

WPT 1/27/08, 8082193000

QID : (TP) Reporting Only

TP Insurer:

Preferred Wksp / INC Assign Wksp / QW: (

Yol:

Page 1

Confirmed by: (

Date:

• Throm

Insured/Driver Liability: (%) [Note- Est Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Boxcost: (\$)) Loading: \$1,000 () / \$2,000 ()

() Walk-In Customer : Customer's Information strictly Confidential & strictly NO Refor of repolar

() Total Loss Case : to a-mail Insurer URGENTLY.

INVOICE NO () / NO () ; Towing Co:

Drive-In () 11/10/2023 11/10/2023 11/10/2023

Country Club

1) Apply for Transit Allowance ()

2) Unleaded Bawingey Photo (Regulate County \$3000)

3) Ошибка разностей: $\Delta_{\text{разд}} = 0.0002$

11/11/1919 :

[illegible]

[Handwritten notes and scribbles]

3) TT + Towing	\$120
4) TT + Follow + Thrust Survey	\$30

Contract No:	1) Title/Description	\$160
	2) Title/Description	

NSI Courtesy Car / Tpl Allowance	\$10
NSI Communication	\$3

INORDY / COLUMBIA UNIVERSITY	928
TELETYPE UNITING • BOSTON	30

Invalos d'atid

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 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. 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 aforesaid.

ACCIDENT STATEMENT

Date of Submission	03/09/2021 17:37 (SGT)
Date of Accident	01/09/2021 15:50 (SGT)
Exact Location of Accident	Tampines Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG7526A
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ALLMOTORING.SG
Company Reg No	5XXXX502J
Email Address	reporting@mycar.sg
Mobile Phone No	(Phone) +65-98363911
Alternative Phone No	+65-98363911

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
Variant	-
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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPPHQ20-007240
Cover Note Number	-

DRIVER

Name of Driver	LEE KIM HUAT, JACKSON (LI JINFA, JASON)
NRIC No	SXXXX619G

Date Of Birth	25/12/1982
Occupation	Indoor
Date Of Driving Pass	04/05/2002
Driving experience	19 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98363911
Alt. Phone Number	-
Email Address	reporting@mycar.sg
Address	22A ROBEY CRESCENT
Address complement	-
Postcode	546313
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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	SGM9A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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) for complying with requirements under any regulations, laws or court orders.



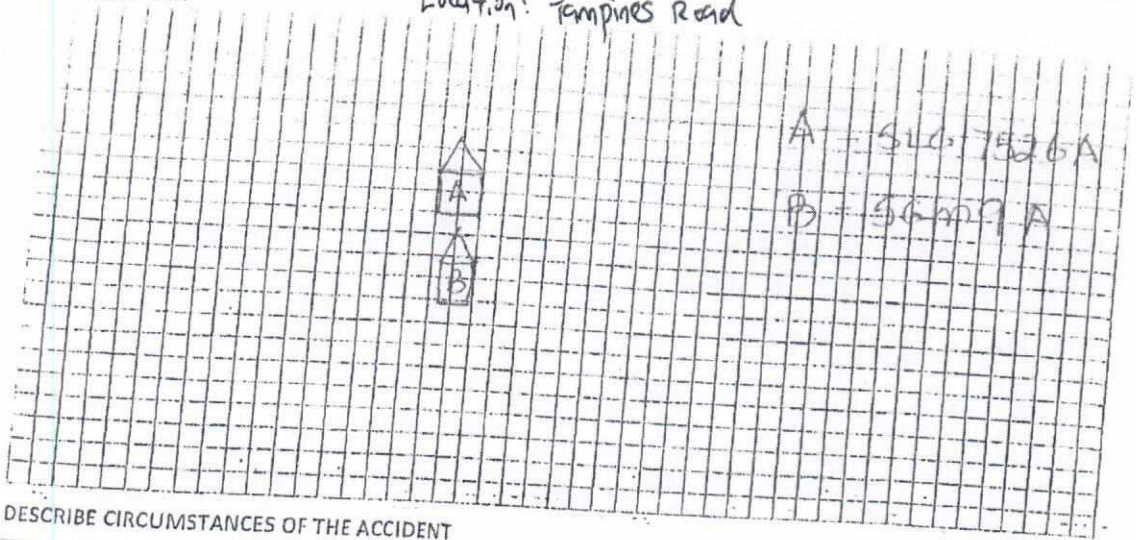
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Location: Tampines Road



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary while waiting for the traffic light to turn green. Suddenly I felt an impact from the rear. I came out and discovered a car bearing SGM 9A have hit my rear portion of my vehicle.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

Signature of the Policyholder

Driver's Signature
(If driver is not the policyholder)

Date & Time: 03/09/2021,
239pm

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

03/09/2021

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 01 / 09 / 2021 (dd/mm/yy) Time of Accident: 15 : 50 (24-HR-FORMAT)
Vehicle No.: SLG7526A Vehicle Make & Model: MAZDA 3
*Transmission : o Manual ☒ Auto *C.c : 1496
Exact location of Accident: TAMPINES ROAD
Policyholder's Name: ALLMOTORING.SG NRIC/FIN/REG No.: 53294502J
*Policyholder's email address : REPORTING@MYCAR.SG
Driver's Name: LEE KIM HUAT, JASON NRIC/FIN/REG No.: S8243619G
*Driver's email address : REPORTING@MYCAR.SG
Driver's Contact No.: 98363911 Company Contact No (If any): _____
Date of birth: 25/12/1982 Driving Pass Date: 04/05/2002
Driver's Address: 22A ROBEY CRESCENT, SINGAPORE (546313)
Insurance Company: EQ
Policy No.: DMPPHQ20-007240 Type of Coverage: Comprehensive / Third Party / Third Party, Fire & Theft
Relationship between Owner & Driver: (Please **CIRCLE** one only)
Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hiree / Others specify: _____
What do you wish to claim? (Please **TICK** one only)
o Own Insurance ☒ o Other Vehicle (The one you want to claim against) / o Reporting (For Record Purpose)
Type of Accident
o Chain Collision ☒ o Head To Rear o Side Swipe o Other _____
Occupation (nature job) ☒ Indoor / o Outdoor *No. of Passengers / Including Driver): 1
*Passenger Name: _____ Gender: Male / Female
*Passenger Name: _____ Gender: Male / Female
Weather condition & Road conditions? (On the day of accident)
☒ Clear & Dry / o Raining & Wet / o After-Rain & Wet / o Drizzling & Wet / Others: _____
Was there any video captured by your car Car camera? O Yes ☒ No
Any Injuries: o Yes ☒ No (If YES) Injured Person' Name: _____
Injuries Sustain : _____ Injured Person in Which Vehicle: _____
Police Report field: o Yes ☒ No (If YES) Which Police Station: _____

The Other Party (S) Details:

1. Driver's Name / IC No: _____ Vehicle No: SGM9A
Driver's Contact No: _____ Insurance Company : _____
2. Driver's Name / IC No (If Any): _____ Vehicle No: _____
Driver's Contact No: _____ Insurance Company : _____
*Independent Witness (If Any): _____ Contact No: _____
Preferred Workshop Name: MY CAR CONSULTANT PTE LTD Contact No: 83447681

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

PRIVATE CAR

Comprehensive Classic

Certificate No. : DMPPHQ20-007240

Classic Plan - EQ authorized workshop only

Form: MX2

Excess:

Employee

Non-Employee

YEIDR

WindScreen

S\$500.00(Section 1 - Own Damage)

S\$1,000.00(Section 1 - Own Damage)

Additional S\$3,000.00

S\$100.00

1. Index Mark and Registration Number of Vehicles

SLG7526A

2. Name of Policyholder

ALLMOTORING.SG (Not Driving)

3. Effective Date of the Commencement of Insurance for the purpose of the Act

23/10/2020

4. Date of Expiry of Insurance

22/10/2021

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.

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*

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.

Hire Purchase : Privilege Capital Pte Ltd

B000006/Anika Insurance Brokers & Consultants Pte Ltd

Date of Issue : 15/10/2020 09:43

Authorised Signatory
EQ Insurance Company Limited

Note

Young, Elderly &/or Inexperience Driver (YEIDR) refers to any person authorized to drive who is below 26 years old or above 70 years old and/or the holder of a qualified driving licence of less than 2 years duration.