| NATIONAL Assessment Centi  | e Services.                      | [well Llawos] .   | MN4 1181519  | 28.  |                |                         |
|--|----------------------------------|---|--|--|----------------|-------------------------|
| Date In: 23 /11/18 14:24.  | Jeb description                  |   | Date & Time Comp   |  | Die Marie      | by                      |
| Ref No. MA [ EQ ] 1802 1226 164.   | SAS c-filing                     | ;   |  |  | 0              |                         |
| Ach No. XD 43362   | E-mail (with                     | n Shis, AlG Zhis)   |  |  | +              |                         |
| DOA 22/11/18 08:50 .   |                                  | i-Motor Clalm Form  |  |  | 1              |                         |
| 22/11/18 00:00   | 1-Motor W/                       | O (Within: OD 2ht   | i, TP 4bis)  |  | D              | :                       |
| (1) / Reporting Only   | I-Photo Upi                      | I-Photo Uploaded  |  |  | (X             | 1                       |
|  | Assessment/S                     | Survey Report   |  |  | *              | Ex.                     |
| TP Insurer:  | Ass't Report                     | Ass't Report by Fax / Hand to Owner/Wk5p  |  |  |                |                         |
| Profetred Wksp / INC Assign Wksp / QW: (   | mallacene menerganist mean       | Ny.   | Tol:   | Fax;   |                |                         |
|  | K 1622U.                         | INC (   | )/Non-INC(   | ).   |                |                         |
| Owner / Driver: (  | 1, 10 = 2 0 :                    |   | Tel:   |  | )              |                         |
| Policy No: ( ) Pc  | riod: (                          | )   | Cover Type: (  |  | ) .            |                         |
| Confirmed by : (   |                                  | Date:   | Tima:  |  | )              |                         |
| Insured/Driver Liability: ( %) [1  | Note-Est. Status (               | WO): N: 0-20  | 0%; P: 21-79%. F   | : 80-100°  | /a] ·          |                         |
| Year of Registration: ( )  | Warranty: YES (                  | )/NO(   | )  |  |                |                         |
| Excess: (\$ ) Loading: \$1,0   |                                  |   |  |  | • •            | or real age of the same |
| encoll Remarks as a specific state of  |                                  |   | AND THE PROPERTY OF THE PARTY O | £ 25555  | 15             |                         |
| ) Walk-In Customer : Customer's Info   | mation strictly Co               | entidential & Str   | ictly NO refer of rep  | olrer.   |                |                         |
| ) Total Loss Case : to e-mall Insure   |                                  |   |  |  |                |                         |
| Drive-In ( )/Towed-In ( ); Invoice   |                                  |   | owing Co: (  | ,  | •              | )                       |
| THE RESERVE OF THE PERSON NAMED IN THE PERSON  |                                  | Managar | as ceremons married  | VIDEO T  | SPECTOR STORY  | Melainer                |
| tamarks: (1862 hoding: 6748 6616))   | 0000 MOON 00185                  | 的提供的表現  | R Directionis Colors   | of inches  | Sevierone      | ppy                     |
| ) Apply for Transf.ort Allowance ( )/C   | ourtesy Car (                    | )   |  |  |                |                         |
| ) QC Check / Post Repair Inspection  | ( -                              | )   |  |  | <del>,</del>   |                         |
| ) Upload Resurvey Photo [Repair Cost > \$3   | 000] (                           | )   | <u> </u>   | •  |                |                         |
| Injury :   |                                  |   |  |  |                |                         |
| The first state of the state of | LIGHTAN GREEKHANS                | ANG CANONI DI MANGONI ANG   |  | CELEBRATES DE  | 11.7.1.        | ATCHAINS!               |
| ate/Cime Actions   | Market Market St.                |   | Territorian desirence  | ULPATEN.   | WOWNE.         |                         |
|  |                                  |   |  |  |                |                         |
|  |                                  |   | *  |  | -              |                         |
|  | and the second                   |   |  |  |                |                         |
|  | 1                                |   |  |  |                |                         |
| The state of the s | COLUMN THE STATE OF THE STATE OF |   |  | HONOVOTO   | Anit (s)       | Alin (1)                |
| 4  |                                  | Invoice Regi  | matten Checklist   | 的特殊的   | STOLE !        | Mad bit                 |
| muant's Particulars :-   |                                  | 1) AR : Annident  | Reporting (530);<br>Assessment (5100);   | INC (550)  |                |                         |
| vcr/Owner:   |                                  | 3) TF 1 Towing Fe   | •  | 340/343  |                |                         |
| ver/Owner.   |                                  | 4) FT : Follow-Th   | rough Survey<br>rough Survey (Resurvey)  | \$120<br>\$30  |                |                         |
| ntact No:  |                                  | Por ulaindag as   | coinst INC Only (wof 10 J  | on 2005)<br>575  |                |                         |
| näged Portion:   |                                  | 6) TR : Re-inspec<br>7) 741 : Idao DA 4   |  | 5160   |                |                         |
|  | 3                                | 8) NTUC Addition  | nal Services:-   |  |                |                         |
| Checked by (Engr-In-Charge):   | 1                                | OD* .   | Car / Tpt Allowanse  | 22   |                |                         |
|  |                                  | *N6: Rapair Co  | -ordination  | 510<br>523   |                |                         |
| ditors Comments of Asia, Stand Comments of the | AND SECOND                       | *N7; Post Repa  | est Excess Coordination  | 22   |                |                         |
| 1:   | N & Mean's an's bearing          | TP (N11): TP  | (Non HIC) against INC  | 30   |                | 1                       |
|  |                                  | 9) N12: Idao Mob  | ile Fee Cl   |  |                | MINE TO                 |
| 2 / 3;   |                                  | invoice maren   | Fee C  | Control of the Contro | MEDICAL STREET |                         |

#### 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.
- 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.

| The state of the s | ACCIDENT STATEMENT                           |
|--|--|
| Date Of Report   | 23/11/2018 14:24                             |
| Date Of Accident   | 22/11/2018 08:50                             |
| Exact Location Of Accident   | ECP TWDS TUAS (FORT RD EXIT)                 |
| Country/State of Loss  | SINGAPORE                                    |
| Company of the compan | DETAILS OF OWN VEHICLE                       |
| Vehicle Registration Number  | XD9336S                                      |
| Insured/Policyholder   |  |
| Name Of Registered Owner   | PENG CHUAN ENGINEERING CONSTRUCTION PTE LTD  |
| Co Reg No  | 200304394R                                   |
| Email Address  | NOEMAIL                                      |
| Mobile Phone No  |  |
| Alternative Phone No   | OFFICE-68583477                              |
| Vehicle Particulars  |  |
| Manufacturer   | ISUZU  |
| Model  | FXZ77M                                       |
| Exact Purpose for which vehicle was being used at<br>time of accident  | COMMERCIAL                                   |
| 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  | DMCFHQ18-000109                              |
| Cover Note Number  | *  |
| Driver   |  |
| Name of Driver   | NATARAJAN GANESAN                            |
| Passport No/FIN  | F8131969M                                    |
| Date Of Birth  | 07/08/1976                                   |
| Occupation   | OUTDOOR                                      |
| Date Of Driving Pass   | 03/10/2011                                   |
| Driving Experience   | 7 YEARS AND 1 MONTH                          |
| Gender   | MALE   |
| Mobile Number  | (LOCAL) +65-83727805                         |
| Fax Number   | 36 N. C. |
| Contact Number   |  |
| EMail Address  | NOEMAIL                                      |
| INCOMPONENTATIONS  | Page 1 of 1                                  |

| TANGGYOUT   | ANA TANONDE INDUSTRIAL AND HOLDON TANONDE A  |
|---|--|
| Address   | 421 TAGORE INDUSTRIAL AVE #04-06/07 TAGORE 8 |
| Postcode  | 787805                                       |
| 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<br>Vehicle                                      |  |
|   |  |
| Insurance Company of Driver's Own Vehicle   |  |
|   |  |
| General Information of the Accident   |  |
| Type Of Accident  | COLLISION - HEAD TO REAR                     |
| Weather Conditions  | DRIZZLING                                    |
| Road Surface  | WET  |
| 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?  |  |
| 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)   | 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   |  |
| PLEASE REFER TO ATTACHED 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   | YK1622U                                      |
| 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**

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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.
- 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.

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.:

| OKE (CITTE LAIV                         |  |
|---|--|
|   | ECP TOWARDS THAS (BEF FORT RD EXIT)  |
|   | 1000   |
| A) NO 93369                             | -> BDIAD   |
|   |  |
| B) YK 1622 U                            |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   | The second of the second of the second secon |
| DESCRIBE CIRCUMSTANCE                   | ES OF THE ACCIDENT   |
| Ou sol                                  | 1/18 at about 850 am, I was driving along  |
| OK 32                                   | the se door and the second should show   |
| 1 203                                   |  |
| ECP towards                             | Thos before Fort road exit. Suddenly I   |
|   |  |
| felt an impact                          | t on my back, vehicle B had hit on   |
| ` |  |
| to my rear                              | *  |
|   |  |
| 1/2                                     | injury involved.   |
| 200                                     | intar I mostore  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
| DECLARATION                             |  |
| I/We declare the foregoing par          | rticulars are true in every respect.   |
| ( Dw                                    | 2 months   |
| Policyholder's Signature                | 1 Mi Congran   |
| Date & Time:                            | Driver's Signature Reporting Centre Personnel's Signature (If driver is not the policyholder) Name:  |

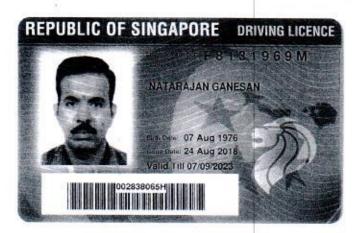
STEED OF STREET PURE VIEW AND

Date & Time:

NRIC/FIN No .:

## PLEASE COMPLETE FORM IN FULL.

| Date of Accident       | :    | 32/11/2018  |
|------------------------|------|---|
| Accident Time          | :    | 0850 AM.  |
| Accident Place         | :    | ECP TOWARDS THAS (FORT RO EXIT)                               |
| Vehicle Reg. No.       | :    | XD 93365 No. of Passengers (Including Driver):                |
| Vehicle Make/Model     | ī    | ISUZU FXZ FFM   |
| Insurance Company      | :    | EQ INS CO. LTD  |
| Policy Number:         |      | DH CFH Q 18 - 000 109   |
| Name of Owner          | :    | PENG CHUAN ENGINEERING CONSTRUCTION P L IC No.: 200304394R    |
| Contact No. of Owner   | 1    | 6858 3477 (HP) (ALT No.) → MANDATORY                          |
| Name of Driver         | :    | NA TARAJAN GANESAN IC NO .: FRI 3 1969 M                      |
| Contact No. of Driver  | :    | 8372 7805(HP) (ALT No.) → MANDATORY                           |
| Driver's Date of Birth | :    | 04.08.1976 Driver's License Pass Date: 03.10.2011             |
| Relationship bet.      |      |   |
| Owner & Driver         | :    | Spouse \ Father \ Mother \ Son \ Daughter or Offers: EMPLOYEE |
| Driver's Address       | 8    | 421 TAGORE INDUSTRIAL AVE #04-06/07 TAGORE 8 (S) 787805       |
| Occupation             |      | Indoor \ Outdoor (e.g.Indoor; work in a building)             |
| Fax No. \ Email Add    |      | contact@vfixauto.com.sg                                       |
| Weather &              |      | gight   |
| Road Surface           | 8    | Clear \ Rating \ Wet \ Dry                                    |
| Reporting Type         | ÷    | Reporting Only \ Claiming O Ger Party \ Claim Own Ins.        |
|                        |      | by car camera: Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \      |
|                        | Othe | er Party Driver's Particulars (if any)                        |
| Vehicle Reg. No. : Y   | K 16 | Vehicle Reg. No. :  |
| Vehicle Make \ Model : |      | Vehicle Make \ Model :  |
| Name DRIVER :          |      | Name DRIVER :   |
| IC no. DRIVER :        |      | IC no. DRIVER :   |
| DRIVER'S contact & oc  | dd : | 12 12 12 13 13 13 13 13 13 13 13 13 13 13 13 13               |





S PASS

Employment of Foreign Manpower Act (Chapter 91A) Republic of Singapore

PENG CHUAN ENGINEERING CONSTRUCTION PTE. LTD.

Sector: CONSTRUCTION Name



NATARAJAN GANESAN

DRIVER

Date of Application 25-12-2017 Date of Issue

29-01-2018 Date of Expiry 03-02-2020



L8590925

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

EFFECTIVE DATE

Class 2B Class 3

Class 4

Motorcycles =< 200 cc
Motor cars with unladen weight =< 3000kg with =< 7
passengers, exclusive of driver; and other motor
vehicles with unladen weight =< 2500kg
Motor vehicles which are constructed to carry load
or passengers and the unladen weight > 2500kg
Motor vehicles which are not constructed to carry
load or passengers and the unladen weight =< 7250kg

NP 428A



VISIT PASS Immigration Regulations

NATARAJAN GANESAN



Date of Birth Sex 07-08-1976 M

INDIAN

FIN

Date of Issue F8131969M 29-01-2018 03-02-2020

Date of Expiry

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.

**EQ Insurance Company Limited** 

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 059110 tel 65 6223 9433 | Tax 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 FLEET Comprehensive

Certificate No.: DMCFHQ18-000109

Form: LCVP1

Excess:

SGD2,500.00

EQ Insurance-MARS Motor

Accident Help Center

6311 3211

Section 1 Section 2

Section 2 SGD2,500.00 YEID-AC Additional SGD2,500.00

XD93365

2. Name of Policyholder

1. Index Mark and Registration Number of Vehicles

PENG CHUAN ENGINEERING CONSTRUCTION PTE LTD

- 3. Effective Date of the Commencement of Insurance for the purpose of the Act 29/06/2018
- Date of Expiry of Insurance 28/06/2019

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 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.

unwck/HD/800003B/WILLY INSURANCE BROK

A Member of Citystate

Authorised Signatory EQ Insurance Company Limited