NATIONAL Assessment Cer	itre Services well sand	SIMNA 11815 5938				
Date In: 2/1/18 - 12: 04	Jeb description	Date & Time Completed	Done by			
ROTNO: HAJEL ZI804707/24	SAS e-filing					
Veh No: 478778P	E-mail (within Shrs, AIC 2	hrs)				
D.O.A: 2/1/18-17:50	i-Motor Claim Form	4.				
	i-Motor W/O (Within: C	D 2hrs, TP 4hrs)				
OD . TP . Reporting Only	i-Photo Uploaded					
Visconi	Assessment/Survey Rep	ort				
TP Insurer:	Ass't Report by Fax / H					
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:			
TP Particulars: Veh No: 00	provid In	NC()/Non-INC()				
Owner / Driver: (1747.5	Tel:)			
Policy No: (Period: () Cover Type: ()			
Confirmed by : (Date:	Time:)			
Insured/Driver Liability: (%) [Note-Est. Status (WO): N	: 0-20%; P: 21-79%. P: 80-1	100%]			
Year of Registration: ()	Warranty: YES () / NO	()				
Excess: (\$) Loading: \$	1,000 ()/\$2,000 ()					
General Remarks:-			San Siring			
() Walk-In Customer : Customer's i	nformation strictly Confidential	& Strictly NO refer of repairer.				
() Total Loss Case : to e-mail Ins	urer URGENTLY.	, , , , , , , , , , , , , , , , , , , ,	*			
Drive-In ()/ Towed-In (); Invo	oice: YES () / NO (; Towing Co: (•)			
Remarks:- (INC hotline: 6788 6616		Date&Time Completed	Done by			
The second secon	2272 132 132 132 132 132 132 132 132 132 13	Traces intip Colube at	Descriptions by			
2) QC Check / Post Repair Inspection	/ Courtesy Car ()		<u> </u>			
Upload Resurvey Photo [Repair Cost >	\$30001					
	\$3000					
Injury:						
Date/Time Actions			TILAL REMOCHERE			
MAX III			THE STREET STREET STREET			
•						
,	Invoice	Preparation Checklist	Anit (S) Amt (S			
aimant's Particulars :-	1) AR : Ac	cident Reporting (\$30);	fit Bill Add Bil			
2043	2) DA : Da 3) TF : Tov	mage Assessment (\$100); INC (\$8	30) 0/\$45			
river/Owner:	4) FT : Foli	low-Through Survey	\$120			
entact No:		low-Through Survey (Resurvey) ning against INC Only (wef 10 Jan 2005	530			
amaged Portion:	6) TR : Re-		\$75			
maged Fordon.			\$160			
Charlest La Co. A. Cl.	S) NTUC A	Additional Services:-				
C Checked by (Engr-In-Charge):	*N5: Co	urlesy Car / Tpt Allowanne	\$3			
nditors! Comments :-	*N7: For	pair Co-ordination It Repair Inspection	\$10			
littors Comments :-	ojecti colori di residenti di	/ Collect Excess Coordination	\$3			
	9) N12: Ida) : TP (Non INC) against INC a Mobile	30			
2/3:	Invoice dat	ed Fee Charged				
(m) (m)	Invoice dat	ed Fee Charged	MAHN			

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number

Fax Number Contact Number

EMail Address

Gender

- 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.
- 5. 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 second of the second of the second	ACCIDENT STATEMENT			
Date Of Report	03/12/2018 12:04			
Date Of Accident	02/12/2018 17:50			
Exact Location Of Accident	BLK 7 HOUGANG ST 32 OPEN SPACE CARPARK			
Country/State of Loss	SINGAPORE			
	DETAILS OF OWN VEHICLE			
Vehicle Registration Number	GT8738P			
Insured/Policyholder				
Name Of Registered Owner	LEARTISANFURNITURE PTE LTD			
Co Reg No	201710486M			
Email Address	NOEMAIL			
Mobile Phone No				
Alternative Phone No	OFFICE-89999999			
Vehicle Particulars				
Manufacturer	NISSAN			
Model	CABSTAR			
Exact Purpose for which vehicle was being used at time of accident	t PRIVATE USE			
Are you claiming under your own insurance policy for repair to your vehicle?	NO			
f 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	THIRD PARTY FIRE AND/OR THEFT			
Fleet Policy	NO			
Policy Number	DMCPHQ18-001873			
Cover Note Number				
Driver				
Name of Driver	LOW CHICK SUM			
NRIC No	S1206615E			
Date Of Birth	17/10/1955			
Occupation	OUTDOOR			
Date Of Driving Pass	17/10/1975			

43 YEARS AND 1 MONTH

(LOCAL) +65-90158959

OFFICE-90158959

MALE

NOEMAIL

BLK 671 HOUGANG AVENUE 8 Address

#10-693

Postcode 530671

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 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

Was any body injured in the Accident?

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: : FEMALE

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

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 SGP3042S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver ZURAIHAN BIN JOHARI

NRIC/Passport Number S9724549E

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

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:

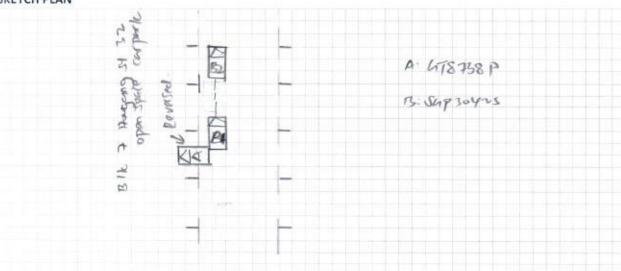
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

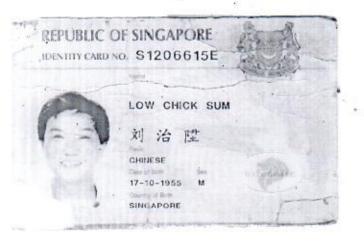
Refer to sta	tement.		
120 10,002	2 10 10		
ARATONE ST			

I/We declare the toregoing particulars are true in every respect.

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

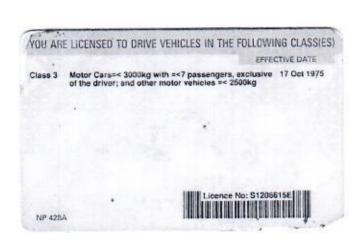
Reporting Centre Personnel's Signature

Name: NRIC/FIN No.: On 2/12/18 Surday at 17:50 hr I park my Long at OCK 7 it sheet 32. Sofor I reverse my long 6,78738 Port of the Taking lots. I look around these there was no relicul. Then I very slowly bit By Bit. xeverse my long. I stopmy long sind Suddenly. Be cause I hear the sound of a cur coming. And the eur 3617 3042S eta without proper look out at parking anen slashed across my lorny and hit my rear right side of my long our purkanen Hougary Street 32 Cer perf cine









EQ Insurance Company Limited

1 Student Road #17.00 Town Black MND Complex Singapore 0691t0 to 65 0223 9433 | fax 65 9224 3903 | www.epinsurance.com.sg



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) Third Party, Fire & Theft

Certificate No.: DMCPHQ18-001873

Form: LCVP1

Excess:

1. Index Mark and Registration Number of Vehicles

YEID-AC Additional SGD3,000.00

GT8738P

 Name of Policyholder LEARTISANFURNITURE PTE. LTD.

- Effective Date of the Commencement of Insurance for the purpose of the Act 27/03/2018
- Date of Expiry of Insurance 31/03/2019
- 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.

Authorised Signatory EQ Insurance Company Limited

UNWSR/HO/A000421/Lim Pei Yan

