NATIONAL Assessment Centre	Services (wef Jarros)	Sul 8 78 7 200	0/
Date In: 18107 2023 1123	Jr.b description	Date & Time Completed	Done b
Ref No: X/BA/H4 12200 7233/4	SAS e-filing	- In the second	Done o
Veh No: SWIF 116K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 1407/2023 18:45	i-Motor Claim Form		
OD TP Reporting Only	i-Motor W/O (Within: OD 2hr	- 770 41 - \	
OD (TP) Reporting Only	i-Photo Uploaded	s, IP 4hrs)	
TP Insurer:	Assessment/Survey Report		
THISUICE:			
Preferred Wksp / INC Assign Wksp / QW: (Ass't Report by Fax / Hand t		
TP Particulars: Vel. No: Vel.	70257	Tel: Fa	x:
Owner / Driver: ((0852 INC()/Non-NC()	
Policy No: (Peri	od: (Tel:)
Confirmed by: (Cover Type: (.)
	Date:	Time:)
Voc-sp :	ote-Est. Status (WO): N: 0-20 arranty: YES () / NO ()%; P: 21-79%. F: 80-100	0%]
Excess: (\$) Loading: \$1,000)	
General Remarks:)()/\$2,000()		
() Walk-In Customer: Customer's inform () Total Loss Case : to e-mail Insurer	nation strictly Confidential & Stri	ictly NO rafer of repairer.	Septiment W
Deine T. C. State	TO C		
), invoice,	YES () / NO (); To	owing Co: (
Remarks: (INC horline: 6788 6616)		Date&Time Completed	Done by
1) Apply for Transport Allowance ()/Cou	irtesy Car ()		Done by
2) QC Check / Post Repair Inspection	()	-	
3) Upload Resurvey Photo [Repair Cost > \$300	00] ()		
Injury:		-	• • •
Date/Time Actions			
A-CAIVAIS			
344			
745.5	Invelce Prep	aration Checklist	Ant (S)
laimant's Particulars :-	1) AR : Accident R	allow from the control of the contro	Ist Bill A
river/Owner:	2) DA : Damage A	ssessment (\$100): INC (\$80)	
	3) TF: Towing Fee 4) FT: Follow-Thr	340/34.	
ontact No:	5) FT : Follow-Thr	ough Survey (Resurvey) \$30	
amaged Portion:	For claiming aga 6) TR: Re-inspecti	inst INC Only (wef 10 Jan 2005)	7
	7) N1 : Idac DA + :	SMRT Survey : \$160	
C Checked by (Engr-In-Charge):	8) NTUC Addition	al Services:-	
(Brigi-In-Charge):	*NS: Courtesy C	ar/Tpt Allowance \$5	
uditors: Comments::-	*N6: Repair Co- *N7: Post Repair	ordination 510	
. 1:	*N8: DV / Collect	et Excess Coordination cs	
1. 2/3:	<u>TP</u> (N11): TP (N 9) N12: Idae Mobil	on INC) against INC \$20	
•	Invoice dated	Fee Chargea	
	Invoice dated	Fee Charged	100 To 10



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

18/07/2023 11:23 (SGT) Both Policyholder and Actual Driver 14/07/2023 18:45 (SGT) KJE, Singapore TOWARDS BKE Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SNH716K

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No

Email Address Mobile Phone No Alternative Phone No No LOH NYUK KHENG SXXXX000J rcsmarie@singnet.com.sg (Phone) +65-96269310

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

Honda

Vezel

No - Claiming third party

Private car Auto

1496

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

EQ Insurance Company Ltd DMPPHQ22-007749

DRIVER

Name of Driver NRIC No Date Of Birth

Occupation

LOH NYUK KHENG SXXXX000J 09/06/1965 Indoor

Date Of Driving Pass 28/08/1992 Driving experience 30 YEARS AND 11 MONTHS Gender Female Mobile Number (Phone) +65-96269310 Alt. Phone Number **Email Address** rcsmarie@singnet.com.sg Address BLK 521 JELAPANG ROAD #02-151 Address complement Postcode 670521 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 DRIZZLING Road Surface Wet 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? Yes Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230717/7033

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?

Yes No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number XE7085Z
Vehicle Manufacturer Vehicle Model Vehicle Variant -

Vehicle Colour	
Vehicle Category	-
	Commercial vehicle
Name of Driver	-
- Contact Number	
Address	-
Address complement	-
Postcode	- 0
Insurance Company Name	. =0.
Nature Of Damage	
	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

DETAILS OF OTHER VEHICLE PROPERTY 2

Vahiala Dagiatustias N	
Vehicle Registration Number	SMJ7150Y
Vehicle Manufacturer	
Vehicle Model	0.000
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 Property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No Address	LOH NYUK KHENG Female (Phone) +65-96269310
Address Complement Post Code	
Approximate Age Years Old	
Injuries Sustained Injured person in which vehicle?	PLEASE REFER TO POLICE REPORT T/20230717/7033 SNH716K
Were seat belts worn? Was this injured conveyed to hospital by ambulance?	Yes Yes

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.
- 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 *
- (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
- (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

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

Sketch Plan

Describe Circumstance of the Accident	*, G
pls Refer to Police Report!	
Report No.: T/20230717/7033.	
	*

Declaration

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

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurence. Kindly check with your insurer for more details.

Policyholder's Signature / Date & Time

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

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





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20230717/7033

REPORT OF A TRAFFIC ACCIDENT

Date/Time 17/07/2023		ade:	Vide Report No.: Station D	
Informant'	s Particul	ars		STATE OF THE STATE
Name of In			Address: 521 JELAPANG ROAD #0	2-151 SINGAPORE 670521
ID Type / II NRIC NO /)J	Contact No.: Home/Office:	Mobile: 96269310
Nationality: SINGAPOR		N	Email: RCSMARIE@SINGNET.C	OM.SG
Sex: Female	Age: 58	Date of Birth: 09/06/1965	Type of Informant: Driver	
Race: Chinese			Language: English	
Occupation Accountant accountant	(excludin	g tax	Driving Licence Information Class:	n: Date of Expiry:

General Infor	Injure	D-11-	D 1 (T)	
Type of	Injury	Drink	Date/Time of	Type of Location
Accident:	Attended by Police	Drive:	Accident:	Straight Road
Location:		No	14/07/2023 18:45	
KJE towards	BKE			
Weather:		Road Surface:		
Weather: Drizzling		Road Surface: Wet		
		The state of the s		Traffic Volume:
Drizzling Traffic Flow: Type of Collis	ion: CHAIN COLLISION	Wet		Traffic Volume:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SNH716K	Car	HONDA	VEZEL 1.5G CVT	White		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNH716K	EQ INSURANCE COMPANY LTD.	DMPPHQ22- 007749	26/09/2022	25/09/2023





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20230717/7033

CONTINUATION OF REPORT

Any Pedestrian Ir	nvolved: No		33			
No. of Pedestrian	s Injured: NIL		Use of Pec	destrian	Cross	ing: NA
Driver			Section 1			
Name	LOH NYUK KHENG			ID No.		S2626000J
Related Vehicle	SNH716K (Car)			Conta	ct No.	96269310
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		SPITAL	Class Driving Licent Expiry	g e &	Class: NIL Date of Expiry: NIL
Date	14/07/2023 Date		Date		NIL	
No. of Days gran	ted Medical Leave	07	Degree of		Slight	

Brief Details.

On 14-07-2023 at about 1846hrs, I was driving my car (SNH 716K) along KJE towards BKE 8.4km in the 3rd lane from the right-hand side.

The weather still drizzling and the road surface is wet.

Abruptly, I felt an impact from the right side then I realized that a truck (XE 7085Z) swerve into my lane without checking and give way to the oncoming traffic from his left side and then collided onto the right portion of my car. Due to the huge impact and wet road surface, my car was caused lost control and then oversteered 360 degrees to the rightmost lane and then collided onto the oncoming vehicle (SMJ 7150Y).

Traffic police and ambulance attended after the accident collision, I was conveyed to the Ng Teng Fong Hospital by ambulance and was given 7 days of MC, I will follow up on my medical treatment if necessary. My car's camera SD card has taken by traffic police.

Hence, I hereto lodge this report to claim against the truck (XE 7085Z)'s insurance for my accident damages.



T/20230717/7033

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20230717/7033

CONTINUATION OF REPORT

The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 17/07/2023 12:25
Classification Of Case:

Date of Accident	MAKE & MODEL: Honda Vezel (M) AUTO MANUAL
Time of Accident	14/07/2023. *c.c: 1,496
Location of Accident	18:45. AM/PM.
	Along KJE Towards BKE
Exact Purpose Usage	Employment / Private Use / Private Hire
NAME OF OWNER:	Loh Hyuk Kheng
Email: rcsmarie@ Singm	et. com. sg HP: 96269310 Office:
Nric / Co. Reg. No.	\$26260005 Fax:
Claim Type	Third Party / Own Damage / Reporting only
Fleet Policy	Yes / 10?
Insurance Co.	EQ Insurance
Type of Coverage	Comprehensive / Third Party / Third Party Fire & Theft
Policy No.	DMPPHQ22-007749
NAME OF DRIVER:	As above / If No:
Nric No	As Above
Date Of Birth	09/06/1965.
Any Passenger	Yes (No)
Name of Passenger	
Gender of Passenger	Male / Female
Occupation	Outdoor / (ndoor)
Date Of Driving Pass	28 108 11992.
Gender of Driver	Male / Female
Contact	96269310 · Home:
Email	rcsmarie @ singnet. com. sg.
Address	BIK 521 Jelapang Road, #02-151, S (670521)
Does Driver Own Other Vehicles	(No) If Yes (Reg. no.): Insurer:
Relationship	Employee / If No:
Weather Condition	Clear / Raining / Other: Doizzling
Road Surface	Dry / (Wet) / Other:
Any Injuries	No / Offes: Who? Loh Hyuk Kheng
Conveyed by Ambulance	No / Kred: Who? Loh Nyuk Kheny
Police Report	No / If Yes: Where?
Notice Of Intended Prosecution Given?	No / If Yes : Who?
Vehicle B No :	X = 7085 Z Any Passenger: +1.
Name Of Driver	Thy rassenger.
Contact	1
Vehicle C No:	SMJ 7150 Y. Any Passenger:
Vehicle D No :	
Vehicle E No :	Any Passenger:
Vehicle F No :	Any Passenger;
Any Witness:	Any Passenger:
Vas There Any Video Capture?	Witness Contact No.
Vas There Any Audio Recorded?	Yes / No / F
Scene Accident Photos Taken?	Yes / No
Person Reporting	Yes /(No)
	Driver / Owner / Both
Original Language Used Have you been approach by unknow perso	English / Mandarin / Others:
lave you been approach by unknow person	n soliciting (s) /

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 Premier

Certificate No.: DMPPHQ22-007749

1. Index Mark and Registration Number of Vehicles

Premier Plan - Any Workshop

Form: MX2 Excess:

Insured&Named Driver

Unnamed Driver YEIDR WindScreen \$\$500.00(Section 1 - Own Damage) \$\$1,000.00(Section 1 - Own Damage) Additional \$\$3,000.00

S\$100.00

Name of Policyholder LOH NYUK KHENG

SNH716K

 Effective Date of the Commencement of Insurance for the purpose of the Act 26/09/2022

 Date of Expiry of Insurance 25/09/2023

4. Date of Expiry of Insurance

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



* 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: DBS BANK LTD

TSA0090/G's Insurance Agency
Date of Issue: 26/09/2022 14:10

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.

A Member of Citystate



Vehicle Details

Vehicle No.

SNH716K

Make / Model

HONDA / VEZEL 1.5G CVT

Vehicle Type:

P10 - Passenger Motor Car

Vehicle Scheme:

Normal

Propellant:

Petrol

Motor No.:

Power Rating:

Maximum Laden Weight:

1525 kg

Year Of Manufacture:

2022

Lifespan Expiry Date:

Quota Premium:

\$84,000.00

Road Tax Expiry Date:

25 Sep 2023

Inspection Due Date:

25 Sep 2025

CO2 Emission:

Vehicle Attachment 1:

No Attachment

Chassis No.:

RV31006637

Engine No.:

L15Z1007754

Engine Capacity:

1496 cc

Maximum Power Output:

87.0 kW (116 bhp)

Unladen Weight:

1250 kg

Original Registration Date:

26 Sep 2022

COE Category:

A - Car-Details at OneMotoring

COE Expiry Date:

25 Sep 2032

PARF Eligibility Expiry Date:

25 Sep 2032

Intended Transfer Date:

17 Jul 2023

CEV/VES Rebate Utilised Amount: