| - N. 1717 N. A. Assessment Co                               | Hira yervicas -        | (· · · : .'a · · .)                     |  |           |  |
|---|------------------------|---|--|-----------|--|
| Daleln 10/05/2023   | Jeb description        | 1                                       | Thue &Time Complete                        | od .      | Done liv.  |
| REFNO NALEQ123004801 /d.                                    | SAS c-filing           |   | :  | •         |  |
| VehNo GBF 4673 B  | E-mail (*:ms           | Shrs, APT 2hrs,                         | i .  | 1.        |  |
| DOA 10/05/2023 08:40  |                        |   | :  | :         |  |
|   |                        | ) (Within: OD 2hrs                      | mine e e e commune anul e em<br>, TP direj |           | - ۱۰ سا<br>د   |
| OD TP Reporting Only  | i-Photo Uplo           |   | :  | T         |  |
|   | Assessment/S           | urvey Report                            | 1  |           | Name of the last o |
| TP Insurer:   | Ass't Report           | by Pax / Hand                           | o Owner/Wksp                               |           |  |
| Preferred Wksp / INC Assign Wksp / QW:                      | (                      |   | Tol:                                       | Fax:      | -  |
| TP Particulars: Vch No:                                     | YQ 6259 X              | . INC(                                  | .)/Non-INC()                               | -         |  |
| Owner / Driver: (   |                        | *************************************** | Tel:                                       |           | )  |
| Policy No: ( )  | Period: (              | Ĵ                                       | Cover Type: (                              |           | )  |
| Confirmed by : (  |                        | Date:                                   | Tine:                                      |           | 1  |
| Insured/Driver Liability: ( 9                               | 6) [Note-Est. Status ( | WO): N: 0-2                             | 0%; P: 21-79%. P: 9                        | 30-100%)  |  |
| Year of Registration: (                                     | Warranty: YES (        | )/NO(                                   | )  |           |  |
|   | \$1,000 ( )/\$2,000    |   |  |           |  |
| General Remarks;  |                        |   | ANTENNA SALA                               |           |  |
| ( ) Walk-In Customer: Gustomer's                            |                        | nfidential & St                         | ictly NO rafer of repair                   | er.       |  |
| ( ) Total Loss Case : to e-mail In                          | surer URGENTLY.        | •                                       |  |           |  |
| Drive-In ( )/ Towed-In ( ); Inv                             | oice: YES ( ) / 1      | T; ( ) OV                               | owing Co. (                                |           |  |
| Remarks 22 (ING horling 6788 66)                            |                        |   | Dite. Time Complete                        | 18 TO     | Done by  |
| 1) Apply for Transport Allowance (                          |                        | )<br>(38'-283'8) 20-47                  | * * * * * * * * * * * * * * * * * * *      | -         |  |
| 2) QC Check / Post Repair Inspection                        | (                      | )                                       |  | -         |  |
| 3) Upload Resurvey Photo [Repair Cost                       | (000E\$ <              | )                                       |  |           |  |
| Inftery:  |                        |   |  |           |  |
|   |                        | ,                                       |  | 10 G      |  |
| Duforting Actions   |                        |   |  | 1. Per    |  |
|   |                        |   |  |           |  |
|   |                        |   |  |           |  |
|   |                        |   |  |           |  |
|   |                        | •                                       |  |           |  |
|   |                        | PACK CONTROL                            | was a silka wite                           | 32.3      | Anit (S):  |
|   |                        | Auxorce are                             | paration Gleoklist                         | riphize.  | Talbili"   |
| laimani's Particulars (************************************ |                        | 1) AR: Accident                         |  | C (\$30)  |  |
| river/Owner:  | 3. 71.                 | 3) TF: Towing I                         | les .                                      | 240/245   |  |
|   |                        | 4) FT : Follow-T                        | hrough Survey (Resurvey)                   | \$120     |  |
| ontact No:  |                        |   | gainst INC Only (wel 10 Jan                |           |  |
| amaged Portion:   |                        | 6) TR: Re-inspe                         | + SMRT Survey                              | \$160     |  |
|   |                        | 8) NTUC Additi                          |  | 3,00      |  |
| C Checked by (Engr-In-Charge):                              |                        | *N5; Courtes                            | y Car/Tpt Allowance                        | . 22      |  |
|   |                        | *No: Ropair                             | Co-ordination                              | \$10i     |  |
| uditors' Comments :-  |                        | * N8: DV / C                            | liest Excess Coordination                  | \$5       |  |
| <u>u. 1:</u>  |                        | 7'P (N11): T<br>9) N12; Idno A:         | l' (Non INC) against INC<br>obile          | 30<br>250 |  |
| u .2./3:  |                        | Invoice dated                           | Fee Chi                                    |           | MANAGE AND   |
|   |                        | Involve dated                           | Fun Chi                                    | args-i    | A PARTY OF   |

# SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

IMPORTANT NOTICE

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

2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

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

A. 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 Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss | 10/05/2023 18:00 (SGT)<br>Actual Driver<br>10/05/2023 08:40 (SGT)<br>Singapore<br>TAMPINES AVENUE 12 TURNING TO TPE/SLE<br>Singapore |
|--|--|
|--|--|

### **DETAILS OF OWN VEHICLE**

GBF4673B

Toyota

| INSURED/POLICYHOLDER  |   |
|---|---|
| Is company?  Name Of Registered Owner  Company Reg No  Email Address  Mobile Phone No | Yes KHENG HONG (24HRS) FUNERAL SERVICES 5XXXX973E guanubi888@gmail.com (Phone) +65-96609996 |

### VEHICLE PARTICULARS

Manufacturer

Alternative Phone No

Vehicle Registration Number

| Model  | Hiace                     |
|--|---------------------------|
| Variant  | Thace                     |
| Exact purpose for which vehicle was being used at time of      |                           |
| accident   | Employment                |
| Are you claiming under your own insurance policy for repair to |                           |
| your vehicle?  | No - Claiming third party |
| Vehicle Category   |                           |
|  | Commercial vehicle        |
|  | Auto                      |
| CC   | 2982                      |
|  |                           |

### INSURANCE COMPANY

| Name of Insurance Company         | <br>EQ Insurance Company Ltd |
|-----------------------------------|------------------------------|
| Policy Number / Cover Note Number | DMCPHQ22-003822              |

### DRIVER

| Name of Driver | YEOW KHENG GUAY |
|----------------|-----------------|
| NRIC No        | SXXXX908F       |
| Date Of Birth  | 10/08/1953      |
| Occupation     | Outdoor         |

| Date Of Driving Pass   | 11/01/1978   |
|--|--|
| Driving experience   | 45 YEARS AND 4 MONTHS  |
| Gender   | Mala   |
| Mobile Number  | (Phone) +CE OCCOOCCO   |
| Alt. Phone Number  | (**************************************  |
| Email Address  |  |
| Address  | gaarrabiboo@gmail.com  |
| Address complement   | THE STATE OF THE S |
| Postcode   | 62 1267  |
| Is the driver the policyholder?                              | 520204   |
| If No, Relationship of the Driver with the Insured           | No   |
| Does Driver Own Other Vehicles?                              |  |
| Vehicle Registration Number of Other Vehicle Owned by Driver | No   |
| To the state of Number of Other Venicle Owned by Driver      |  |
| Insurance Company of Other Vehicle Owned by Driver           | -  |
| GENERAL INFORMATION OF THE ACCIDENT                          |  |
| Type of Accident   |  |
| Weather Conditions   | Chain Collision  |
| Road Surface   | Clear  |
| inaminamanamanamanamanamanaman                               | Dry  |
| OTHER INFORMATION  |  |
| Was any foreign uphials in the Linux                         |  |
| Was any foreign vehicle involved in the accident?            | No   |
| Number of vehicles involved in the accident                  | 3  |
| 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   |
| Translator's name  | •  |
| Translator's ID  | •  |
| Translator's phone number                                    | •  |
| Franslator's email   |  |
| Original language used in the statement                      | · •  |
| DETAILS OF POLICE ACTION                                     |  |
| Vas the accident reported to the police?                     |  |
| Vas notice of intended Prosecution given?                    | No   |
| f yes, against whom?   | No   |
| yes, against whom?   |  |
| CIRCUMSTANCES OF ACCIDENT                                    |  |
|  |  |
| PLEASE REFER TO THE ATTACHED STATEMENT                       |  |
| ATTACHMENT(S)  |  |
| re accident photos available for attachment?                 |  |
| Vas there any video captured by Car Camera?                  | Yes<br>No  |
|  | 110  |
| DETAILS OF OTHER   | VEHICLE PROPERTY 1   |
| ehicle Registration Number                                   | Vaccount   |
| ehicle Manufacturer  | YQ6259X  |
| ***************************************                      | •  |
| ehicle Model   | _  |
| enicle Model   |  |
| ehicle Variant   |  |
| ehicle Model<br>ehicle Variant<br>ehicle Colour              | •  |
| enicle Model ehicle Variant ehicle Colour ehicle Category    | Commercial vehicle   |
| enicle Model<br>ehicle Variant<br>ehicle Colour              | Commercial vehicle ABDUL NOORRADI BIN ADAM   |

| Address Address                         | (Phone) +65-87556552 |
|---|----------------------|
|   | -                    |
| Address complement Postcode             |                      |
|   | -                    |
| Insurance Company Name Nature Of Damage | •                    |
| Details of property damaged in accident | •                    |
| NO DI Paccondor (Including D.)          | -                    |
| (including Driver)                      | _                    |

## DETAILS OF OTHER VEHICLE PROPERTY 2

| Vehicle Registration Number             | 01/200         |
|---|----------------|
| Vehicle Manufacturer                    | SNF8703E       |
| Vehicle Model                           | -              |
| Vehicle Variant                         | -              |
| Vehicle Colour                          | •              |
| Vehicle Category                        | -              |
| Name of Driver                          | Private car    |
| NRIC No                                 | LIM SIEW CHING |
| Contact Number                          | SXXXX152F      |
| Address                                 | •              |
| Address complement                      |                |
| Postcode                                | •              |
| Insurance Company Name                  | -              |
| Notice Of Dames                         | •              |
| Details of property damaged in accident | -              |
| No. Of Passenger (Including Driver)     | -              |
| or , descriger (including Driver)       | =              |

### SKETCH PLAN

### MPORTETINOTICE

- 1. Pleas report correctly the details of the accident to speed up the claims process.
- 2. This \_\_\_\_\_tm 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 withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The is seand acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any ble 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 Sing to (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the ligement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report leing made available aforesaid.
- B. Consertunder the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My installing 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 oil and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administeing my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of tertain 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 the klawyers/law thinks) may be sited outside of Singapore, for one or more of the above Purposes.

KHENG HONG (24HRS) FUNERAL SERVICES

REG NO: 53135973E

BLK 84 MARINE PARADE CENTRAL #01-67 / 01-68

INGAPORE 440084

HP 9818 6000 /9660 9996 olicyholder's Signature / Date & Time

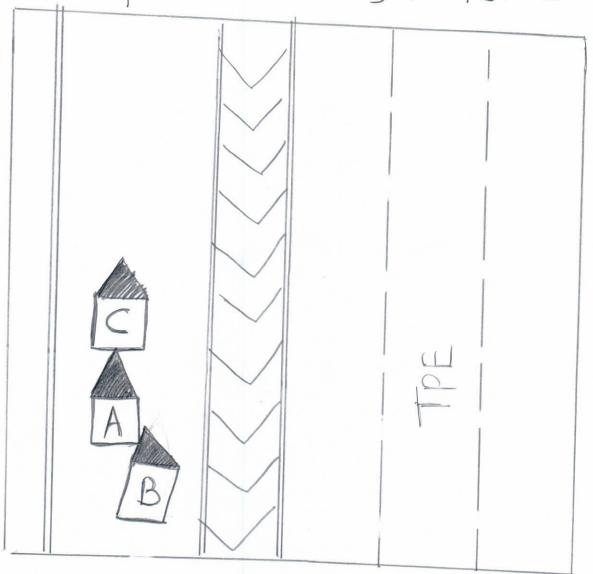
Actual Driver's Signature (If driver is not the policyholder) / Date & Time

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

iketch Plan Tampines I Venue 12 tuming to TPE SLF

ALTO GRANKITATION OF THE STATE O

Tampines Ave 12 turning to TPE/SLE



A- GB= 4673B

C- SNF 8703E

B- 40 6259X

慶鴻(二十四小時)喪事版 KHENG HONG (24HRS) FUNERAL SFE REG NO: 53135973E ILK 34 MARINE PARADE CENTRAL #01-6 SINGAPORE 440084 HP: 9818 6000 /9660 9996

from 7 2 3

| Decibe Circumstance of the Accident                 |
|---|
| on the above stated date and time, luns             |
| driving glong 7 am pines Avenue 12 tuming to        |
| TPE/SLF. It was heavy truthic glong, the            |
| TPE SO all the vehicles were moving slowly          |
| according to the trustic. My vehicle, was surjonary |
| as I was waiting to filter to the right hand side.  |
| suddenly vehicle B hit the rear night portion of.   |
| my vehicle. Due to the impact my vehicle skidded.   |
|   |
| is alord a Nx auxocause to laborate                 |
| 15 VENICE C. NO CANAGE 70 VENICE C.                 |
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Declaration

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

ENG HONG (24HRS) FUNERAL SERVIC
REG. NO: 53135973E

LK 84 MARINE SARADE CENTRAL #01-67 / 01-68

Policyholder's Signature / Date & Time
HP: 9818 6000 /9660 9996

Actual Priver's Signature (if driver is not the policyholder)
Witnessed by Reporting Centre Personnel
(Name as In-NRIC/ID card)

## ACCIDENT STATEMENT

| LOCATION: TOMPINGS AND IN THEMAN.  |
|--|
| IDE 108 - 40 MHHHM   |
| · LOCATION: Jampines Ave 12 timines to 705 1/4   |
| 1. DETAILS OF VEHICLE  |
| DIVEHICLE NUMBER: GBF 4673B  |
| DINSURANCE COMPANY; FOI  |
| CIPOUCALINI EQ I   |
| CIPOUCY NUMBER: DMCPHQ22-063822  |
| B) MAKE & MODEL: 'TUPLE HOLD PARTY / THIRD PARTY FIRE LITHER!  |
| B) MAKE & MODEL: "TUPLE HOLD PARTY / THIRD PARTY FIRE ETHER  |
| SIVE-IICLE CATEGORY PRIMARY LARRY LMOTOR CYCLE / OTHERS  |
|  |
| IT ARE YOU CLAIMING LINDER YOUP OWN INSURANCE (YES/NO)   |
| IF NO. PLEASE STATE (THRO PARTY CLAIMY REPORTING ONLY)  2. INSURED / POLICY HOLDER   |
|  |
| DINRIC/FIN/PASSPORT: 53135973 F. SUNICIMALE / FEMALE   |
| C)ADDRESS: 53135973E CONTACT:  |
|  |
| CONTINUE TO 3.4 IF DRIVER ALSO POUCY HOLDER  |
| TOUR SALE TOURS IN THE TOURS IN |
| CIADDRESS IN CITY SOIG 4908 E TONT IN ALTE FEMALE  |
| Tok 204 Jampines street 21 # 02-1007   |
| d) DATE OF BIRTH: (10 108 1953 1/DD/44 00000   |
| E)OCCUPATION: //INDOOR   |
| FIYEARSTOF DRIVING EXPRERIENCE 11 01 1978  |
| TO DOCTOR TO THE PARTY OF THE P |
|  |
|  |
| 6. WAS ANYBODY INJURED (YES (NO)) 7. DIREPORTED TO POLICE (YES (NO))   |
| B. THIRD PARTY VEHICLE   |
|  |
|  |
| Induding driver) b) DRIVER'S NAME About Noorradi Bin Adam  |
| 1 MICHINA AND DE CONTRACTOR OF THE PROPERTY OF |
| ·  |
| I PASSENGE DRIVER'S NAME TO SE MODEL   |
| In the dien diens  |
| ( ) NRIC/FIN/PASSPORT: 8704 2182E CONTACT:   |
|  |
|  |
|  |
| : : : : : : guernubi 888 @gmeil-con .  |
| Person =   |
| MIDE - NA  |
| (1)  |

**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.: DMCPHQ22-003822

Classic Plan - EQ authorized workshop only

Form: LCVP1

Excess: Section 1:

YEID: WindScreen: Additional

**EQI** Motor Accident

Hotline

6311 3211

S\$500.00

S\$3,000.00 All Claims S\$100.00

1. Index Mark and Registration Number of Vehicles **GBF4673B** 

2. Name of Policyholder KHENG HONG (24HRS) FUNERAL SERVICES

3. Effective Date of the Commencement of Insurance for the purpose of the Act 10/11/2022

4. Date of Expiry of Insurance 09/11/2023

5. Person or Classes of persons entitled to drive\*

Goods Carrying - (MZ300) Authorised Driver. Any of the following:-

(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 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 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.

Use for social domestic and pleasure purposes.

THE POLICY DOES NOT COVER:

Use for hire or reward or for racing pace-making reliability trial or speed testing.

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 wiht 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.

IVWE 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: Kenso Leasing Pte Ltd

A000451/Vitesse Insurance Agency Pte Ltd Date of Issue: 07/11/2022 12:31

**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.

