NATIONAL Assessment Cur	ntre Services tuet							
Date In: >8/1/18 - 15:41	Jeb description	Date & Tir	ne Completed	Done	pi.			
Ref No: NA/ERZIBUZISOY/ZY	SAS e-filing	i	ļ.					
Veh No: 626779U	E-mail (within Shes,	, AIC 2hrs)						
D.O.A: 13/11/18-13:00	i-Motor Claim I	orm						
CANADA CA	i-Motor W/O (Within: OD 2hrs, TP 4hrs)							
OD / TP / Reporting Only	i-Photo Uploaded							
TP Insurer:	Assessment/Surve	y Report						
Tr insurer.	Ass't Report by Fax / Hand to Owner/Wksp							
Preferred Wksp / INC Assign Wksp / QW:	(Tol:	Fax:		J			
TP Particulars: Veh No: 51	B523K	. INC(,)/Non-	NC()	47				
Owner / Driver: (Tel:)				
Policy No: ()	Period: () Cover Tyj	pe: ()				
Confirmed by : (1	Date:	Time:)				
Insured/Driver Liability: (%	6) [Note-Est. Status (WO): N: 0-20%; P: 21-	79%. F: SO-1009	6]				
Year of Registration: ()	Warranty: YES ()	/NO()						
Excess: (\$) Loading: \$	\$1,000()/\$2,000()						
General Remarks:-			Salar Bolg &	· 41				
() Walk-In Customer : Customer's	information strictly Confid	ential & Strictly NO ref	fer of repairer.					
() Total Loss Case : to e-mail Ins	surer URGENTLY.		A B		NO COLUMN			
Drive-In ()/ Towed-in (); Inv	oice: YES () / NO	(); Towing Co:	(,')			
Remarks:- (INC hotline: 6788 6616	300	Datestalin	ne Completed	Done	by			
) / Courtesy Car ()	Dack III.		T. Carrie	5.0			
) Courtesy Car ()							
2) QC Check / Post Repair Inspection	()		-	700				
3) Upload Resurvey Photo [Repair Cost	> \$3000] ()							
Injurý:								
Date/Time Actions			e in the second	NO.				
	3							
520	- Ir	ivoice Preparation C	hecklist	Anit (\$) fat Bill	Amu(\$)			
laimant's Particulars :-		AR : Accident Reporting (S DA : Damage Assessment (S	\$30); \$100); INC (\$80)					
Driver/Owner:	(3)	TF : Towing Fee FT : Follow-Through Survey	\$40/\$45 \$120					
Contact No:	(5)	FT : Follow-Through Survey For claiming against INC Onl	(Resurvey) \$30 v (wef 10 Jan 2005)					
amaged Portion:	6)	TR: Re-inspection	\$75	-				
amaged Fordon.		N1 : Idao DA + SMRT Surve	y					
2000		NTUC Additional Services:-						
C Checked by (Engr-In-Charge):		N5: Courtesy Car / Tpt Allo						
SHARE RECORDER TO THE PROPERTY AND A SHARE		*N6: Repair Co-ordination *N7: Post Repair Inspection	\$10 \$25					
uditors' Comments :-	化是两种增加 "是是	*N8: DV / Collect Excess Co						
11_1:		TP (N11): TP (Non INC) ago N12: Idao Mobile	sinst INC \$20	-				
nt 2/3;		vaice dated	Fee Charged		AND THE			
Section 2	In	voice dated	Fee Charged	PARTY LAND				

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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.
- 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.

	ACCIDENT STATEMENT
Date Of Report	28/11/2018 15:41
Date Of Accident	23/11/2018 23:00
Exact Location Of Accident	AMK ST 63
Country/State of Loss	SINGAPORE
THE RESERVE TO BE SEEN THE PARTY OF THE PART	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GR6779U
Insured/Policyholder	
Name Of Registered Owner	TEOW TRADING
Co Reg No	53361679D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97946779
Alternative Phone No	OFFICE-97946779
Vehicle Particulars	
Manufacturer	тоуота
Model	DYNA 150 5MT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ18-006715
Cover Note Number	
Driver	
Name of Driver	TEOW KONG SENG
NRIC No	S1538863C
Date Of Birth	23/07/1962
Occupation	OUTDOOR
Date Of Driving Pass	17/10/1980
Driving Experience	38 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97946779
Fax Number	electroscence agent are all editions of a most do
Contact Number	OFFICE-97946779
and a state of the	

NOEMAIL

BLK 267B COMPASSVALE LINK Address

#09-57

Postcode 542267

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)

Passenger 1

NAME:

GENDER: : MALE

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, AS I REVERSED MY VEHICLE ALONG THE STATED VENUE, I DID NOT NOTICED THAT VEHICLE B WAS IN STATIONARY POSITION, AS A RESULT, MY VEHICLE SLIGHTLY GRAZED ONTO VEHICLE B REAR LEFT 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 SBS23K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category BUS

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.
- 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.
- 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:
 - 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

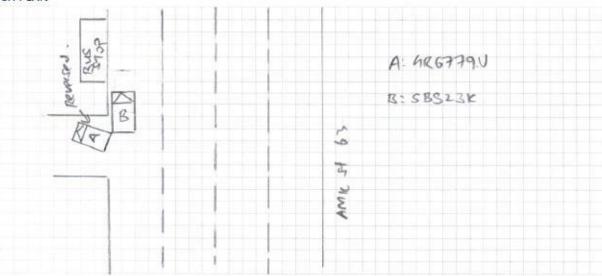
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	SECURIOR SERVICE SERVI	859-00-200900		
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DECLARATION

I/We declare to a country particulars are true in every respect.

Policyholder's ... Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time:

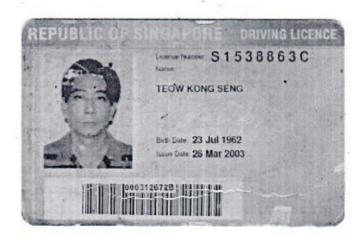
Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature

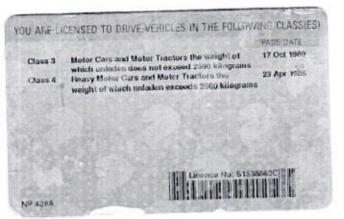
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23-07-1962 Country/Place of 8 SINGAPORE







CERTIFICATE OF INSURANCE

ROAD TRUNSPORT ACT 1987 (MALAYSIA) THE MOTOR VEHICLES (THERD-PARTY RESES) RELES, 1959 (FEDERATION OF MALAYSIA) THE POTOR VENICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION) (REPUBLIC OF SINGAPORE)

THE NOTION VEHICLES (DIERO-PARTY RISKS AND COMPENSATION) HULES, 1996 EDITION(REPUBLIC OF SINGAPORE) OR ANY AMENOMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

COMMERCIAL VEHICLE PRIVATE (SCH I) Comprehensive

Life No.: DMCPHQ18-006715

1. Index Mark and Registration Number of Vehicles (1967794)

2. Name of Policyholder TECH TRADING

- 3. Effective Date of the Commencement of Insurance for the purpose of the Act 02/10/2018
- 4. Date of Expiry of Insurance 81/18/2019

5. Person or Classes of Persons entitled to drive* Goods carrying - (MC300) Authorised Driver. Any of the following :-2. Any person on the order or with the permission of the Palicyholder

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*

i)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 shilst 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

"Lientations 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 (maleysia), are not to be included under these headings.

The HERRY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Potor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Trunsport Act, 1987 (Malaysia) or and Amendment, Act or Acts passed in substitution thereof.

HAT ETHOS Group Ltd. S-obyryja/HD/4600623/Car Insurance Agency

A Member of Citystate

Authorized 51gn to Insurance Company Limited

EQ Insurance MARS Motor Accident Help Center

Form: LCVP1

Excess:

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Section 1

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Additional ScD3,000.00