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Date In: 14/03/2019 / 13/14	Jeb description	Date & Timo Compresso	
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OD (TP): Reporting Only	I-Photo Uploade	d	
	Assessment/Surve		
TP Insurer:	Ass't Report by P	nx/Hand to Owner/Wksp	-
referred Wksp / INC Assign Wksp / QW: (	COLUMN TO SERVICE AND ASSESSMENT OF THE PERSON OF THE PERS	Tol:	Fax:
P Particulars: Veh No: 6	7924011	. INC( , )/Non-INC( ).	
Owner / Driver: (	210100	Tel:	
	eriod: (	) Cover Type: (	)
C C 11	· 1	Dater, Thner	)
Insured/Driver Liability: (%)	[Note-Est Status (WO	): N: 0-20%; P: 21-79%. P: 8	0-100%]
Year of Registration: ( )		)/NO( )	
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost> Injury:  Det. Comp. Actigned September 1985]	\$3000] ( )	1) AR; Assident Reporting (330); 2) DA; Damage Assistment (5100); 3) TP; Towing Fee 4) PT; Follow-Through Survey 5) PT; Follow-Through Survey (Resurvey) Eardsiming against INC Only (waf 10 J 6) TR; Re-jamestion 7) N1; Idau DA + SMRT Survey 3) NTUC Additional Services; OII; • N5; Courlety Cel 7 Tpt Allow-noe 4; N6; Re-jamestion 7) N6; Repair Co-ordination (ARC) (10 C)	NG (350) \$10,7545 \$120 \$300 \$150

## 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.

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 ladgement 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.

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Date Of Report

14/03/2019 17:14

Date Of Accident

14/03/2019 09:30

Exact Location Of Accident

Country/State of Loss

JUNCTION OF JOO CHIAT PLACE/TEMBELING ROAD

SINGAPORE

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

**GBH7513A** 

Insured/Policyholder

Name Of Registered Owner

AEON ENVIRONMENT SERVICES PTE LTD

Co Reg No

199409472N

Email Address

HANCARREPAIRS@GMAIL.COM

Mobile Phone No

(LOCAL) +65-98310120

Alternative Phone No

OFFICE-98310120

Vehicle Particulars

Manufacturer

TOYOTA

Model

HIACE

Exact Purpose for which vehicle was being used at

time of accident

WORKING PURPOSES

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

DMCPHQ18-006150

Cover Note Number

Driver

Name of Driver

MUNIANDY A/L WAI ONN @ PAH WAI ONN

Passport No/FIN

G7195448Q

Date Of Birth

12/05/1981

Occupation Date Of Driving Pass OUTDOOR 11/11/2013

Driving Experience

5 YEARS AND 4 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-98310120

Fax Number

Contact Number

OTHERS-98310120

EMail Address

HANCARREPAIRS@GMAIL.COM

#### Address

Postcode

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

COLLISION - CROSS JUNCTION

Weather Conditions

CLEAR DRY

Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged?

C no c c

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 SKETCH PLAN

#### 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

GZ9240U

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

CHIAH CHWEE SIAH

NRIC/Passport Number

G7803180N

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.
- 3. 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.
- 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. 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.
- 7. 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.
- 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)
  - (i) 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
  - 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 Porsonnel's Signature
Name:
NRIC/FIN No.:

ESCRIBE CIRCUMSTANCES OF THE ACCIDENT  I man travelling along junction of Joo Chiat Place of Tembeling Road  On 14/03/19 at about 09294/s.  As I was heading fan tombeling mad, verhae B who is supposed  to stop to check for incoming vehicles, failed to do so and coulided  with my vehicle A, who has the elight of way.	
I man travelling along junction of Joo Chiat Place of Tembeling Road  On 14/03/19 at about 09394/ss.  As I was heading from tembeling mad, vehicle B who is supposed  to stop to check for incoming vehicles, failed to alo so and coulided  with my vehicle A, who has the right of way.	
As I was heading from tembering road, vertice B who is supposed to stop to check for incoming vehicles, failed to all so and coulded with my vehicle A, who has the right of way.	
As I was heading from tembering road, vertice B who is supposed to stop to check for incoming vehicles, failed to all so and coulded with my vehicle A, who has the right of way.	
As I was heading fan tembeling mad, verhice B who is supposed to stop to check for incoming vehicles, failed to allo so and coulided with my vehicle A, who has the light of way.	
to stop to check for incoming vehicles, failed to do so and collided with my vehicle A, who has the ilight of way.	
to stop to check for incoming vehicles, failed to all so and collided with my vehicle A, who has the right of way.	
with my venicle A, who has the right of way.	
with my venicle A, who has the ilight of way.	
	= 0/5=
DECLARATION	

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

Date & Time:

Reporting Centre Personnel's Signature

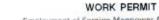
Name:

VRIC/FIN No .:

## PERSONAL PARTICULARS

Date of Accident: 14/03/2019 Time of Acc	sident: <u>09: 29 (24Hrs)</u>	1 Driver
Vehicle No: 6BH 7513 A Vehicle Make	e/Model: Toyota Hiare (2982cc)	No passen
Exact Location of Accident: Junction of Joo Chi	ian Place & Tempeling Road.	
Owner's Name/NRIC: Aeon Environment Sen		100
Driver's Name/NRIC: Muniandy A/L wai Oon	@ Pah wai onn / G7195448Q	
Driver's Contact: 98310120 Insurance	Co & Policy No: BO Insurance	
Driver's Email Address: harcarrepairs @gmai	il-com	
Relationship between Owner & Driver: Spouse/Children/Frien	id/Parents/Others specify: Employer/ Employ	re
What do you wish to claim (Please circle one only)  1) Own Insurance 2) Other Vehicle (The one you want to	claim against) 3) Reporting (For Recording Purpo	oses)
Exact Purpose for which the vehicle was being used at Private Use / Work Purpose	time of accident? (Please circle one only)	
Weather Condition & Road Conditions?  Clear & Dry / Raining & Wet / After-Rain & Wet / Drizz  Occupation Indoor Outdoor	zling & Wet	
Any Injuries? (MC of 3 Days or more, police report is r	required)	
Yes No If Yes, which police station?	11	oriver
The Other Party (Vehicle B) Details Driver's Name/IC: Chiah Chwee Siah  67803180N Insurance Company:	Vehicle No: 679340U Driver's Contact:	passenger
(If more than 2 vehicles involved, please indicate the		
Other Vehicle (Vehicle C) :		
Independent Witness (If Any):	Contact:	
Preferred Workshop (If Any);	Contact:	
* If no proper document are produced, IDAC should no * Information will be discarded after one week.	ot file the report.	





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

AEON ENVIRONMENTAL SERVICES PTE LTD



MUNIANDY AIL WAI OON @ PAH WAI ONN

SERVICE

4 00970491







K0475379

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

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

08 Dec 2011 11 Nov 2013

CCAN HEIV Immigration Regulations

MUNIANDY A L WAI OON @ PAH WAI ONN

G7195448Q

12-05-1981

MALAYSIAN



YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



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.: DMCPHQ18-006150

 Index Mark and Registration Number of Vehicles GBH7513A

Form: LCVP1 Excess:

Section 1

SGD500.00 YEID-AC Additional SGD3,000.00

EQ Insurance-MARS Motor

Accident Help Center

6311 3211

2. Name of Policyholder AEON ENVIRONMENTAL SERVICES PTE LTD

3. Effective Date of the Commencement of Insurance for the purpose of the 11/09/2018

4. Date of Expiry of Insurance

10/09/2019

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.

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



