

NATIONAL Assessment Centre Services (Call 1-800-333-7700) **SLD 28679003**

| | | | |
|---------------------------------|--|------------------------|----------|
| Date In: 9/06/2003 12:48 | Job Description: SAS e-illing | Date & Time Completed: | Done by: |
| Ref No: SLD 28679003 | E-mail (within 300, A/C 200) | | |
| Veh No: SLX A90P | 1-Motor Claim Form | | |
| D.O.A: 9/06/2003 05:46 | 1-Motor W/O (Within 300, A/C 200) | | |
| OC: TP Repairing Only | 1-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Driver | | |

Preferred Wksp / INC Assgn Wksp / QW: **SLD 28679003** Tel: Fax:

TP Particulars: **SLD 28679003** INC () / Non-INC ()

Owner / Driver: Tel:

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: Time:

Insured/Driver Liability: () (Note: Inc Status (W/O): N: 0-30%, F: 31-70%, F: 80-100%)

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

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

Center: ()

() Walk-In Customer / Customer's Information strictly Confidential & Strictly NO refer of repair.

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

Drive-In () / Towed-In () Invoice: YES () / NO () Towing Co: ()

Remarks: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury: ()

Date of Injury: ()

Location: ()

Witness: ()

Police Report: ()

Insurance Company: ()

Driver's License: ()

Vehicle Registration: ()

Vehicle Insurance: ()

Vehicle Make/Model: ()

Vehicle Year: ()

Vehicle Color: ()

Vehicle VIN: ()

Vehicle Mileage: ()

Vehicle Condition: ()

Vehicle Damage: ()

Vehicle Damage Description: ()

Vehicle Damage Photos: ()

Vehicle Damage Estimate: ()

Vehicle Damage Repair: ()

Vehicle Damage Repair Cost: ()

Vehicle Damage Repair Time: ()

Vehicle Damage Repair Location: ()

Vehicle Damage Repair Contact: ()

Vehicle Damage Repair Status: ()

Vehicle Damage Repair Date: ()

Vehicle Damage Repair Time: ()

Vehicle Damage Repair Location: ()

Vehicle Damage Repair Contact: ()

Vehicle Damage Repair Status: ()

Vehicle Damage Repair Date: ()

| | |
|--------------------------------------|------------|
| Invoice Preparation Charge | |
| 1) All Accident Parts & Labor | |
| 2) DA: Damage Assessment (\$100) | INC (\$50) |
| 3) TP: Towing Fee | \$10/\$40 |
| 4) PE: Follow-Up 9-11-12 | \$10 |
| 5) PE: Follow-Up 9-11-12 (Basic Fee) | \$50 |
| 6) TR: Reproduction | \$10 |
| 7) NE: New DA + QC: Survey | \$10 |
| 8) KLOC Additional Services | |
| 9) NE: New DA + QC: Survey | \$10 |
| 10) NE: New DA + QC: Survey | \$10 |
| 11) NE: New DA + QC: Survey | \$10 |
| 12) NE: New DA + QC: Survey | \$10 |
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| 100) NE: New DA + QC: Survey | \$10 |

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 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 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 | 19/06/2023 12:43 (SGT) |
| Reported by | Both Policyholder and Actual Driver |
| Date of Accident | 19/06/2023 08:40 (SGT) |
| Exact Location of Accident | TPE, Singapore |
| Additional Location Information | BEFORE KPE EXIT |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLX800P |
| INSURED/POLICYHOLDER | |
| Is company? | No |
| Name Of Registered Owner | TAN JIE RONG LEROY |
| NRIC No | SXXXX455I |
| Email Address | tjrleroy@gmail.com |
| Mobile Phone No | (Phone) +65-92338701 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Audi |
| Model | A3 |
| 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 | Private car |
| Transmission | Auto |
| CC | 1395 |

INSURANCE COMPANY

| | |
|-----------------------------------|--------------------------|
| Name of Insurance Company | EQ Insurance Company Ltd |
| Policy Number / Cover Note Number | DMPPHQ22-007777 |

DRIVER

| | |
|----------------|--------------------|
| Name of Driver | TAN JIE RONG LEROY |
| NRIC No | SXXXX455I |
| Date Of Birth | 10/10/1990 |
| Occupation | Indoor |

| | |
|--|-----------------------------------|
| Date Of Driving Pass | 18/03/2011 |
| Driving experience | 12 YEARS AND 3 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-92338701 |
| Alt. Phone Number | - |
| Email Address | tjrleroy@gmail.com |
| Address | BLK 419D NORTHSHORE DRIVE #16-665 |
| Address complement | - |
| Postcode | 824419 |
| Is the driver the policyholder? | Yes |
| If No, Relationship of the Driver with the Insured | - |
| 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 | Chain Collision |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 3 |
| Was anybody injured in the Accident? | Yes |
| Was any injured conveyed to hospital by ambulance? | No |
| 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 | - |
| Translator's email | - |
| Original language used in the statement | - |

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? | Yes |
| Reasons for not uploading a video of the accident | WITH OWNER |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------|
| Vehicle Registration Number | SLD2147J |
| 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) | - |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|---|-------------|
| Vehicle Registration Number | SMZ76R |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | - |
| Name of Driver | Private car |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|----------------------|
| Name of injured person | TAN JIE RONG LEROY |
| Gender | Male |
| Phone No | (Phone) +65-92338701 |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | SLIGHT INJURY |
| Were seat belts worn? | SLX800P |
| Was this injured conveyed to hospital by ambulance? | Yes |
| | No |

IMPORTANT NOTICE

SKETCH PLAN

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.
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 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.
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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

19/06/2023

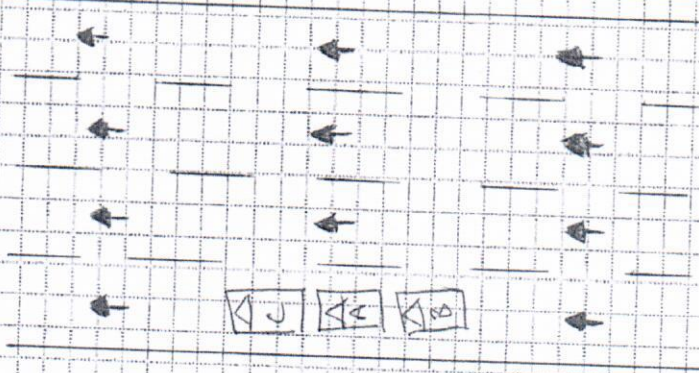
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

A: SLX 800P

B: SLD 2147J

C: SMZ 76R




TPE BEFORE KPE EXIT


Describe Circumstance of the Accident

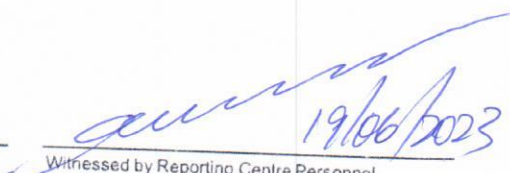
ON THE STATED DATE AND TIME I WAS TRAVELLING ON
THE, THE FRONT VEHICLE STOP I FOLLOW TO SLOW DOWN. SUDDENLY I
FELT AN IMPACT FROM MY VEHICLE BACK AND THE IMPACT CAUSE MY VEHICLE
TO SWERVE FORWARD AND HIT ONTO THE FRONT VEHICLE. I ALIGHTED
AND FOUND OUT THE I WAS INVOLVED IN A 3 CAR CHAIN COLLISION.

Declaration

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


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel 19/06/2023

3

Date of Accident : 19/06/2023 Accident Time: 08:40 (24-HR-FORMAT)
Accident Place : TPE BEFORE KPE EXIT
Vehicle Reg. No (Car plate No.) : SLX 800P CC: 1400
Insurance Company : EQ Vehicle Make/Model: AVA / A3
Name of Registered Owner : Company / Individual TAN SIE RONG LEROY
ID of Registered Owner : Co Reg No: Owner's NRIC No: 9037455I
OWNER EMAIL ADDRESS: TJRLEROY@GMAIL.COM : Co Contact No: Owner's Contact No: 9233 8701
DRIVER'S Name : TAN SIE RONG LEROY DRIVER'S NRIC No: 9037455I
DRIVER'S Date of Birth : 10/10/1990 DRIVER'S License Pass Date 18/03/2011
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: OWNER
DRIVER'S Address : 419D NORTHSHORE DRIVE #16-665 S'PORE (824449)
DRIVER'S Contact No./ Alt No. : 1) 9233 8701 2)
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
Email Address :
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (including Driver): 01 Name & Gender: DRIVER (M)
Was the accident reported to the police? YES \ NO
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any injuries, if yes (name of the injured person) DRIVER

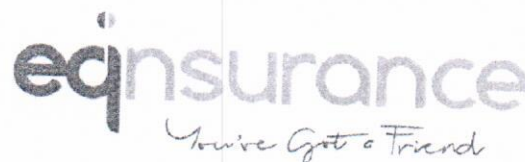
Other Party Driver's Particulars (if any)

| | |
|-----------------------------|------------------------------|
| Vehicle Reg No: SMZ 76R (C) | Vehicle Reg No: SLD 2147 J B |
| Vehicle Make/Model: | Vehicle Make/Model: |
| Name DRIVER: | Name DRIVER: |
| IC No. DRIVER: | IC No. DRIVER: |
| DRIVER'S Contact & add: | DRIVER'S Contact & add: |

REPORT FORM EXPLAINED IN : ENGLISH / CHINESE / MALAY / TAMIL OTHERS:
WHO REPORTED THE ACCIDENT : OWNER / DRIVER / BOTH

EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 089110
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 Premier****Certificate No. : DMPPHQ22-007777****1. Index Mark and Registration Number of Vehicles**

SLX800P

2. Name of Policyholder

TAN JIE RONG LEROY

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

11/11/2022

4. Date of Expiry of Insurance

10/11/2023

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.

Comprehensive Plan - Any Workshop

Form: MX2

Excess:

Insured/Named Driver:

S\$500.00

Unnamed Drivers:

S\$1,000.00

YEID Additional:

S\$3,000.00

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 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 : HL Bank

A000137/I. Insurance
Date of Issue : 27/09/2022 10:44Authorised Signatory
EQ Insurance Company Limited

Exp No. : DMPPHQ21-008036