TIONAL Assessment Centre	Services	Date & Time Completed	Done by	
12 to 12018 16:37	JC-B description	1 Day 12		
- In I Trat 10000 786 KU	SAS e-filing			
Ca= 00+70	E-mail (within 8hrs, AIC	2hrsj i		
1 5 6 6	i-Motor Claim Form	1		
04 12/01/2018 11:22	i-Motor W/O (Within	OD 2hrs. TP 4hrs)		
DD TP Reporting Only	i-Photo Uploaded			
	Assessment/Survey R	eport		
P Insurer:	Ass't Report by Fax	Hand to Owner/Wksn		-
		Tel: F	ax:	
referred Wksp / INC Assign Wksp / QW: (2 m A 911	INC()/Non-INC()		
P Particulars: Veh No:	SBA 81L	Tcl:		
Owner / Driver: (eriod: () Cover Type: (
Policy No: (D:	te; Time:	1	
Confirmed by : (Note-Est. Status (WO):	N: 0-20%; P: 21-79%. F: 80-	100%]	
This dicta Differ	Warranty: YES ()/	NO()		
Year of Registration: ())		
Excess: (\$) Loading: \$1 General Remarks:- () Walk-In Customer: Customer's in	The same of the sa	Constant Residence	r 10.	
Remarks:- (INC horline: 6788 6616	/ Courtesy Car ()	Date&Time Completed		
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	/ Courtesy Car ()			
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions	/ Courtesy Car () () \$3000] ()		Anit(S)	
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions	() \$3000] ()	Invoice Preparation Checklist	Anit (S) ist Bill	
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions	() \$3000] ()	Invoice Preparation Checklist 1) AR: Accident Reporting (530); 2) DA: Demage Assessment (5100); 3) TF: Towing Fee	Anit (5) Lst Bill NC (530) 540/545 \$120	1000000
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Claimant's Particulars:	() \$3000] ()	Invoice Preparation Checklist 1) AR: Accident Reporting (330); 2) DA: Damage Assessment (\$100); 3) TF: Towing Fee 4) FT: Follow-Through Survey (Resurvey)	Anit (\$) List Bill NC (\$30) \$40/\$45 \$120 \$30	
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Claimant's Particulars: Driver/Owner:	() \$3000] ()	Involce Preparation Checklist 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); 3) TF: Follow-Through Survey 5) FT: Follow-Through Survey (Resurvey) For cleiming against INC Only (wef 10) The survey of th	Anit (\$) ist Bill NC (\$80) \$40/\$45 \$120 \$30 lan 2005) \$75	1000000
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Claimant's Particulars: Driver/Owner: Contact No:	() \$3000] ()	Invoice Preparation Checklist 1) AR: Accident Reporting (\$30); 2) DA: Daringe Assessment (\$100); 3) TF: Towing Fee 4) FT: Follow-Through Survey 5) FT: Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10) 6) TR: Re-inspection	Anit (\$) List Bill NC (\$30) \$40/\$45 \$120 \$30	1000000
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Claimant's Particulars: Driver/Owner:	() \$3000] ()	Invoice Preparation Checklist 1) AR: Accident Reporting (\$30); 2) DA: Darmage Assessment (\$100); 3) TF: Towing Fee 4) FT: Follow-Through Survey 5) FT: Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10.1) 6) TR: Re-inspection 7) N1: Idac DA + SMRT Survey 8) NTUC Additional Services;	Anit (S) Lst Bill NC (\$80) \$40/\$45 \$120 \$30 lan 2005) \$75 \$160	1000000
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion:	() \$3000] ()	Invoice Preparation Checklist 1) AR: Accident Reporting (530); 2) DA: Damage Assessment (5100); 3) TF: Towing Fee 4) FT: Follow-Through Survey 5) FT: Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10) 6) TR: Re-inspection 7) N1: Idae DA + SMRT Survey 8) NTUC Additional Services; OD* *N5: Courlesy Car / Tpl Allowance	Anit (S) List Bill NC (\$80) \$40/\$45 \$120 \$30 lan 2005) \$75 \$160	1000000
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1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Claimant's Particulars : Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge);	() \$3000] ()	Invoice Preparation Checklist 1) AR: Accident Reporting (330): 2) DA: Damage Assessment (5100); 3) TF: Towing Fee 4) FT: Follow-Through Survey 5) FT: Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10) 6) TR: Re-inspection 7) N1: Idae DA + SMRT Survey 8) NTUC Additional Services; OD* *N5: Courtesy Car / Tpl Allowance *N6: Repair Co-ordination *N7: Post Repair Inspection *N8: DV / Collect Excess Coordination *N8: DV / Collect Excess Coordination TP (N11): TP (N:n INC) against INC	Anit (5) List Bill NC (\$80) \$40/\$45 \$120 \$30 lon 2005) \$75 \$160 \$55 \$10 \$25 \$35	1000000
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Claimant's Particulars :- Driver/Owner: Contact No: Damaged Portion:	() \$3000] ()	Invoice Preparation Checklist 1) AR: Accident Reporting (\$30); 2) DA: Darmage Assessment (\$100); 3) TF: Towing Fee 4) FT: Follow-Through Survey 5) FT: Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10) 6) TR: Re-inspection 7) N1: Idac DA + SMRT Survey 8) NTUC Additional Services; OD: *N5: Courtesy Car / Tpl Allowance *N6: Repair Co-ordination *N6: Repair Co-ordination *N7: Post Repair Inspection *N8: DV / Collect Excess Coordination TP (N11): TP (N: a INC) against INC 9) N12: Idao Mobile	Anit (5) List Bill NC (\$80) \$40/\$45 \$120 \$30 lon 2005) \$75 \$160 \$55 \$10 \$25 \$35	Add S

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 Authorised 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 ability.
- 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.

- This report will be forwarded by the insurers of 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.

 By the lodgement of this report to the insurers, your aforesaid. 	u hereby consent to the archiving of this report at the centre and to copies of the report being made available
China Carlot and the	ACCIDENT STATEMENT
Date Of Report	12/01/2018 16:39
Date Of Accident	12/01/2018 11:35
Exact Location Of Accident	18 ENTERPRISE ROAD
Country/State of Loss	SINGAPORE
STORY OF THE ELECTRICAL PROPERTY.	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBE8853C
Insured/Policyholder	
Name Of Registered Owner	HORME HARDWARE PTE LTD
Co Reg No	
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90251796
Alternative Phone No	OFFICE-90251796
Vehicle Particulars	
Manufacturer	ТОУОТА
4000000	

Model

Exact Purpose for which vehicle was being used at WORK

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

THIRD PARTY If No, Please state action to be taken

COMMERCIAL VEHICLE Vehicle Category

Insurance Company

TOKIO MARINE INSURANCE SINGAPORE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

17-MV003566-R01 Policy Number

Cover Note Number

Driver

MUHAMMAD ASRAF BIN MAHAT Name of Driver

S9317699E NRIC No 02/05/1993 Date Of Birth OUTDOOR Occupation 29/11/2016 Date Of Driving Pass

1 YEAR AND 1 MONTH **Driving Experience**

MALE Gender

(LOCAL) +65-90251796 Mobile Number

Fax Number

OTHERS-90251796 Contact Number

NOEMAIL **EMail Address**

Address

BLK 18 JALAN SULTAN

#12-166

Postcode

190018 NO

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

RAINING

Other Information

Road Surface

Was any foreign vehicle involved in this accident?

NO

WET

Number of vehicles involved in the accident

Was any body injured in the Accident? Was any injured conveyed to hospital by NO

ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

REVERT

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SBA81L

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

WONG KUO HUA

NRIC/Passport Number

S0342471E

Contact Number

97901838

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 18

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised 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>.
- 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.
- 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.
- By the lodgment 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)

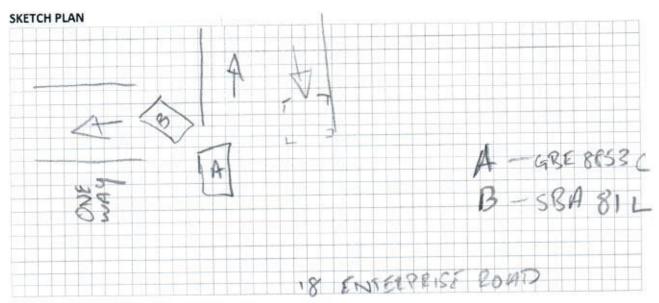
I understand, acknowledge, agree and consent that:

- (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:
 - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

SORME PROPERTY.

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:



VI	MICLE (A)IS AT 18 ENTERPRISE ROAD
	A TURNING TO THE LEFT, VEHICLE (B) STOP SO
	LE (A) AS ALSO STOP SUPPENLY VEHICLE (B) START TO
REVERS	E WITHOUT ANY SIGNAL SUCH AS HAZEL LIGHT -
SO WE	EVEHICLE &(A) START TO WARN VEHICLE (B) # . VEHICLE (A)
Hopen	2 TIMES AND CAN'T RE-ACT. THATS WHEN VITICLE (B)
BANG	VEHICLE (A). IT ALL HOPPENS SO FAST.
VEHICE	I LBI DID'NT CHECK REAR MYRRIOR BRAND NOT
ALERS	

DECLARATION

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

Policyholder's Signature Date & Time:

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

Date & Time:

Reporting Centre Personnel's Signature

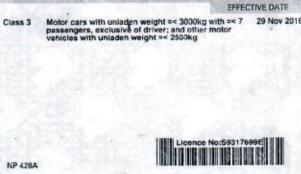
2018

NRIC/FIN No .:









Tokio Marine Insurance Singapore Ltd.

(Company Reg. No.: 192300014M) (GST Reg No.: M2-0000023-4) 20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046

T. (65) 6221 6111 F. (65) 6221 4355 / (65) 6224 0895 E: tmls@tokiomarine.com.sg W. www.tokiomarine.com

A member of the Tokio Marine Group



Certificate of Insurance

FORM MZ300

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Policy No.: 17-MV003566-R01 (Comm Vehicle Carry Own Goods)

Chassis No.: JTFAT35Y40K206249

1. Index Mark and Registration Number of Vehicle

GBE8853C

2. Name of Policyholder

HORME HARDWARE PTE LTD

3. Effective date of the Commencement of Insurance for the purposes of the Act

21/04/2017

4. Date of Expiry of Insurance

20/04/2018

5. Persons or Class of Persons entitled to drive*

Any person who is driving on the policyholder'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 so 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 and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitations as to use*

- 1) Use in connection with the policyholder's business.
- 2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholders' business,
- 3) Use for social domestic and pleasure purposes.

The policy does not cover:-

- 1) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing.
- 2) Use whilst drawing a trailer except the towing 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.

We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please refer to the Policy Schedule for full details, terms and conditions of the insurance.

IMPORTANT NOTICE

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatsoever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost destroyed, you must make a statutory declaration to that effect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189).

ADDITIONAL INFORMATION

Account: 1861DDA

Insurance Plan:

Comprehensive Approved Workshop Plan

Limit for total loss or theft:

Prevailing Market Value

Policy Excess:

Own Damage Claims

Windscreen Excess

SGD 750 SGD 100

Tokio Marine Insurance Singapore Ltd.

Authorised Signature