Email: sm@idac.com.sg Tel no: 6555 6888 \*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week. : 40 (24-HR-FORMAT) Date of Accident: 30 / 8 /2021 (dd/mm/yy) Time of Accident: 13 Vehicle No.: GBA 58707 Vehicle Make & Model / Engine (cc): Suzuki Exact location of Accident: Moulmein Slip Road Private Limited ROC/UEN (Company) 201511532 H Policyholder's Name / IC No.: Trilogy Integration Driver's Name / IC No.: Tok Boon Siona S7112818 J \_ (As Above) [ Driver's Contact No.: 98318313 Company Contact No / Owner Contact No: 62810 258 Driver's Address: BIK 602 Elias Road #17-236 S(510602) Owner Email address: Driver Email address: Siong @ trilogyintegration. com Relationship between Owner & Driver: (Please CIRCLE one only) Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: What do you wish to claim? (Please TICK one only) Own Insurance / Other Vehicle (The one you 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: Sathiya moorthy Veera Ganesh Gender Male / Female x( ) \*Passenger Name: Gender: Male / Female x( ) Weather condition & Road conditions? (On the day of accident) Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: Was there any video captured by your Car Camera? Yes / No Remarks: Any Injuries: Yes / No (If YES) Injured Person' Name: Injured Person in Which Vehicle: Injuries Sustain: \_\_\_\_\_ Police Report filed: Yes / No (If YES) Which Police Station: The Other Party(s) Details: 1. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: YN 383A Driver's Contact No: \_\_\_\_\_ Insurance Company: Driver's Contact No: \_\_\_\_\_\_\_Insurance Company: \_\_\_\_\_ \*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_\_ Contact No: \_\_\_\_\_

## SKETCH PLAN

## **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 <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>.
- 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 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.
- 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 law yers/law firms), which may be sited outside of Singapore, for/one or more of the above Purposes.

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Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Vehicle A = GBA 5870T Vahicle B = YN 383A

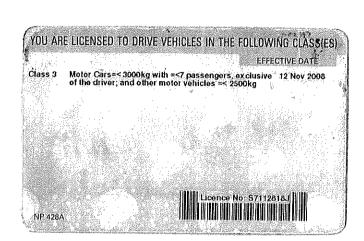
| Desc | ribe Circumstances of the Accident   |
|------|--|
|      |  |
|      | On the stated date and time, I vehicle A (GBA 5870T) was travelling at the stated venue. As it was a heavy traffic, the front in car of me stopped, so I followed suit. Suddenly I felt an impact and realised vehicle B (YN 383A) had hit onto my |
|      | (GBA 5870T) was travelline at the stated venue.  |
|      | As it was a heavy trapping the front in car of me  |
|      | Stopped So I followed Suit Suddenty T Cost an inner  |
|      | and cooling a valuable B 1 VN 383A) had hit and a  |
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| dec  | are the foregoing particulars are true in every respect.   |
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|      | (67 \/9)   |



Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel







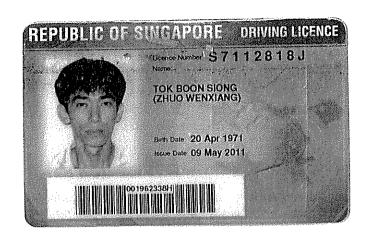
<sup>нніс но.</sup> S7112818J



Date of Issue 09-05-2011

APT BLK 602 ELIAS ROAD #17-236 SINGAPORE 510602 NRIC No: XXXXX818J D

Date of change: 16/02/2021



# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7112818J





Name

TOK BOON SIONG (ZHUO WENXIANG)

单文祥

CHINESE
Date of birth Sex
20-04-1971 M

Country of birth



#### **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 Classic

Certificate No.: DMCPHQ21-000389

Classic Plan - EQ Authorised Workshop Only

Form: LCVP1 Excess:

Section 1: YEID-AC Additional: \$\$500.00 \$\$3,000.00

1. Index Mark and Registration Number of Vehicles
GBA5870T

2. Name of Policyholder

TRILOGY INTEGRATION PRIVATE LIMITED

3. Effective Date of the Commencement of Insurance for the purpose of the Act 01/03/2021

4. Date of Expiry of Insurance 28/02/2022

5. 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

EQI Motor Accident Hotline

6311 3211



\* 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\*

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.

Hire Purchase:

A000423/Car Insurance Agency Pte Ltd Date of Issue: 25/01/2021 11:13

Authorised Signatory
EQ Insurance Company Limited

Exp No.: DMCPHQ20-000322

A Member of Citystate