NATIONAL Assessment Centre	Services (w	ef Jan'06]			
Date In: 4 06 07 2023	Jeb description		Date & Time Completed		Done
Ref No: NA BQ12300 6877 / 04	SAS e-filing				
Yeh No: 8ML12Z	E-mail (within 8hr	s. AIC 2hrs)			
D.O.A: 05/07/2023 23:54	i-Motor Claim	Form			
- 10	i-Motor W/O (Within: OD 2hrs,	TP 4hrs)		
OD (TP) Reporting Only	i-Photo Upload	led	!		
an .	Assessment/Surv	ey Report			
TP Insurer:	Ass't Report by		Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (L			Fax:	
TP Particulars: Veh No: SI	N 6361C	INC ()/Non-INC()		
Owner / Driver: (30016		Tel:)
Policy No: () Perio	d: ()	Cover Type: (
Confirmed by: (Date:	Time:)
Insured/Driver Liability: (%) [No	te-Est. Status (WC	D): N: 0-20	%; P: 21-79%. F: 80-	100%]
Year of Registration: () Wa	arranty: YES ()/NO())		
Excess: (\$) Loading: \$1,000	()/\$2,000()			
General Remarks;	33545 PARAMET		23 676 (3.224, 3.15)		
() Walk-In Customer: Customer's inform	ation strictly Confi	dential & Stri	ctly NO refer of repairer		
() Total Loss Case : to e-mail Insurer	URGENTLY.				
Drive-In ()/ Powed-In (); Invoice:	YES () / NO) () ; To	wing Co: (iller .
Remarks: (INC horline: 6788 6616)			Date&Time Completed		Done
1) Apply for Transport Allowance ()/Cou	urtesy Car ()			1	
2) QC Check / Post Repair Inspection	. ()				
3) Upload Resurvey Photo [Repair Cost > \$300	00] ()				
Injury:					
Date/Time Actions				87.10 UN	2007 July
				9990048	<u>jágalekközett v</u> t
					-
		9			
					1
Ata .		Invoice Prep	aration Checklist		Anit (\$)
laimant's Particulars :-	(1, 8, 000, 0, 0, 000, 000, 000, 000, 000	l) AR : Accident			Ţśť Bill*
Priver/Owner:		2) DA: Damage A 3) TF: Towing Fe	Assessment (\$100); INC	(\$80) \$40/\$45	
,) FT : Follow-Th	rough Survey	\$120	
Contact No:			trough Survey (Resurvey) reinst INC Only (wef 10 Jan 20	\$30 005)	
Damaged Portion:		6) TR: Re-inspec 7) N1: Idac DA+		\$75 \$160	
		8) NTUC Additio			
C Checked by (Engr-In-Charge):			Car / Tpt Allowance	\$5	
udifors Composite	7/37/7/19/5/3/3	*N6: Repair Co *N7: Post Repa	o-ordination or Inspection	\$10	
Auditors Comments ::	75.65 (V. 18.85.14)	*N8: DV / Coll	ect Excess Coordination	3 5	
at. 2/3:		9) N12: Idao Mob		30	
	1	Invoice dated	Fee Charge Fee Charge		



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

3. Information provided must be as truthed and acceptance of policy liability on the part of the insurance companies.

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 this report will for a fee the made available upon application by interested parties. 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 06/07/2023 18:02 (SGT) Reported by **Actual Driver** Date of Accident 05/07/2023 23:54 (SGT) Exact Location of Accident Singapore Additional Location Information RIVER VALLEY CARPARK Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMI 127

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner TBC TRANSPORTATION & TRADING PTE LTD Company Reg No 1XXXXX358E Email Address fennylim6689@yahoo.com.sg Mobile Phone No (Phone) +65-91147622 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Model MODEL 3 PERFORMANCE 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

INSURANCE COMPANY

Name of Insurance Company EQ Insurance Company Ltd Policy Number / Cover Note Number DMPPHQ23-005287

DRIVER

Name of Driver BRIAN TEH HAO WEI NRIC No SXXXX024H Date Of Birth 22/12/1997 Occupation Indoor

Date Of Driving Pass	14/06/2016
Driving experience	7 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91147622
Alt. Phone Number	(11010) 100-01147022
Email Address	fennylim6689@yahoo.com.sg
Address	2 LENTOR PLACE
Address complement	5
Postcode	788989
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	and the second s
Weather Conditions	Hit and run / Vandalism / Damaged whilst parked
Road Surface	Clear
	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	
Number of vehicles involved in the accident	No
Was anybody injured in the Accident?	2
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	- Vos
Number of Passengers (Including Driver)	Yes
Has the driver been approached by unknown person(s)	1
soliciting/offering accident claims assistance?	No
I ranslator's name	-
Translator's ID	-
Translator's phone number	
Translator's email	
Original language used in the statement	
DETAILS OF POLICE ACTION	
Mary dis-	
Was notice of intended December 2	No
Was notice of intended Prosecution given? If yes, against whom?	No
If yes, against whom?	•
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO THE ATTACHED STATEMENT	
ATTACHMENT(S)	
Are considered wheelers are 1911 of the constant of	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number	SLN6361C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant Vehicle Colour	-
Vehicle Category Name of Driver	Private car
Contact Number	
	-

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

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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.
- 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)

Lunderstand, acknow ledge, 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' law yers/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' law yers/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.

Policyholder's Signature / Date &

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

Sketch Plan

Witnessed by Reporting Centr

A- 3ML 12Z

B - SLN 63616

RIVER VALLEM Carpark

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 & Time

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT: 06 JULY 2023	TIME OF ACCIDENT: 11: 454 pm
VEHICLENO: SML12Z	TRANSMISION : AUTO / MANUAL
MAKE & MODEL: TIGIA Model 3	LOCATION: RIVER Yalley Carpark
EXACT PURPOSE USE DURING ACCIDENT : EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE: OD / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY : EQ	POLICY NO: PMPPHQ23-005287
TYPE OF COVERAGE: COMPREMENSIVE / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE : (SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE)
NAME OF OWNER: TBC Transportion & Trading Ptc 2td	112003486
ADDRESS: 1 GUI Cres	CONTACT NO: 9731 1784
EMAIL ADDRESS: Fonny Limbb 89@ yahoo.com.sq	VIDEO RECORDING : YES / NO
NAME OF DRIVER: AS ABOVE / IF NO: Brian Ten Hav Wii	NRIC: S9746024H CONTACT NO: 9114 7622
DRIVER OWNER RELATIONSHIPP: Employee	PASSENGER: MALE(/) FEMALE ()
DATE OF BIRTH: 22/12/1997	DRIVING PASSING DATE: 14 / 06 / 2016
OCCUPATION: INDOOR / OUTDOOR	ADDRESS: 2 Lintor Place 5(788989)
ANY INJURIES : NO IF YES :	POLICE REPORT NOV IF YES WHERE?
WEATHER CONDITION: CLEAR / RAINING / OTHERS	ROAD SURFACE : DRY / WET / OTHERS
VEHICLE B REG NO: SLN 6361C	VEHICLE C REG NO :
DRIVER NAME :	DRIVER NAME :
NRIC:	NRIC:
CONTACT:	CONTACT:
VEHICLE D REG NO :	ANY WITNESS ? NO, IF YES :
DRIVER NAME :	NAME:
NRIC:	CONTACT :
ONTACT:	
WAS NOTICE OF PROSECUTION GIVEN? (YES / NO) IF YES, AGAINST WHOM:	WERE SEAT BELTS WORN ? : YES / NO

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

Certificate No.: DMPPHQ23-005287

 Index Mark and Registration Number of Vehicles SML12Z

2. Engine No. and Chassis No.
- / LRW3F7L6NC571907

3. Name of Policyholder
T B C TRANSPORTATION & TRADING PIE LIT

T B C TRANSPORTATION & TRADING PTE LTD

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

5. Date of Expiry of Insurance 06/06/2024

6. Person or Classes of Persons entitled to drive*

(a) The Policyholder

07/06/2023

(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 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.

7. Limitations 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.

HP: DBS BANK LTD misjb/HO/B000006/ANIKA INSURANCE BROK



Authorised Signatory EQ Insurance Company Limited

Form: MX2 Excess:

Excess:
Named Driver
Nm Driver-Outside SG
Unnamed Driver
U/n Driver-OutsideSG
YEID
Additional
WdScrn/Snroof/Mnroof
SGD4,000.00
SGD4,000.00
SGD9,000.00
WdScrn/Snroof/Mnroof
SGD1,000.00

EQI Motor Accident Hotline

6311 3211

