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D.O.A: 12/3/19.00:30	i-Motor Claim Form			0 = 10 = 10
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OB . 11 reporting Only	i-Photo Uploaded			***
TP Insurer:	Assessment/Survey Report			antin personers
	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: Fa	x:	
TP Particulars: Veh No: SICES	98 U . INC ()/Non-INC()	114	
Owner / Driver: (Tel:)	
Policy No: () Perio	od: ()	Cover Type: ()	-
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Ne	ote-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-10	0%]	
The state of the s	'arranty: YES () / NO ()		
	0()/\$2,000()			
General Remarks:-				
() Walk-In Customer : Customer's inform	nation strictly Confidential & St	rictly NO refer of repairer.		
() Total Loss Case : to e-mail Insurer				
Drive-In ()/ Towed-In (); Invoice:		owing Co: ()
Remarks:- (INC hotline: 6788 6616)		3	Z-A 9/28/27 * W*	
		Date&Time Comple ad	Done	by .
	urtesy Car ()			
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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.
- 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.	
	ACCIDENT STATEMENT
Date Of Report	12/03/2019 15:33
Date Of Accident	12/03/2019 00:30
Exact Location Of Accident	LITTLE RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKE5107L
Insured/Policyholder	
Name Of Registered Owner	KELVIN LEE CHI SUM
NRIC No	S7600689Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90290767
Alternative Phone No	OFFICE-90290767
Vehicle Particulars	
Manufacturer	AUDI
Model	A4 1.8T FSI MU S-LINE CVT ABS D/AB HID
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	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ18-007668
Cover Note Number	
Driver	
Part States	

Cover Note Number		
Driver		
Name of Driver	KELVIN LEE CHI SUM (KELVIN LI ZISHEN)	
NRIC No	S7600689Z	
Date Of Birth	12/01/1976	
Occupation	INDOOR	
Date Of Driving Pass	12/03/1998	
Driving Experience	21 YEARS AND 0 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-90290767	
Fax Number		
Contact Number	OFFICE-90290767	
EMail Address	NOEMAIL	

Address 55 UPPER SERANGOON VIEW

#16-11

Postcode 534018

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

*

Insurance Company of Driver's Own Vehicle

...

2

NO

0

NO

NO

YES

NO

NO

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

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.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

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?

Was there any video captured by Car Camera?

Was there any audio recorded?

Details of Witness 1

Name ERIC GIN KOO

Phone Number 84284013

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKE8981J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 22

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

MPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Pollcyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful</u> and accurate as possible. Any wiful misrapresentation or withdolding of material
 facts may aflow insurance companies to repudiate policy fiebility.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the dark 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.
- S. Consent under the Personal Data Protection Act (PDPA)

t 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 Monstery 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 dains 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 low in edministering, 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.

 4a collect, use, disclose and/or process my Personal information for one or more of the above Purposes; and
- (c) thy Personal Information may/can be disclosed by any of the losurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sked outside of Singapora, for one or more of the above Purposes.
- (d) my flersonal 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 daims.
- (a) 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.

Followolder's Signature

Date & Time:

Oriver's Signature

(If diver is not the policyholder)

Date & Time:

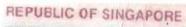
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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ECLARATION Weldedard steel foregoing particular	3 Hyer's Signat	r respectif		Reporting Centre Sersonnel's Signature Name:

Date of Accident	1 3 2019 Accident Time: 0030 (24-HR-Format)
Accident Place	: Little Road
Vehicle Reg. No. (Car Plate No.)	SKE 5107 L
Vehicle Make/Model	· Aug A4
Insurance Company	EDI Policy No.
Owner or Company Name /IC No.	·
Owner or Company Contact No.	: 90290767 Owner's HpCompany Tel
DRIVER'S Name / IC No.	: KELVIN LEG CHI SUM S76006 492
DRIVER'S Date Of Birth	: 12 01 1976 DRIVER'S License Pass Date
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Own (
DRIVER'S Address	: ST Heron Bay, Upp SORANGOON VIEW #16-1
DRIVER'S Contact No./ Alt No.	:1) 90290767 2)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: Kel-revolution @ grail com
Weather & Road Surface	CLEAR & DRY \RAINING & WET \ AFTER RAIN & WET
Reporting Type	Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including)	Driver):Ø0
Was there any video Captured by o Exact purpose for which vehicle w	car camera: YES (NO) ras being used at the time of accident: Private use \Work purpose
Other	Party Driver's Particular (if any)
Vehicle Reg. No: SKE 8981	J Vehicle Reg. No:
Vehicle Make\Model:	
Name Driver:	
IC No. Driver:	IC No. Driver:
Driver's Contact & Add:	Driver's Contact & Add:



IDENTITY CARD NO. S7600689Z



KELVIN LEE CHI SUM (KELVIN LI ZISHEN)

李子深

CHINESE

12-01-1976

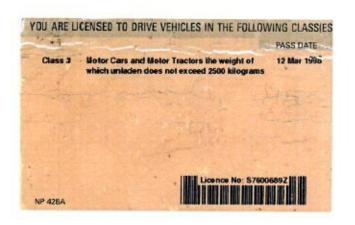
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SINGAPORE







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

PRIVATE CAR Comprehensive

Certificate No.: DMPPHQ18-007668

1. Index Mark and Registration Number of Vehicles SKE5107L

2. Name of Policyholder KELVIN LEE CHI SUM

3. Effective Date of the Commencement of Insurance for the purpose of the Act 05/11/2018

4. Date of Expiry of Insurance 04/11/2019

5. Person or Classes of persons entitled to drive*

(a) The Policyholder

(b) Any other person who is driving on the Policyholder's order or with his permission

* 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*

Use for social, domestic and pleasure purposes and for the Policyholder's business

The policy does not cover:

(a) use for hire or reward

(b) use for racing, pace-making, reliability trials or speed testing

(c) use for the carriage of goods (other than samples) in connection with any trade or business

(d) use for any purpose in connection with the Motor Trade

*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.

IWE 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: GV Credit Pte Ltd

A000272/Ken Tan Insurance Agency Pte Ltd Date of Issue: 02/11/2018 09:35

Authorised Signatory

EQ Insurance Company Limited

A Member of Citystate

Exp No.: DMPPHQ17-003546

EQ Insurance-MARS Motor Accident Help Center

Form: MX2 Excess

YEID

Insured/Named Driver:

Additional

Unnamed Drivers:

6311 3211



S\$1,100.00

S\$3,000.00