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OD / TP / Reporting Only	i-Motor W/0	O (Within: OD 2h	s, TP 4hrs)		
	i-Photo Uple	oaded		-	
TP Insurer:	Assessment/S	urvey Report	<u> </u>	ļ	A 1 1
ir insurei.	Ass't Report by Fax / Hand to		to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:	
TP Particulars: Veh No: FOL	864-P	. INC(	)/Non-INC( )		E-UI
Owner / Driver: (			Tel:	)	
Policy No: ( ) F	Period: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	-
Insured/Driver Liability: ( %)			0%; P: 21-79%. F: 80	-100%]	
Year of Registration: ( )	Warranty: YES (	)/NO(	)		
Excess: (\$ ) Loading: \$1	,000 ( )/\$2,000	0()			
General Remarks:-			Tube to the state of the state of	SOUTH MILES	43.
( ) Walk-In Customer : Customer's in	formation strictly Co	ontidential & S	trictly NO refer of repairer	Γ.	
( ) Total Loss Case : to e-mail Insu	TO LIDCENTI V				TO STATE OF
			Towing Co: (		)
Drive-In ( )/ Towed-In ( ); Invoi	ce: YES( ) / I	NO();7	towing co. (		-
Remarks:- (INC hotline: 6788 6616)			Date&Time Completed	Done	by
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Apply for Transport Allowance ( )/     QC Check / Post Repair Inspection	Courtesy Car (	)			
2) QC Check / Post Repair Inspection	(	)			
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost > 5]	(	)			
2) QC Check / Post Repair Inspection	(	)			
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:	(	)			
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# 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.
- 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.
- 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.
- 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.

NOW SUPERIOR OF THE STATE	ACCIDENT STATEMENT	
Date Of Report	13/08/2020 15:56	
Date Of Accident	12/08/2020 18:00	
Exact Location Of Accident	PIE TWDS TUAS BEFORE KPE EXIT	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	ES3818D	
Insured/Policyholder		
Name Of Registered Owner	HITACHI CAPITAL ASIA PACIFIC PTE LTD	
Co Reg No	1XXXXX399N	
Email Address	NOEMAIL	
Mobile Phone No		
Alternative Phone No	OFFICE-89999999	
Vehicle Particulars		
Manufacturer	MERCEDES-BENZ	
Model	CLA180 AMG LINE AUTO	
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	DMPPHQ20-000279	
Cover Note Number		
Driver		
Name of Driver	WONG SOU CHUN	
NRIC No	SXXXX486C	
Date Of Birth	21/03/1971	
Occupation	INDOOR	
Date Of Driving Pass	08/10/2010	
Driving Experience	9 YEARS AND 10 MONTHS	
Gender	FEMALE	
Mobile Number	(LOCAL) +65-91800051	
Fax Number		
Contact Number	OFFICE-91800051	
EMail Address	NOEMAIL	

BLK 228 SERANGOON AVENUE 4 Address #11-51 550228 Postcode Was driver an employee of the Insured's Company NO OTHER - HIRER 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 COLLISION - HEAD TO REAR Type Of Accident CLEAR Weather Conditions Road Surface DRY Other Information Was any foreign vehicle involved in this accident? NO Number of vehicles (including own vehicle) 2 involved in the accident Was any body injured in the Accident? NO Was any injured conveyed to hospital by ambulance? YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 1 Number of Passengers (Including Driver) **Details of Police Action** NO Was the accident reported to the police? 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) YES Are accident photos available for attachment? NO Was there any video captured by Car Camera? Was there any audio recorded? NO DETAILS OF OTHER VEHICLE PROPERTY 1

FBG8640P Vehicle Registration Number Vehicle Make/Model/Colour **Details Of Properties** MOTORCYCLE Vehicle Category CHENNA KRISHNASAMY RAMASUBBAIYA Name of Driver SXXXX609Z NRIC/Passport Number 93625634 Contact Number Address Postcode Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

#### SKETCH PLAN

# IMPORTANT NOTICE

- 1. Project is not correctly the distinct of the accidence consist and the clothen week-
- The contract completed by the Policyholder and/or the Authorised Driver
- and a preparation residence of the statisfied and accounter as possible. Any scalable resources not resource with a state of a contract of a conthat many a rew share are recommended to be repudding molicy liability.
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- Any raise reporting may be referred to the Police for investigation.
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- 1 Consent under the Personal Data Protection Act (POPA)

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PACIFIC PTE. LTD. HITACHI CA

Vehicle Solutions
Total Vehicle Solutions Department

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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 12 AUGURT 2020 AT	17:49 I WAS TRAVELING OU PIE TOWARDS
TUAR REFORE YOU TAN N	AT TO DEAL THE CONTROL
Process Assessment of the Contract of the Cont	AE TO PEAK HOUR THE CAR INFRONT OF ME
2000 10000 1000 1 2000	DRUND AND COME TO A CTOP PLANEINY
VEHICLE B HIT ME ON	W CEAR.
Here was a superior and the superior and	
CLARATION	
le duclase the torners in a new 2	

TACHI CARPTA ASIA PACIFIC PTE. LTO.

Date & Time

Sign MATTHEW LEE (MR)
Senior Manager
Vehicle Solutions
Total Vehicle Solutions Departmentatives is not the policyholder)

Date & Time

Name NRIC/FIN NO

# Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident. 12/08/20(dd/mm/yy)	Time of Accident: (24-HR-FORMAT)
	Take & Model: MERCEDES CUA 180
Exact location of Accident: PIE Hour	1443 Sepre KPE Wit.
Policyholder's Name / IC No. : NON & 3	DU CHUN
Driver's Name / IC No. : \$710 9481	C (As Above)
Driver's Contact No.: 91800051	Company Contact No:
Driver's Address: BUK 228 SERA	NGOON AVENUE 4 #11-51 SISSOZE)
Insurance Company:	Email address (if any): SALECO GARAGEIS . COM - SG
Relationship between Owner & Driver: Owner / Spouse / Children / Friend / Paren	or Others specify: Hi Cer
What do you wish to claim? (Please TICK	one only)
Own Insurance / Other Vehicle (The on	e vou want to claim against) / Reporting (For Record Purpose)
Exact purpose for which the vehicle Was being used at time of accident?	Occupation (nature of job) Indoor/ Outdoor
Private use / Work purpose	No. of Passengers (Including Driver):
Passenger Name :	Gender :
Weather condition & Road conditions? (On the	day of accident)
Clear & Dry / Raining & Wet / A	fter-Rain & Wet / Drizzling & Wet / Others:
Was there any video captured by your Car Car	mera? Yes / No
Any Injuries: Yes / No (If YES) Inj	ured Person' Name:
Injuries Sustain:	Injured Person in Which Vehicle:
Police Report filed: Yes / No (If Y	
The	Other Party(s) Details: 1070101097
1. Driver's Name / IC No. CHENNA KRISHN	Other Party(s) Details: 1579606092 ASAMY RAMASMEBATYA Vehicle No: FBG 8640P
00100111	Insurance Company (If any):
2. Driver's Name / IC No:	Vehicle No:
Driver's Contact No:	Insurance Company (If any):
*Independent Witness (If Any):	Contact No:
Preferred Workshop Name:	Contact No:

<sup>\*</sup>If no proper documents are produced, IDAC should not file the report, Information will be discarded after one week.

EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110 tel 65 6223 9433 | fax 65 6224 3903 | www.eqineurance.com.sg rog no. 1978-00490-N



Unnamed Drivers Add SGD2,000.00

EQI Motor Accident

Hotline

6311 3211

Additional SGD3,000.00

SGD500.00

Form: MX2 Excess: Named Driver

YEID

## CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FÉDERATION 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.: DMPPHQ20-000279

 Index Mark and Registration Number of Vehicles ES3818D

2. Name of Policyholder
HITACHI CAPITAL ASIA PACIFIC PTE LTD

 Effective Date of the Commencement of Insurance for the purpose of the Act 17/01/2020

 Date of Expiry of Insurance 16/01/2021

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 thereof.

Authorised Signatory EQ Insurance Company Limited

unwsbh/HO/B000006/ANIKA INSURANCE BROK

