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SN09234A0005 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 10/04/2023 10:50 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (10/04/2023 10:50 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be completed by the Policyholder and/or the Actual 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

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.

4. The issue and acceptance or this Form by insurance companies is not all admission of policy liability of the part of the state of the policy for investigation.

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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

10/04/2023 10:50 (SGT) Owner

01/04/2023 14:55 (SGT) 505 Bishan Street 11, Block 505, Singapore 570505

MSCP LOT 191 Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SKR3177D

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No Alternative Phone No

Yes FELIX DRIVE ENTERPRISE 5XXXX875M regina@wellscope.com.sg (Phone) +65-90621880

VEHICLE PARTICULARS

Manufacturer Model Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission CC

Private use

Mazda

3

No - Claiming third party Private car Auto 1496

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number EQ Insurance Company Ltd DMCRHQ23-000009

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

SU JINGWEN SXXXX561F 09/10/1982 Indoor



24/03/2016 Date Of Driving Pass 7 YEARS AND 1 MONTH Driving experience Female Gender (Phone) +65-90621880 Mobile Number Alt. Phone Number regina@wellscope.com.sg Email Address BLK 227 SERANGOON AVENUE 2 #06-09 Address Address complement 550227 Postcode No Is the driver the policyholder? 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 Hit and run / Vandalism / Damaged whilst parked Type of Accident Clear Weather Conditions Dry Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No 2 Number of vehicles involved in the accident No Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement DETAILS OF POLICE ACTION No Was the accident reported to the police? No Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN ATTACHMENT(S) Yes Are accident photos available for attachment? No Was there any video captured by Car Camera?

DETAILS OF OTHER VEHICLE PROPERTY 1

 Vehicle Registration Number
 SKM2434U

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Private car

 Name of Driver
 LAWRENCE

 Contact Number
 (Phone) +65-92269748

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 Actual 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>.
- 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 Traffic Police Department for investigation.
- 6. This report will be forwarded by the insurers to 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.
- 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.

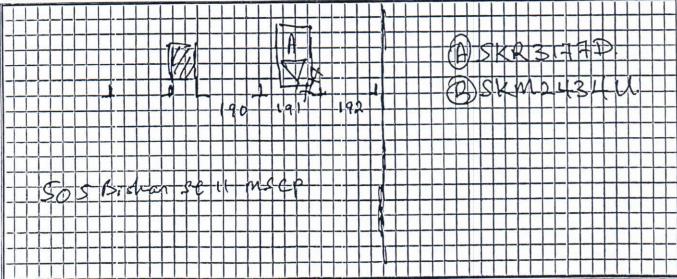
Policyholder's Bighaturg'i Date & Ime

Driver's Signature (4-driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

104

Sketch Plan



Describe Circumstance of the Accident		
on 01/04/2023 at about 1455hrs,	1 went	to
my vehicle of the mscp, I sou		
written note on my LWIscreen state	ny fhol	vehB
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reporting.		

Declaration

Policy

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

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

ort. Information wife Accident: 14
Mazda

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week. Date of Accident: 01 /04 /2023 (dd/mm/yy)

Time of Accident: 14: 55 (24-HR-FORMAT) Vehicle No.: SKR 3177 Dehicle Make & Model / Engine (cc): Magda 3 Private Hire: (Y/N) Exact location of Accident: 505 Boshon St 11 MSCP Lof 191 Policyholder's Name / IC No. : Florid Flexe Drive Enterproceur (Company) 52929875 M Driver's Name / IC No.: Su Jingwan S82755617 (As Above) Driver's Contact No.: 40621880 Company Contact No / Owner Contact No: Driver's Address: 127 Serangoon Ave 4, #06-09 (550277) Owner Email address: regina @wellscope.com-sg Insurance Company: Driver Email address: Relationship between Owner & Driver: (Please CIRCLE one only) Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer of 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 Occupation (nature of job) Indoor/ Outdoor Was being used at time of accident? Private use / Work purpose *No. of Passengers (Including Driver): Gender: Male / Female x() *Passenger Name: Gender: Male / Female x() *Passenger Name: 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: Lawrence vehicle No: SKM 24346 1. Driver's Name / IC No: 2 26 9 7 48 ____Insurance Company : _____ Driver's Contact No: 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: ______ Contact No: _____

EQ Insurance Company Limited
6 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110
tel 65 6223 9433 | fax 65 6224 3903 | www.eqinsurance.com.sg
reg no. 1976-00490-N



SGD1,500.00

5GD2,000.00

Additional SGD3,000.00

EQI Motor Accident

Hotline

6311 3211

Form: LCVH Excess:

Section 1 Section 2

YEID-AC

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.

HIRE CARS/HIRE DRIVING(SCHEDULE 4) Comprehensive

Certificate No.: DMCRHQ23-000009

1. Index Mark and Registration Number of Vehicles
SKR3177D

 Engine No. and Chassis No. P520233243 / JM6BM42ABF0149668

3. Name of Policyholder
FLEXI DRIVE ENTERPRISE

4. Effective Date of the Commencement of Insurance for the purpose of the Act 64/02/2023

5. Date of Expiry of Insurance 03/02/2024

6. Person or Classes of Persons entitled to drive

Any person who is Authorised to drive on the Insured's order or with their 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.

 Limitations as to use* LIMITATIONS AS TO USE

Use for social domestic and pleasure purposes and business purposes of any person whom the vehicle is hired $\,$

THE POLICY DOES NOT COVER

(1) Use for racing pace-making reliability trial or speed-testing

(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle

*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

misjb/HO/A000014/Soong Kok Chee Insur

