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Date In 21/03/2019 10:02		[met 1 Jan/53]			
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SGB3832C	E-mail (with	n 8hrs, AIC 2hrs)			
DOA . 17/03/2019 .15:00	i-Motor Cia	im Form -		1	
OD APP Peporting Only	i-Motor W/	O (Within: OD 2hrs	(TP 4hrs)		
277.1		Survey Report			
TP Insurer					
Preferred Wksp / INC Assign Wksp / QW: (ASS CICEPOTT	by <u>Fax / Hand</u> t			The second second
Christian Company	JZ 7190	NO.	Tel:	Fax:	
Owner / Driver; (521190	H. INC(.)/Non-INC (Tel:)	
Policy No: () Period	d- (<u> </u>)
Confirmed by: (Date:	Cover Type: (
LIST CONTRACTOR	le-Est Status (Time:)
1/ 0 /	rranty: YES (%; P: 21-79%. I	2: 80-100%]	
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() Walk-In Customer's informa	tion strictly Co	offication & Said	ACA 智事社会是2000年	Right Course	
) Total Luss Case : to e-mail Insurer U	IRCENTI V	inidential & Str	city NO rater of reg	alrer.	
Drive-In ()/ Towed-In (); Invoice: Y	the state of the s	VO / \ T-			
	25()/1	10 (); 10	wing Co: ()
Remarks:- (INC horline: 6788 6616)			Date& Time Compl	etad etad	Done by
	rtesy Car ()			
1) QC Check / Post Repair Inspection	())			
1) Upload Resurvey Photo [Repair Cost > \$3000	0] ()			
Injury:			1		
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		Gerrie Autoritzia	es, agenous (Transposition en	1975 PA 1781 W.	north to de to the
		Invoice Prep	iration Checklist	Sale Transport of the Sale	Rill Add Bill
aimant's Particulars :-		1) AR : Accident R			
iver/Owner:	200306 18 % To * To * 1	3) TF : Towing Fee		NC (\$80) \$40/\$45	
entact No.		4) FT : Follow-Thr	ough Survey ough Survey (Resurvey)	\$120	
		For claiming aga	inst INC Only (wef 10 Ja	an 2005)	
maged Portion:		6) TR: Re-inspecti 7) N1: Idao DA + 3		\$75	 -
		8) NTUC Addition	CONTRACTOR OF A SERVICE AND ADDRESS OF THE PARTY OF THE P		
SHEREN OF DATE OF SHEET					
Checked by (Engr-In-Charge):		*N5: Courtesy C	ar / Tpt Allowance	\$5	
		*N5: Courtesy C *N6: Repair Co-		510	
ditors! Comments:		*N5: Courtesy C *N6: Repair Co- *N7: Post Repair *N8: DV / Collect	ordination Inspection Excess Coordination	\$10 \$25 \$3	
Checked by (Engr-In-Charge): uditors! Comments::- 1.		*N5: Courtesy C *N6: Repair Co- *N7: Post Repair *N8: DV / Collect	Inspection Excess Coordination on INC) against INC	\$10 \$25	

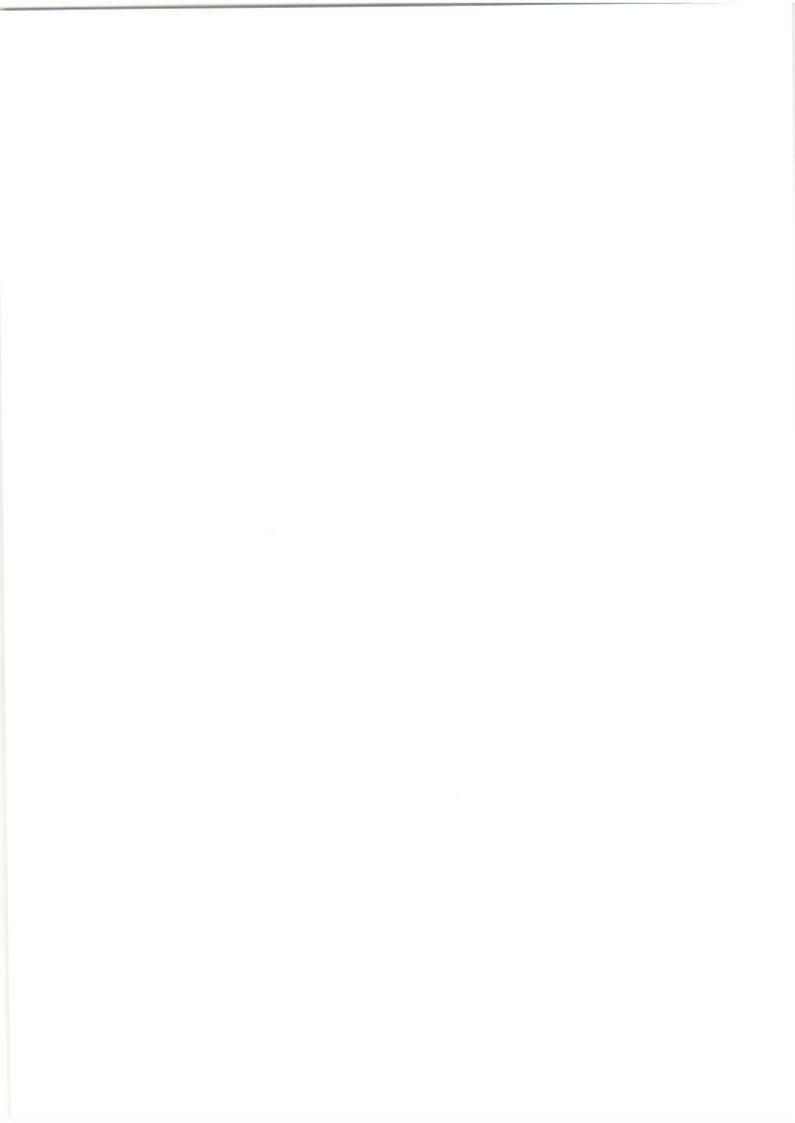


SINGAPORE ACCIDENT STATEMENT

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.
- 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 evailable 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.

Michigan Company of the Company of t	ACCIDENT STATEMENT		
Date Of Report	21/03/2019 10:02		
Date Of Accident	17/03/2019 15:00		
Exact Location Of Accident	JUNCTION OF AKYAB ROAD AND MINBU ROAD		
Country/State of Loss	SINGAPORE		
Secretary respectively. The secretary is the second	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SGB3832C		
Insured/Policyholder			
Name Of Registered Owner	LIM SIOK BOON		
NRIC No	S0004163G		
Email Address	NOEMAIL		
Mobile Phone No	(LOCAL) +65-96713094		
Alternative Phone No	OTHERS-96713094		
Vehicle Particulars	CONTRACTOR OF THE SAME OF THE		
Manufacturer	ТОУОТА		
Model	LX RX300		
Exact Purpose for which vehicle was being used a time of accident	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	PRIVATE CAR		
Insurance Company		- 10	
Name of Insurance Company	EQ INSURANCE COMPANY LTD		
Type Of Coverage	COMPREHENSIVE		
Fleet Policy	NO		
Policy Number	DMPPHQ18-007110		
Cover Note Number			
Driver			
Name of Driver	LIM SIOK BOON		
IRIC No	S0004163G		
Date Of Birth	01/12/1952		
Occupation	INDOOR		
Date Of Driving Pass	02/10/1979		
Priving Experience	39 YEARS AND 5 MONTHS		
Gender	FEMALE		
Mobile Number	(LOCAL) +65-96713094		
ax Number			
contact Number	OTHERS-96713094		
Mail Address	NOEMAIL		



Address 23 AKYAB ROAD #29-01

Postcode 309978
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

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 (including own vehicle) involved in the accident 2

Was any body injured in the Accident? NO
Was any injured conveyed to hospital by
ambulance? NO

Was any other material or property damaged?

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? NO
If Yes,Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE 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 SJZ7190H

Vehicle Make/Model/Colour DAIHATSU TERIOS

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver CHRISTOPHER TAN

NRIC/Passport Number

Contact Number +65 93822115

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 <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.
- 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.
- 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 .:



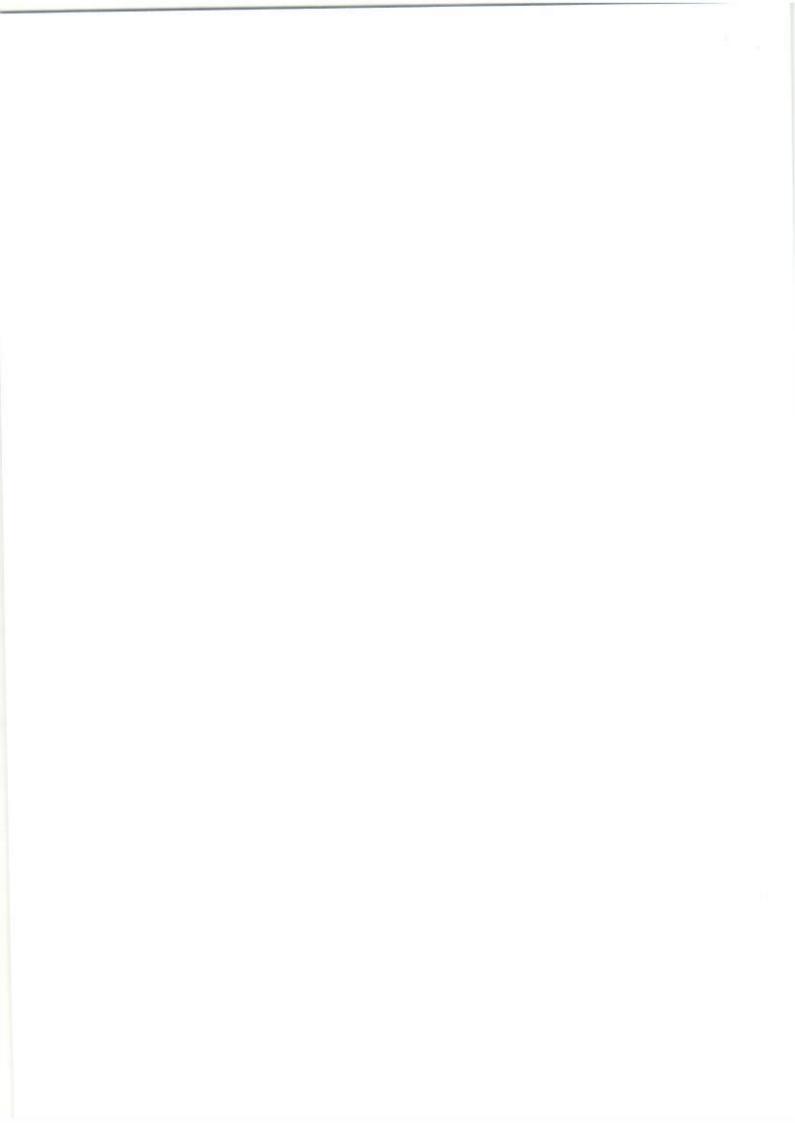
(If driver is not the policyholder)

Date & Time:

Name:

NRIC/FIN No .:

Date & Time:



Reported un 2013/2019 @ 1835/1129

ACCIDENT STATEMENT

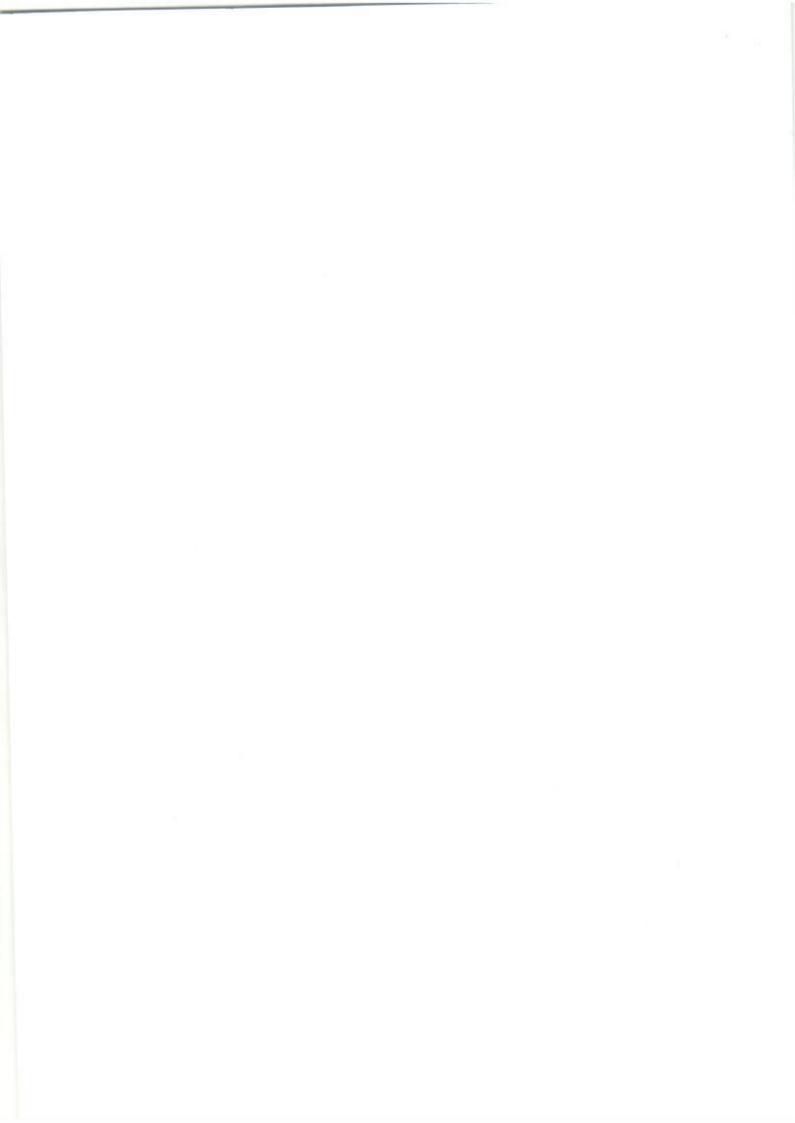
ACCIDENT STATEMENT	
ACCIDENT DATE: 17/1 1/6 2019 (DD/MM/YYYY), TIME: (5.00) (HH:MM)	
LOCATION: Junction of AKYab Road & Minbu Rived	
1. DETAILS OF VEHICLE GG B 3 8 32 C.	
DINSURANCE COMPANY: Ed In Burga Ce	
C)POLICY NUMBER	
e)MAKE & MODEL: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)	
e)MAKE & MODEL: THIRD PARTY THIRD PARTY FIRE &THEFT)	
f)TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) G) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME.	
h)PURPOSE OF USING AT ACCIDENT TIME:	
VALUE TOU CLAIMING INDER YOUR OWN IN THE	
2. INSURED / POLICY HOLDER	
A)NAME:	
DINRIC/FIN/PASSPORT: (MALE / FEMALE) CIADDRESS: CONTACT: +65 96713094	
* COUT	
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER	
(Including driver) alNAME: _ & UM SIOK BOOK	
(_) b)NRIC/FIN/PASSPORT: 5000 4163 G CONTACT:	
C/ADDRESS:	
*d)DATE OF BIRTH: (12 195)(DD/MM/YYYY)	
6) OCCUPATION: (INDOOR / OUTDOOR) 6) YEARS OF DRIVING EXPRERIENCE: 40 TUE	
4. WAS DRIVER AN EMPLOYEE OF THE	
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:	
DIROAD SURFACE: IDDY (WITH A MINING / OTHERS	
6. WAS ANYBODY IN HIPED (VES 4.55)	
STREPORTED TO POLICE MES / NO.	
IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE TERIOS	
OI VEHICLE VILLIANDE STOP LETTER STOP IN THE STOP IN T	
(Induding driver) b) DRIVER'S NAME: Christopher Tan; () NRIC/FIN/PASSPORT: A hor Tan;	
THIRD PARTY VEHICLE	
No of passenger d) VEHICLE NUMBER: MODEL:	
(Induding driver) f) DRIVER'S NAME:MODEL:	
CONTACT:	
email =	
$f_{a\times} =$	

GIA Report put at Mr Law table?

x ...













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 SINGAPORF) OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

PRIVATE CAR Comprehensive

Certificate No.: DMPPHQ18-007110

1. Index Mark and Registration Number of Vehicles SGB3832C

2. Name of Policyholder Lim Siok Boon

3. Effective Date of the Commencement of Insurance for the purpose of the Act 18/11/2018

4. Date of Expiry of Insurance 17/11/2019

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 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*

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.

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 thereo-.

HP: Oversea-Chinese Banking Corporation Limited misib/HO/A000056/Yew Kai Hau

. A Member of Citystate

Authorised Signatory EO Insurance Company Limited

Form: MX2 Excess:

Insured/Named Driver SGD1,000.00 Unnamed Drivers SGD1,500.00 YETD Additional SGD3,000.00

> EQ Insurance-MARS Motor Accident Help Center

> > 6311 3211

