| NATIONAL Assessment Centre | Services 100 | * + 35 PMS] | | | |
|--|--|---|--|-----------------------------|---|
| Date In 23/01/2018 17:09 | Job description | | Date & Time Completed | Done by | - 11 |
| REINO NA/MSG 1800 1391 KY | SAS e-filing | | | | |
| Veli No GBB76299 | E-mail (within 8hr. | s, AIC 2hrs) | | | |
| DOA 22/01/2018 14:25 | i-Motor Claim | Form | | | 4 = +++ |
| | i-Motor W/O (V | Vithin: OD 2hr | s. TP 4hrs) | | |
| OD TP : Reporting Only | i-Photo Upload | ed | | | |
| | Assessment/Surv | ey Report | | | |
| TP Insurer: | Ass't Report by | Fax / Hand | to Owner/Wksp | | |
| Preferred Wksp / INC Assign Wksp / QW: (| | 38 | Tel: Fax | | |
| | JF1668S | , INC (|)/Non-INC() | | |
| Owner / Driver: (| | | Tel: |) | |
| Policy No: () Peri | iod: (|) | Cover Type: (| <u>)</u> | |
| Confirmed by : (| and the same of th | Date: | Time: |) | |
| Insured/Driver Liability: (%) [N | lote-Est. Status (W) | D): N: 0-2 | 20%; P: 21-79%. F: S0-100 | 0%] | |
| | /arranty: YES (|)/NO(|) | M.O. Television (Poblish | |
| Excess: (\$) Loading: \$1,00 | 00 () / \$2,000 (|) | () | Continue and the | Para Para Para Para Para Para Para Para |
| General Remarks:- | Mary Standard | X6/ (43/4) | ARTHUR WILLIAM IN COMMISSION OF | 4,47 | |
| () Walk-In Customer : Customer's infor | mation strictly Conf | idential & S | | | 2-00-025 |
| | | 15 | | | |
| <u> </u> | | 1(): | Towing Co. (| - |) |
| Drive-In () / Towed-In (); Invoice | 120(), 11 | | | 7 - 3 - 5 | |
| Remarks:- (INC horline: 6788 6616) | The same of the same of | | Date&Time Completed | Done l | у |
| 1) Apply for Transport Allowance ()/C | ourtesy Car () | | | | |
| 2) QC Check / Post Repair Inspection | () | | | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3 | 000] () | | | | |
| Injury: | | | · · · · · · · · · · · · · · · · · · · | | |
| Date/Time Actions | | | | | |
| DATE OF THE PROPERTY OF THE PR | W.C. (1838) 17 8 July 2018 | *************************************** | | | |
| | | | | | |
| | | | | | 2000 |
| | | | | - curling cault | |
| | | | | | |
| · NA 180 | 10.521 | Invoice P | reparation Checklist | Anit (5) | Add Si |
| 7 C 1 1 C 2 | M. 30 (100 A 0 1 8 1 7 1 | 1) AR : Accid | ent Reporting (\$30); re Assessment (\$100); INC (\$30 |)) | |
| Inimant's Particulars :- | | 3) TF : Towin | g Fee S40 | \$45 | |
| Oriver/Owner: | | 4) FT : Follow | -Through Survey | \$30 | |
| Contact No: | | For claimin | g against INC Only (wef 10 Jan 2003) | \$75 | |
| Damaged Portion: | | 6) TR : Re-ins | pection OA + SMRT Survey | 160 | |
| Jamaged Fordon. | • | 8) NTUC Add | ditional Services:- | | |
| | 84 | OD. | | | 11 |
| of Charled by (Page In Charge) | | +NS-Court | lesy Car / Tpt Allowance | \$5 | |
| QC Checked by (Engr-In-Charge): | | *N6: Repa | tesy Car / Tpt Allowance ir Co-ordination | 310 | |
| | | *N6: Reps *N7: Post *N8: DV / | ir Co-ordination Repair Inspection Collect Excess Coordination | \$10 \$25 \$5 | |
| Auditors' Comments :- | | *N6: Repa *N7: Post *N8: DV / TP (N11) | ir Co-ordination Repair Inspection Collect Excess Coordination : TP (Non INC) | \$10 \$25 | |
| QC Checked by (Engr-In-Charge): Auditors' Comments :- | | *N6: Reps *N7: Post *N8: DV / | ir Co-ordination Repair Inspection Collect Excess Coordination : TP (Non INC) against INC Mobile | \$10 \$25 \$5 \$20 | |

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 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 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 Report | 23/01/2018 17:09 |
| Date Of Accident | 22/01/2018 14:25 |
| Exact Location Of Accident | BEDOK NORTH ST4 NEAR BLK 88 TO BLK 86 CARPARK |
| Country/State of Loss | SINGAPORE |
| C | ETAILS OF OWN VEHICLE |
| Vehicle Registration Number | GBB7629G |
| Insured/Policyholder | |
| Name Of Registered Owner | TECHNIQUE ELECTRICAL CO |
| Co Reg No | * |
| Email Address | YMLIM5555@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-91088073 |
| Alternative Phone No | OFFICE-91088073 |
| Vehicle Particulars | |
| Manufacturer | NISSAN |
| Model | ¥ |
| Exact Purpose for which vehicle was being used at time of accident | WORK |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |

REPORTING ONLY If No, Please state action to be taken COMMERCIAL VEHICLE Vehicle Category

Insurance Company

MSIG INSURANCE (SINGAPORE) PTE. LTD. Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

A 28880931 MKC Policy Number

Cover Note Number

Driver

LIM YEOK MENG Name of Driver S1197663H NRIC No Date Of Birth 18/01/1956 OUTDOOR Occupation 06/10/1973 Date Of Driving Pass

44 YEARS AND 3 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-91088073 Mobile Number

Fax Number

OTHERS-91088073 Contact Number

YMLIM5555@GMAIL.COM EMail Address

Address

BLK 2 HAIG ROAD

#06-513

Postcode

430002

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by 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)

2

Passenger 1

NAME:

: SEE THA YANG

GENDER:

: FEMALE

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?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJF1668S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly 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.
- 5. 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:
 - (i) 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.

ELECTRICAL CO ELECTRICAL SINGE ROAD #06-513 ELECTRICAL CO ELETRICAL CO ELETRICAL

Policyholder's Signature

Date & Time:

512

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

NRIC/FIN No.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| Veltic | le A u | vas o | nivino | along | Bec | dok | North | 5+4 |
|--------|--------|-------|--------|---------|-------|-------|--------|---------|
| Near | r BLK8 | to to | BEK | - 86 | Carp | erle- | When | Vehiz |
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DECLARATION

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

TECHNIQUE ELECTRICAL CO BLK 2 HAIG ROAD #06-513

Policyholder's Signature 7/00/1022

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

2018

NRIC/FIN No .:

NOTICE OF REPORTING

This is to confirm that NAME: <u>Lim Yeok Meng</u>, NRIC: <u>S1197663H</u>,

ADDRESS: <u>Block 2 Haig Road #06-513 Singapore 430002</u>, TEL: <u>91088073</u> has reported to the Police a non-injury traffic accident which occurred at <u>Block 88 Bedok</u>

North Street 4 Open Air Carpark on <u>22/01/2018</u> at <u>1423hrs</u> hrs involving the following vehicles:

- (a) GBB7629G (Silver Nissan Urvan)
- (b) SJF1668S (Silver BMW)

(c) -

(d) -

If this accident was reported to the Police within 24 hours of its occurrence, then he has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT T140341 / Muhd Yousuf Akmal

Date: 22/01/2011

Time: 1745hrs

S/D Ref: 26

Police Post/Unit: Marine Parade NPC

JOD CHIAT NOP

Job Chiat NPP No. 267 Onan Road Singapore 424773 Tel: 1806-3459999

Original

to be issued to informant

Duplicate

to be submitted to Traffic Police

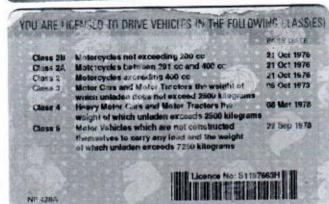
ACCIDENT STATEMENT

| ACCIDEN | NT DATE: (22,01,2018) (DD/MM/YYY), TH | ME:(14:25)(HH:MM) |
|---|--|---|
| LOCATIO | N: Bedok North Sty Ne | ar BLKS8 to BLK |
| | | car par e |
| 1. D | ETAILS OF VEHICLE VEHICLE NUMBER: GBB 76299 | ¥6 |
| | | |
| |)INSURANCE COMPANY: | |
| c | POLICY NUMBER: | THESE BARTY CIDE & THEET |
| d | POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / | HIRD PARTT FIRE ATTEM |
| | IMAKE & MODEL. | |
| f) | TYPE: (SALOON / COUPE / MPV /VAN / LORRY / | MOTORCYCLE, / OTHERS) |
| q | VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / | MOTORCYCLE) |
| h | PURPOSE OF USING AT ACCIDENT TIME: | |
| 1). | ARE YOU CLAIMING UNDER YOUR OWN INSURAN | NCE [XES/NO) |
| | IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPO | RTING ONLY) |
| | SURED / POLICY HOLDER | |
| A |) NAME: | (MALE / FEMALE) |
| b | NRIC/FIN/PASSPORT: | CONTACT: |
| | ADDRESS: | |
| | 14 | V - 43 20 - 20 - 20 - 20 |
| | CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLD! | ER |
| The of passengs D | RIVER | |
| |)NAME: | CONTACT: 91088073 |
| | NRIC/FIN/PASSPORT: | CONTACT: 9 (0880 15 |
| ~ (2) | ADDRESS: | 8 |
| 190 | | |
| " " () "(| d) DATE OF BIRTH: (/) (DD/MM | (/YYYY) |
| 2 7 los | OCCUPATION: (INDOOR / OUTDOOR) | 22 E |
| Perrale: f) 4. W | YEARS OF DRIVING EXPRERIENCE: | |
| 4. W | AS DRIVER AN EMPLOYEE OF THE INSURED'S | S COMPANY? (YES / NO) |
| 41 | NO, RELATIONSHIP OF THE DRIVER WITH I | NSURED: |
| | WEATHER CONDITION: (CLEAR / RAINING / OTH | IERS |
| | POAD SURFACE: PORY / WET / OTHERS | <u> </u> |
| 6. W | AS ANYBODY INJURED (YES / KO) | |
| 7. a | REPORTED TO POLICE (YES / NO) | |
| | REPORTED TO POLICE (TEST/NO) | # W |
| | IF YES, PLEASE STATE WHICH POLICE STATION: | # |
| | IF YES, PLEASE STATE WHICH POLICE STATION: | |
| 8. TH | IF YES, PLEASE STATE WHICH POLICE STATION: | MODEL: |
| # H: of personger of Cladudine driver) to | IF YES, PLEASE STATE WHICH POLICE STATION: | (d) 5 2 20 20 2 - 10 - 10 - 10 - 10 - 10 - 10 |
| # HE of personner of (Induding driver) b | IF YES, PLEASE STATE WHICH POLICE STATION: | MODEL: |
| # His of pussenger of Claduding driver) to | IF YES, PLEASE STATE WHICH POLICE STATION: | CONTACT: |
| # H: of personger of Chiduding driver) to () 9. Th | IF YES, PLEASE STATE WHICH POLICE STATION: | |
| # His of passenger of Induding driver) to () 9. The | IF YES, PLEASE STATE WHICH POLICE STATION: HIRD PARTY VEHICLE D) VEHICLE NUMBER: D) DRIVER'S NAME: C) NRIC/FINAPASSPORT: HIRD PARTY VEHICLE HIS VEHICLE NUMBER: D) DRIVER'S NAME: | CONTACT: |
| # H: of personger of Chiduding driver) to | IF YES, PLEASE STATE WHICH POLICE STATION: | CONTACT: |
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| # No of passenger of (Induding driver) to () 9. The | IF YES, PLEASE STATE WHICH POLICE STATION: | CONTACT: |
| # His of passonger (Including driver) to () 9. The | IF YES, PLEASE STATE WHICH POLICE STATION: | CONTACT: |
| # H: of passonger (Induding driver) b (Induding driver) b (Induding driver) b | IF YES, PLEASE STATE WHICH POLICE STATION: | CONTACT: |
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| # H: of passonger (Induding driver) b (Induding driver) b (Induding driver) b | IF YES, PLEASE STATE WHICH POLICE STATION: | CONTACT: CONTACT: CONTACT: SSS@gmail.Co SSSS@gmail.com |











MSIG Insurance (Singapore) Pte. Ltd. 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807 Tel +65 6827 7888, Fax +65 6827 7800 Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

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 RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)

OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M. Z. 300

Goods Carrying Vehicle - Sch I

COMMERCIAL VEHICLE Comprehensive

Certificate No. A 28880931 MKC

Excess: SGD600

1. Index Mark and Registration Number of Vehicle GBB7629G

Name of Policyholder

Technique Electrical Co

3. Effective Date of the Commencement of Insurance for the purposes of the Act 10/02/2017

4. Date of Expiry of Insurance

09/02/2018

5. Persons or Classes of Persons entitled to drive*

Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

- * Provided that the person driving is permitted in accordance with the licensing or other laws or 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.

Use in connection with the Policyholder's business. Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. 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.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the Insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

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 any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurers



for Chief Executive Officer