NRIC/FIN No.:



publish Southfamour Va

ON STATED DATE ABD TIME, AS THE JUNCTION WAS GREEN IN FAVOR, I CHECK MY BLINDSPOT AND TURN ON MY VEHICLE INDICATOR LIGHT BEFORE I CAN PROCEED. THE BUS WAS STATIONARY STOPPED BEFORE THE STOPPING LINE OF THE JUNCTION WHEN I PROCEED MAKE A RIGHT TURN FROM TAMPINES AVE 4 TWDS TAMPINES AVE 5. THERE ISN'T ANY INCOMING VEHICLE ALONG THE JUNCTION.SUDDENLY VEHICLE B APPEARED BESIDE THE BUS AND WAS SPEEDING. VEHICLE B HIT ONTO MY VEHICLE FRONT RIGHT PORTION.

# **ACCIDENT STATEMENT**

ACCIDENT DATE: (31 / 13 / 18 )(DD/MM	/YYYY), TIME:( /3 : 3 )(HH:MM)
LOCATION: June Tampines Ave 4)	X Tempines Ave 5.
1. DETAILS OF VEHICLE	
a) VEHICLE NUMBER: YPE731R	
bJINSURANCE COMPANY: EQZ	
C)POLICY NUMBER: PM CPH2 8-0073	
d)POLICY TYPE: (COMPREHENSIVE / THIRI	D PARTY / THIRD PARTY FIRE &THEFT)
e)MAKE & MODEL:	
fJTYPE: (SALOON / COUPE / MPV /VAN / I	LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMM	MERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME	Luriana
i) ARE YOU CLAIMING UNDER YOUR OWN	INSURANCE LYES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIN	A / REPORTING ONLY
2. INSURED / POLICY HOLDER	
Alname: Brilland Stars Entertain	MOLE / FEMALE)
DINRIC/FIN/PASSPORT:	CONTACT: 9787 8914.
c)ADDRESS:	
* CONTINUE TO A LIE DELL'ER	
CONTINUE TO 3.d IF DRIVER ALSO POLICE	Y HOLDER
Charle Way and A a se	te die
(Including driver) a)NAME: Muhammad knos Bin +	
(1) b)NRIC/FIN/PASSPORT: S79 18740 H	CONTACT: 86495369
*d)DATE OF BIRTH: ( 21/ 6/ 1929 )	DD/MM/YYYYI
e)OCCUPATION: (INDOOR / OUTDOOR)	55/MM// 111/
f) YEARS OF DRIVING EXPRERIENCE: 28	10/2007
<ol> <li>WAS DRIVER AN EMPLOYEE OF THE INS</li> </ol>	SURED'S COMPANY? (YES)/ NO)
IF NO, RELATIONSHIP OF THE DRIVER	WITH INSURED:
5. a) WEATHER CONDITION; (CLEAR / RAINING	G / OTHERS
b)ROAD SURFACE: (DRY) WET / OTHERS_	+1
6. WAS ANYBODY INJURED (YES / NO)	
7. a) REPORTED TO POLICE (YES / NO)	
IF YES, PLEASE STATE WHICH POLICE STAT	ION;
8. THIRD PARTY VEHICLE	
He of passenger a) VEHICLE NUMBER: JUT 4579P	MODEL:
Including driver) b) DRIVER'S NAME:	
( ) NRIC/FIN/PASSPORT:	CONTACT:
d) VEHICLE MIMARED	
He of passanger at DRIVER'S NAME	
Induding driver) FL NRIC/EIN/RASSPORT:	
Including driver   f) DRIVER'S NAME:	CONTACT:

email =

fax =

VIDEO =





Report No. J/20181105/2167

# POLICE REPORT (NP322)

Police Station Of Origin Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

Date/Time Report Made 05/11/2018 18:23	Vide Report No.			Station Diary No.	
Name Of Informant MUHAMMAD YUNOS BIN HADLI	Address APT BLK 484B CHOA CHU KANG AVENUE 5 #06 SINGAPORE 682484				
ID Type / ID No. NRIC NO / S7918748H	Contact No. Home/Office		Mobile 86495369		
Nationality SINGAPORE CITIZEN	Email Address				
Occupation LORRY DELIVERY Institution/School Name	Sex Male Languag	Age 39	Date of Birth 21/06/1979	Race Boyanese	
Date/Time Of Incident 15/10/2018 00:00 - 05/11/2018 00:00	Location Of Incident * 311 NEW UPPER CHANGI ROAD BEDOK MALL SINGAPORE 467360				

### Brief details.

Property Information

On the above date, time and location mentioned, I had lost the below mentioned item. I had search but to no avail.

Signature Of Officer Recording The Report:	Signature Of Informant:
J / Sgt 3 LEE CHEE YI	
Signature Of Interpreter: Not applicable	Date/Time: 05/11/2018 18:23
Officer In-Charge Of Case: J / Jurong West N.P.C / Sgt 2 BALJIT SINGH GREWAL Contact No.: 68929999	Classification Of Case:
Authentication Stamp	FUPO hotline number: 68429645





Report No. J/20181105/2167

# POLICE REPORT (NP322)

# CONTINUATION OF REPORT

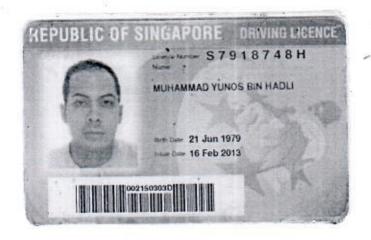
	Item	Туре	Brand/	Make/	Serial	Quantity	Value	Description
	The second second		Account/	Model/	No./	Quantity	value	Description
	100		Property/	Bank/	IMEI/		of Makes	
			Security-	Address/	Acct No.			
			Туре	Counter				
1	Identity Card	Lost	SINGAP ORE NRIC		S791874 8H	1		One PINK NRIC bearing S7918748H, Muhammad Yunos Bin Hadli

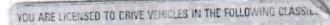
Signature Of Officer Recording The Report: Signature Of Informant: J / Sgt 3 LEE CHEE YI Signature Of Interpreter: Not applicable Date/Time: 05/11/2018 18:23 Officer In-Charge Of Case: J / Jurong West N.P.C / Sgt 2 BALJIT SINGH GREWAL Classification Of Case: Contact No.: 68929999

Authentication Stamp

SN.117

FUPO hotline number: 68429645





EFFECTIVE DATE

Class 2B Motorcycles we 2160 CC
Class 2A Motorcycles between 201 CC and 460 CC
Class 3 Motor cars = 3,000 kg with = 7 passengers, excluding cars = 1,000 kg with = 2500 kg
Class 4 Heavy motor cars and motor tractors > 2500 kg

17 Jul 1996 18 Jun 2002 28 Aug 2003

07 May 2013

57918748H

5 / No. 9000185484

Licence No: S7918748H

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



#### 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.: DMCPHQ18-003314

Index Mark and Registration Number of Vehicles
 YPR731R

Excess: Section 1 SGD750.00 YEID-AC Additional SGD3,000.00

Form: LCVP1

Name of Policyholder BRILLANT STARS ENTERTAIMENT

- Effective Date of the Commencement of Insurance for the purpose of the Act 30/05/2018
- Date of Expiry of Insurance 29/05/2019
- 5. Person or Classes of Persons entitled to drive\*

Goods carrying - (MZ300) Authorised Driver. Any of the following :-

1. 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 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.

6. Limitations 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 business. 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.

I-ACARROY/HO/A000423/Car Insurance Agency

A Member of Citystate

Authorised Signatory EQ Insurance Company Limited