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Owner / Driver: (.			Tel;	'	
Policy No: () Pe	riod: ()	Cover Type: (1
Confirmed by 1 (Dales,	Timer		<u> </u>
Insured/Driver Liability: (%) [Note-Est Status (W	O): N: 0-20	0%; P: 21-79%. F	: 80-100%]	
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MNA420091193 / National Assessment Centre Services - Bukit Merah ENTRY DATE & TIME 19/10/2020 11:51 SUBMITTED BY ROSLI BIN ABDUL WAHAB

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.
- 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

是是第二人员的自己的宣传。 11年第二人员的自己的宣传。	ACCIDENT STATEMENT
Date Of Report	19/10/2020 11:51
Date Of Accident	17/10/2020 09:55
Exact Location Of Accident	ALONG STAMFORD ROAD
Country/State of Loss	SINGAPORE
DESCRIPTION OF DESCRI	ETAILS OF OWN VEHICLE
/ehicle Registration Number	SCP5555M
Insured/Policyholder	
Name Of Registered Owner	UBER TSH
Co Reg No	2
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96171584
Alternative Phone No	OFFICE-96171584
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL
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	DMCTHQ20-000056
Cover Note Number	
Driver	
Name of Driver	TAN SIEW HAI
NRIC No.	SXXXX832I
Date Of Birth	22/07/1958

Occupation OUTDOOR Date Of Driving Pass 28/04/1978

42 YEARS AND 5 MONTHS Driving Experience

Gender MALE

(LOCAL) +65-96171584 Mobile Number

Fax Number

Contact Number OTHERS_06171584

BLK 150A CORPORATION DRIVE Address #12-27 611150 Postcode 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

COLLISION - CHANGE/CROSS LANE Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) 2 involved in the accident

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

ambulance? YES 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)

Passenger 1

NAME:

NO

NO

NO

2

: MICHAEL NG

GENDER:

: MALE

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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment? YES YES Was there any video captured by Car Camera? NO Was there any audio recorded?

Details of Witness 1

MICHAEL NG Name 82999994 Phone Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHC1642E

TAXI

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 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 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
- 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.
- 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:
 - (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
- (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) fo

DECLARATION	71	
/We declare the foregoing partic	ulars are true in every respect.	
1 1 101	0 H45: - D -	/ 1/
19/10/2020	2	an 19/W/00N
olicyholder's Signature	Driver's Signature	itre Personnel's Signature
Date & Time:	(If driver is not the policyholder	
	Date & Time:	

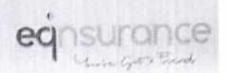
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			A) SCP 5555M
			B) SHC 1642 E
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DECLARATION	44 M0000 \$2 Not Constituted to Province of Sec.		
1/We declare the foregoing pa	rticulars are true in	every respect.	0/19/18/2000
Policyholder's Signature	Driver's S	gnature	Reporting Centre Personnel's Signature
Date & Time:		s not the policyholder)	Name: NRIC/FIN No.:
GIARMIC StetchPlanForm_V3	oute of III	MARK Z.	/ NATICE PHA NO.: USE US

ACCIDENT STATEMENT

4	CCIDENT DATE:(_	11,10,20	2900/MM/YYY), TIME:(09	: 56) (HH:MM
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	T. DETAILS OF	VEHICLE	UII	U
	a) VEHICLE		LP 5555 M .	35. 34
		E COMPANY:_	601	
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	e)MAKE & M			ici i inc arriery
		CONTRACTOR OF THE PARTY OF THE	PV /VAN / LORRY / MOTORCY	CLE / OTHERS)
	g) VEHICLE C	ATEGORY: (PRIVA	TE / COMMERCIAL / MOTORC	YCLE)
	h)PURPOSE C	OF USING AT ACC	IDENTIME WORKING	5
	I) ARE YOU C	LAIMING UNDER	QUP OWN INSURANCE (YES/	(0)
	IF NO, PLEA	SE STATE (THIRD P	ARTY CLAIM / REPORTING ONL	(Y)
	2. INSURED / PC		IRW HAL WA	
	AJNAME:		[MA	1E/FEMALE)
	b)NRIC/FIN/P	BIK 150A	CONTACT:	
9	CIADDRESS_	SINGAPORE	CORPORATION DRI	VA # 12-
v. v.	* CONTINUE T		ALSO POLICY HOLDER	
tho of passone	3, DRIVER		CEO POLICI HOLDER	
Claduding driv	a)NAME:	MOHR 78L	· IMA	LE / FEMALE)
- mercanny ariv	b) NRIC/FIN/P	ASSPORT:	CONTACT:	
(_)	c) ADDRESS:_			
to of passonger Including driver () 9	4. WAS DRIVER IF NO, RELAT 5. a) WEATHER CO b) ROAD SURF 6. WAS ANYBOD' 7. a) REPORTED TO IF YES, PLEASI 8. THIRD PARTY VI a) VEHICLE N b) DRIVER'S N c) NRIC/FIN/I THIRD PARTY VE	IONSHIP OF THI ONDITION: (CLEAN ACE: (DRY) / WET / INJURED (YES / E STATE WHICH POETICLE UMBER: SICI	OUCE STATION:	/7 (YES (NO)
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EO Insurance Company Limited Brook, MS(3) Complete Sengtation (88) IN RESIDENCE OF THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN

NAME OF TAXABLE PARTY.



ECK Motor Accident

6311 3211

CERTIFICATE OF INSURANCE

MUMAD TRANSPORT ACT 1987 (MAINLYSEE)

THE MOTOR STREETS (MINISTRANCE RESPECT NOTES, 1980 EFERMATION OF PROJECTA)

THE MITTER VEHICLES (MINISTRANCE RESSES AND COMPONENTIARY ACT (CAP. 189 OF the MEVISED ENTITION)

(MINURE) OF STREAMORY)
THE MOTOR NEWTON'S STREAMORY ROOMS AND EXPRESSATION) NOTES, AND EXPRESSATION OF STREAMORY OF STREAMORY.
OR MAY AMENOMENT, ACT OF ACTS PASSED ON SUBSTITUTION DESIRED.

HIRE CARS (SCHEDULE 3) Comprehensive

Certificate No. : DMCTHQ20-000056

FACRIS

1. Index Mark and Registration Number of Venicies 50P359389

Sertion 1 Section A

LOUS James - Red pley, sev. es

2. Name of Policyholder

UNIXITIAL

). Effective Date of the Commencement of Insurance for the purpose of the Act hit/em/2020

4. Date of Espiry of Insurance. 29/106/2021

5. Person or Classes of Persons entitled to drive?

L. The Pasicytolder

Any Named Deliver stated on Policy Schedule provided by is in the Policyholder's employ and is driving on their process or with their pormission.

*Provided that the person driving is permitted in accommand with the licensing or other last or engulations to drive the Motor Vehicle or has been permitted and is not dispusible by order of a Court of Law on by reason of any enactment or regulation to that metal? From driving the motor Vehicle. And provided further that the Motor Vehicle is registered under the fluid fraction as not been captabled at the time of accident loss or damage.

6. Limitations as to use*

One only for the corriege of putconger in connection with the Policytolder's business.

THE POLICY DIRS BEST COVER

(1) The for racing, pace-making, reliability trial or insectivities.

(2) Use whilst drawing a trailer except the tooleg inter the for research of any one disabled sectionically procedled section in salitity arising from or to connection with the exclusion haravalous materials, high explosives, including the in cylinders.

(4) The for any purpose to connection with the motor Trade.

Filestations rendered imperative by Section # of the Mutar vehicles (Thing-Party Wiss and Compensation) act (Chapter iss) and Section 85 of the Assa Transport Act, 1987 (Malaysia), are not to be included under these hearings.

I we energy confer that the Policy to which this Certificate relates to broad in economics of provisions of the Motor Vehicles (Mind-Party Block and Communication) and Chapter law) and has of the Boad Transport Act, 1987 (Malaysia) or and Associated, Act or Acts possed in economics of

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A Member of Citystate