| Date In: 4 6 18 - 18 14 0  | Jeb description          | Date &Time Completed  | Done by   |
|--|--------------------------|---|---|
| Ref No: NA / IN C1801 0239/24  | SAS e-filing             |   |   |
| Veh No: 6388172A   | E-mail (within Shrs, AIC | 2hrs)   |   |
| D.O.A: 20/1/18-13:05   | i-Motor Claim Form       |   | 7/6/18 20:30  |
|  | i-Motor W/O (Within:     |   | 101.0 20.3  |
| OD / TP / Reporting Only   | i-Photo Uploaded         | 00 2012, 71 4007  |   |
|  | Assessment/Survey Re     | mort  |   |
| TP Insurer:  | Ass't Report by Fax /    |   |   |
|  |                          |   |   |
| Preferred Wksp / INC Assign Wksp / QW:   |                          |   | ax:   |
| TP Particulars: Veh No: 1  | (CAID                    | NC( )/Non-INC( )  |   |
| Owner / Driver: (  | D : 1 (                  | Tel:  |   |
| Policy No: (   | Period: (                | ) Cover Type: (   |   |
| Confirmed by : (   | Date:                    |   | )   |
|  |                          | N: 0-20%; P: 21-79%. P: 80-1  | [00%]   |
| Year of Registration: ( )  | Warranty: YES ( )/NO     | O( )  | 10  |
| Excess: (\$ ) Loading: \$  |                          | TARREST TO THE PARTY OF THE PAR  | W W   |
| General Remarks:-  |                          |   |   |
| ( ) Walk-In Customer : Customer's  |                          | al & Strictly NO refer of repairer.   |   |
| ( ) Total Loss Case : to e-mail Ins  | mrer URGENTLY            |   |   |
|  | / Courtesy Car ( )       |   |   |
| 1) Apply for Transport Allowance ( ) 2) QC Check / Post Repair Inspection  | / Courtesy Car ( )       |   |   |
| Apply for Transport Allowance ( )     QC Check / Post Repair Inspection  | / Courtesy Car ( )       |   |   |
| 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 ( )       |   | Anut (S): Anit  |
| 1) Apply for Transport Allowance ( ) 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Pate/Time   Actions  | / Courtesy Car ( )       | e Preparation Checklist   |   |
| 1) Apply for Transport Allowance ( ) 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time   Actions  | / Courtesy Car ( )       | e Preparation Checklist<br>Accident Reporting (330);<br>Damage Assessment (\$100); INC (\$8   | Anit (S) Anit (S) Anit (S) Add E  |
| 1) Apply for Transport Allowance ( ) 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Onte/Time Actions  NAISO 353   | / Courtesy Car ( )       | e Preparation Checklist  Accident Reporting (\$30);  Damage Assessment (\$100); INC (\$80)  owing Fee \$40  | Ant (5) Ant (6)    Ant (5)   Ant (6)   Add 1  |
| 1) Apply for Transport Allowance ( ) 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  NAISO3531  mimant's Particulars:  | Courtesy Car ( )         | e Preparation Checklist  cocident Reporting (330); Damage Assessment (5100); INC (530); owing Fee 540 ollow-Through Survey ollow-Through Survey (Resurvey)  | Amt (S) Amt (S) Amt (S) Amt (S) Add E   |
| 1) Apply for Transport Allowance ( ) 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  NAISO3531  mimant's Particulars:  | / Courtesy Car ( )       | c Preparation Checklist  cocident Reporting (330);  Damage Assessment (5100); INC (58  owing Fee 540  ollow-Through Survey  ollow-Through Survey (Resurvey)  iming against INC Only (wef 10 Jan 2005)   | Ant (S) Ant (80) (Ant (S) Ant   |
| 1) Apply for Transport Allowance ( ) 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  WA 180353   1  Sumant's Particulars:  | / Courtesy Car ( )       | c Preparation Checklist.  Accident Reporting (330); Damage Assessment (5100); INC (58 owing Fee 540 ollow-Through Survey ollow-Through Survey (Resurvey) ollow-Through Survey (Resurvey) iming against INC Only (wef 10 Jan 2005) de-inspection   | Amt (S) Amt (S) Amt (S) Amt (S) Add E   |
| 1) Apply for Transport Allowance ( ) 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  WA 180353   1  Sumant's Particulars:  | Courtesy Car ( )         | c Preparation Checklist.  Accident Reporting (\$30); Damage Assessment (\$100); INC (\$8 owing Fee \$40 ollow-Through Survey ollow-Through Survey (Resurvey) ollow-Through Survey (Resurvey) iming against INC Only (wef 10 Jan 2005) de-inspection   | Ant (\$) Am<br>(\$) Add E<br>(\$) A |
| 1) Apply for Transport Allowance ( ) 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time: Actions  NA(80353   aumant's Particulars:  iver/Owner:  ntact No:  maged Portion:                                 | Courtesy Car ( )         | c Preparation Checklist  Cocident Reporting (\$30);  Darrage Assessment (\$100); INC (\$8  owing Fee \$40  oillow-Through Survey  oillow-Through Survey (Resurvey)  iming against INC Only (wef 10 Jan 2005)  te-inspection  dad DA + SMRT Survey  Additional Services  | Ant (\$) Am<br>(\$) Add E<br>(\$) A |
| 1) Apply for Transport Allowance ( ) 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  WA(80353   aumant's Particulars:  iver/Owner:  ntact No:  maged Portion:                                  | / Courtesy Car (         | c Preparation Checklist  Cocident Reporting (\$30);  Darriage Assessment (\$100); INC (\$8  owing Fee \$40  ollow-Through Survey  ollow-Through Survey (Resurvey)  iming against INC Only (wef 10 Jan 2005)  te-inspection  dad DA + SMRT Survey  Additional Services:-  Courtesy Car / Tpt Allowance  Repair Co-ordination   | Ant (S) Amt (S) Amt (S) Amt (S) Amt (S) Amt (S) Add E   |
| 1) Apply for Transport Allowance ( ) 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  WA [80 35 3 ]  aumant's Particulars: iver/Owner: intact No: imaged Portion:  Checked by (Engr-In-Charge): | / Courtesy Car (         | c Preparation Checklist  Cocident Reporting (\$30);  Darriage Assessment (\$100); INC (\$30);  Owing Fee \$40  Collow-Through Survey  Collow-Through Survey (Resurvey)  Continue against INC Only (wef 10 Jan 2005)  Courtes DA + SMRT Survey  Additional Services:  Courtesy Car / Tpt Allowance  Repair Co-ordination  Cost Repair Inspection   | Ant (\$) Amt (\$)  \$4.Bill Add \$  \$00  |
| 1) Apply for Transport Allowance ( ) 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  NA(80353   numant's Particulars: iver/Owner: ontact No: maged Portion:  Checked by (Engr-In-Charge):      | / Courtesy Car (         | c Preparation Checklist  Cocident Reporting (\$30);  Darriage Assessment (\$100); INC (\$8  owing Fee \$40  ollow-Through Survey  ollow-Through Survey (Resurvey)  iming against INC Only (wef 10 Jan 2005)  te-inspection  dad DA + SMRT Survey  Additional Services:  Courtesy Car / Tpt Allowance  Repair Co-ordination  fost Repair Inspection  DV / Collect Excess Coordination  | Ant (S) Amt (S) Amt (S) Amt (S) Amt (S) Amt (S) Add E   |
| 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————   | / Courtesy Car (         | c Preparation Checklist  Accident Reporting (\$30); Damage Assessment (\$100); INC (\$30) Damage Assessme | Ant (S) Ant (S  |

#### 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.
- 5. 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

| aloresaid,   |   |
|--|---|
| All the regulation and have been been been                                   | ACCIDENT STATEMENT                      |
| Date Of Report   | 05/06/2018 18:40                        |
| Date Of Accident   | 25/05/2018 13:05                        |
| Exact Location Of Accident   | ALONG KEONG SAIK RD                     |
| Country/State of Loss  | SINGAPORE                               |
|  | DETAILS OF OWN VEHICLE                  |
| Vehicle Registration Number  | GBB8172A                                |
| Insured/Policyholder   |   |
| Name Of Registered Owner   | HAWKO TRADING CO PTE LTD                |
| Co Reg No  | 197400001W                              |
| Email Address  | NOEMAIL                                 |
| Mobile Phone No  |   |
| Alternative Phone No   | OFFICE-89999999                         |
| Vehicle Particulars  |   |
| Manufacturer   | NISSAN                                  |
| Model  | URVAN PANEL LWB 3.0 5DR 5MT ABS A/B 2WD |
| Exact Purpose for which vehicle was being used at time of accident           | WORKING                                 |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO                                      |
| If No, Please state action to be taken                                       | REPORTING ONLY                          |
| Vehicle Category   | COMMERCIAL VEHICLE                      |
| Insurance Company  |   |
| Name of Insurance Company  | NTUC INCOME INSURANCE CO-OPERATIVE LTD  |
| Type Of Coverage   | COMPREHENSIVE                           |
| Fleet Policy   | NO                                      |

5071451034-03

### Cover Note Number Driver

Policy Number

| Name of Driver       | CHEN PENGJU        |
|----------------------|--------------------|
| Passport No/FIN      | G2154261Q          |
| Date Of Birth        | 29/06/1986         |
| Occupation           | OUTDOOR            |
| Date Of Driving Pass | 23/01/2018         |
| Driving Experience   | 0 YEAR AND 4 MONTH |
| Gender               | MALE               |

MALE

Mobile Number (LOCAL) +65-83068597

Fax Number

Contact Number OFFICE-83068597

EMail Address NOEMAIL Address

605 MACPHERSON ROAD #01-15 CITIMAC IND'L CPX

Postcode

368239

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

Ĭ

#### General Information of the Accident

Type Of Accident

COLLISION - CHANGE/CROSS LANE

Weather Conditions

CLEAR

Road Surface

DRY

#### Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

YES

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

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

GENDER: : MALE

#### **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**

REFER TO 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

SLC413J

Vehicle Make/Model/Colour Details Of Properties

betails of theperior

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.
- 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
- 5. 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 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)
  - (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
- 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.
- 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.

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 .:

| 34      | 34 Ke | ong so | ile 7 | Octob |       |
|---------|-------|--------|-------|-------|-------|
| r-B-    | 7     | 1 10   | cen . |       |       |
| SLC413J |       |        |       |       |       |
| ->/     | A010  |        |       |       |       |
| 1       | (488) |        |       |       |       |
|         | V     |        |       |       |       |
|         |       |        |       |       |       |
|         |       |        | 1     | 6282  | 8172A |
|         |       |        | 7     |       |       |
|         |       |        | 15 -  | SLCL  | 1100  |

#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| vehicle           | A was    | driving | along frehic | Keong<br>le B ca | Saik    | road |
|-------------------|----------|---------|--------------|------------------|---------|------|
| Suddenly<br>13:05 | vetricle | A hit   | the c        | ar of            | vehicle | Ва   |
|                   |          |         |              |                  |         |      |
|                   |          |         |              |                  |         |      |
|                   |          |         |              |                  |         |      |
|                   |          |         |              |                  |         |      |
|                   |          |         |              |                  |         |      |
|                   |          |         |              |                  |         |      |

## DECLARATION

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

HAWKO TRADING CO PTE LTD

65 MacPherson Road #01-15
mac industrial Complex Simpleons (68229)

Policyholder's Signature

Date & Time:

morreu (

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

NRIC/FIN No.:

Reported on 2/6/2018
C 1425HRS
2018

| 1. DETAILS OF VEHICLE  a) VEHICLE NUMBER: GBB 8172A  b) INSURANCE COMPANY:  c) POLICY NUMBER:  d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THE  e) MAKE & MODEL:  f) TYPE: (SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS  g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  h) PURPOSE OF USING AT ACCIDENT TIME:  i) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO)  IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER  A) NAME:  b) NRIC/FIN/PASSPORT:  c) ADDRESS:  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  a) NAME:  b) NRIC/FIN/PASSPORT:  c) ADDRESS:  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  a) NAME:  b) NRIC/FIN/PASSPORT:  c) ADDRESS:  **CONTINUE TO 3.D IF DRIVER ALSO POLICY HOLDER  DRIVER  a) NAME:  b) NRIC/FIN/PASSPORT:  c) ADDRESS:  **CONTACT:  D) DATE OF BIRTH: (   | )<br>      |
|--|------------|
| a) VEHICLE NUMBER:   | )<br>      |
| DINSURANCE COMPANY:  CIPOLICY NUMBER:  CIPOLICY  | )<br>      |
| b) INSURANCE COMPANY:  c) POLICY NUMBER: d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THÎRD PARTY FIRE & THE B) MAKE & MODEL: i) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS G) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: i) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER A) NAME: B) NRIC/FIN/PASSPORT: CONTACT: C] ADDRESS:  * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER O) NAME: B) NRIC/FIN/PASSPORT: CONTACT: C) ADDRESS:   | )<br>      |
| C POLICY NUMBER:  d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THE  e)MAKE & MODEL:  f)TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  h)PURPOSE OF USING AT ACCIDENT TIME:  i)ARE YOU CLAIMING UNDER YOUP OWN INSURANCE [YES/NO]  IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER  A)NAME:  (MALE / FEMALE)  b)NRIC/FIN/PASSPORT:  CONTACT:  c)ADDRESS:  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  ci)NAME:  (MALE / FEMALE)  b)NRIC/FIN/PASSPORT:  CONTACT:  C)ADDRESS:  CONTACT:  C)ADDRESS:  CONTACT:  C)ADDRESS:   | )<br>      |
| d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THE  e)MAKE & MODEL:  HTYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  h)PURPOSE OF USING AT ACCIDENT TIME:  i) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO)  IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER  A) NAME:    (MALE / FEMALE)   D) NRIC/FIN/PASSPORT:    CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  ORIVER  O'D PASSENGE?  O'D NAME:    (MALE / FEMALE)   D) NRIC/FIN/PASSPORT:    CONTACT:   CO | )<br>      |
| d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THE  e)MAKE & MODEL:  HTYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  h)PURPOSE OF USING AT ACCIDENT TIME:  i) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO)  IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER  A) NAME:    (MALE / FEMALE)   D) NRIC/FIN/PASSPORT:    CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  ORIVER  O'D PASSENGE?  O'D NAME:    (MALE / FEMALE)   D) NRIC/FIN/PASSPORT:    CONTACT:   CO | )<br>      |
| e)MAKE & MODEL:  f)TYPE:(SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  h)PURPOSE OF USING AT ACCIDENT TIME:  i) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO)  IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER  A) NAME:  (MALE / FEMALE)  b) NRIC/FIN/PASSPORT:  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  a) NAME:  (MALE / FEMALE)  b) NRIC/FIN/PASSPORT:  C) ADDRESS:  (MALE / FEMALE)  c) ADDRESS:  (MALE / FEMALE)  | )<br>      |
| g) VEHICLE CATEGORY: [PRIVATE / COMMERCIAL / MOTORCYCLE]  h) PURPOSE OF USING AT ACCIDENT TIME:  i) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE [YES/NO]  IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER  A) NAME:  (MALE / FEMALE)  b) NRIC/FIN/PASSPORT:  CONTACT:  C) ADDRESS:  * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  a) NAME:  (MALE / FEMALE)  b) NRIC/FIN/PASSPORT:  CONTACT:  D) NRIC/FIN/PASSPORT:  CONTACT:  C) ADDRESS:  | !          |
| h) PURPOSE OF USING AT ACCIDENT TIME:  i) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO)  IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER  A) NAME:  (MALE / FEMALE)  b) NRIC/FIN/PASSPORT;  CONTACT:  C) ADDRESS:  * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  a) NAME:  (MALE / FEMALE)  b) NRIC/FIN/PASSPORT;  CONTACT:  B) NRIC/FIN/PASSPORT;  C) ADDRESS:  | <u> </u>   |
| i) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO)  IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER  A) NAME:  | <u> </u>   |
| IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER  A)NAME:  | <u> </u>   |
| 2. INSURED / POLICY HOLDER  A)NAME:  | <u> </u>   |
| A) NAME:   | <u> </u>   |
| b)NRIC/FIN/PASSPORT:CONTACT: c)ADDRESS:   * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  aduding driver)  DRIVER  a)NAME:(MALE / FEMALE)  b)NRIC/FIN/PASSPORT:CONTACT:S O (CONTACT:S O (CONTACT:   | <u> </u>   |
| * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  Cluding driver)  DINAME:   | 685        |
| *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  Cluding driver)  DINAME: (MALE / FEMALE)  DINRIC/FIN/PASSPORT: CONTACT: 830   | 685        |
| of passenger DRIVER  cluding driver)  b)NRIC/FIN/PASSPORT:   | 685        |
| of passenger DRIVER  a) NAME:  | 685        |
| duding driver) b NRIC/FIN/PASSPORT:  | 685        |
| c)ADDRESS:   | h 8 )      |
|  | -          |
| *d)DATE OF BIRTH: (  | -          |
| eloccupation: (Indoor / Outdoor)   |            |
| ( 6 GIOCCOPATION: HNDOOK / OUTDOOK)  | E .        |
| 1) YEARS OF DRIVING EXPRERIENCE:   |            |
| 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES!) NO  | 0)         |
| IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  | <b>J</b> , |
| 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS   |            |
| b)ROAD SURFACE: (DRY / WET / OTHERS  |            |
| 6. WAS ANYBODY INJURED (YES /NO)   |            |
| 7. a) REPORTED TO POLICE (YES (NO)   | 7000       |
| IF YES, PLEASE STATE WHICH POLICE STATION:   | -          |
| 8. THIRD PARTY VEHICLE  OF PASSENGER OF VEHICLE NUMBER: SLC 413 J MODEL:   | 12.00      |
| uding driver) b) DRIVER'S NAME:  |            |
| c) NRIC/FIN/PASSPORT:CONTACT:  |            |
| 9. THIRD PARTY VEHICLE   |            |
| d) VEHICLE NUMBER: MODEL:  |            |
| 1. Not Suite of Suite | 20220      |
| Indiag deliver) () NRIC/FIN/PASSPORT:CONTACT:  |            |
|  |            |
|  | 2017       |
| Karen @ hawko, com i.  | 92         |
| · · · · · · · · · · · · · · · · · · ·  |            |
| email = [Karen @ hawko. com  |            |
|  |            |
| fax = Angela @ hawko com L   |            |
| 1-1, 6 4000  |            |
|  | 5          |
| Waiting for Company Chop   | 5          |







# YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3

Motor cars =< 3000 kg with =< 7 passengers, excitative of the driver; and motor tractorsh chicles =< 2500 kg

23 Jan 2015

G2154261Q

S / No.9000305035

NP 428A



|   | Certificat  | te of               | Insurance  |   |
|---|---|---------------------|--|---|
| MOTOR VEHICLES (THIRD PARTY RISKS<br>MOTOR VEHICLES (THIRD PARTY RISKS<br>ROAD TRANSPORT ACT, 1987 (MALAY)<br>MOTOR VEHICLES (THIRD PARTY RISKS | S AND COMPENSATIONS (SIA)   | ON) RUL             |  | 70  |
| Certificate Number: 5071451034-02   |   |                     | Cover : Comprehensive  | e   |
| 1. Index mark and Registration Numb   | er of Vehicle   | *                   | GBB8172A   |   |
| Chassis Number  |   | 2                   | JN1MG4E25Z0793726  |   |
| <ol><li>Name of Policyholder</li></ol>  |   | 1                   | HAWKO TRADING CO PTE   | LTD.  |
| <ol><li>Effective Date of Insurance</li></ol>   |   |                     | 18 May 2017  |   |
| <ol><li>Expiry Date of Insurance</li></ol>  |   |                     | 17 May 2018  |   |
| 5. Persons or Classes of Persons enti-  | tled to drive#  |                     |  |   |
| (a) The Policyholder.   |   |                     | energe time, agregation agree event in their green agrees as |   |
| (b) Any other person who is drivi   | ng on the Policyholde   | ler's orde          | er or with his/her permissi                                  | on.   |
| Provided that the person driv<br>the Motor Vehicle or has been<br>enactment or regulation in th   | n so permitted and is   | s not dis           | qualified by order of a Cou                                  | art of Law or by reason of any                                  |
| 6. Limitations as to Use#   |   |                     |  |   |
| (a) Use for social domestic and p   | leasure purposes and  | d in con            | nection with the Policyholo                                  | der's business or profession.                                   |
| (b) Use for the carriage of passer  | igers or goods in con   | nection             | with the Policyholder's bu                                   | isiness.  |
| This Policy does not cover  |   |                     |  |   |
| (a) Use for hire or reward.   |   |                     |  |   |
| (b) Use for racing, pace-making,  | reliability trial or spe  | ed-testi            | ng.  |   |
| (c) Use whilst drawing a trailer e  | xcept the towing of a   | any one             | disabled mechanically pro                                    | pelled vehicle.   |
| # Limitations rendered inopera<br>Act (Chapter 189) and Section<br>headings.  | tive by Section 8 of t<br>195 of the Road Tran                      | the Mot<br>nsport A | or Vehicle (Third Party Risk<br>ct, 1987 (Malaysia), are no  | s and Compensation)<br>at to be included under these            |
| EXCESS (SECTION 1)  | : \$\$600   |                     |  |   |
| EXCESS (SECTION 2)  | : N/A   |                     |  |   |
| WINDSCREEN EXCESS   | : 5\$100  |                     |  |   |
| INSURE WITH COE   | : YES   |                     |  |   |
| HIRE PURCHASE COMPANY   | : HONG LEONG  |                     |  |   |
| SUM INSURED   | : MARKET VALL   | UE OF IN            | SURED VEHICLE AT TIME O                                      | OF LOSS   |
| I/We hereby Certify that the Policy to<br>Vehicles (Third Party Risks and Comp<br>Agency : BRON CO  | o which this Certifica<br>ensation) Act (Chapt<br>ONSULTANCY (00000 | ter 189)            | and Part IV of the Road Tra                                  | with the provisions of the Mote<br>ansport Act, 1987 (Malaysia) |
|   | 2017 17:41 hrs  |                     |  |   |
| Zon   | 4   |                     | For NTUC INCOME IN   | ISURANCE CO-OPERATIVE LIM                                       |
| 11/2  | T   |                     |  |   |
|   | 1 .   |                     |  |   |
| Countersigned Ry  |   |                     |  |   |

**Authorised Officer** 

Chief Executive

| <b>eBao</b> Tech       |          |                   |                                  |                      |         |               |                | Gene              | GeneralClaim     |              |
|------------------------|----------|-------------------|----------------------------------|----------------------|---------|---------------|----------------|-------------------|------------------|--------------|
| Hello, NAC_PAYA_UBI_80 | 0601     |                   |                                  |                      |         | 100           | Change Lan     | guage             | Change Passwo    | rd • Log Out |
| My Desktop             | Polic    | cy Query          |                                  |                      |         |               |                |                   |                  |              |
| Notice of Loss         | Policy N | lo.               |                                  |                      |         | Date of Acc   | ident          | 25/05             | /2018 13:05      |              |
|                        | Vehicle  | No.(Far Mator)    | GBB8172A                         |                      |         |               |                |                   |                  |              |
|                        |          |                   |                                  |                      |         | Search        |                |                   |                  |              |
|                        | Select   | Policy No.        | Policyholder<br>Name             | Policyholder<br>NRIC | Product | Cover Type    | Vehicle<br>No. | Insured<br>Object | Commence<br>Date | Expiry Date  |
|                        | 0        | 5071451034-<br>03 | HAWKO<br>TRADING CO<br>PTE, LTD, | 197400001W           | GCV     | Comprehensive | G8B8172A       | G8B8172A          | 18/05/2018       | 17/05/2019   |
|                        |          |                   |                                  |                      |         | Continue      |                |                   |                  |              |

| cident MT/0996196  |  |                        |   |   |   |   |                     |
|--|--|------------------------|---|---|---|---|---------------------|
| licy No.   | 5071451034-03  |                        | Vehicle No.   | GB88172A  | GST Registration No.  | M20017571   | 9                   |
| licyhalder Name  | HAWKO TRADINI  | G CO PTE LTD.          |   |   | Policyholder NR3C   | 197400001   | W                   |
| oduct Code   | COMMERCIAL VE  | EHICLE INSURAL         | Cover Type  | Comprehensive   | Loading   | 0   |                     |
| ntact No.(Mobile)  | 1949   |                        | Contact No.(Office)   |   | Contact No.(Home)   |   |                     |
| nal Address  |  |                        | Special Remark  |   | 1333  | Ten. V  |                     |
| K.   | @ No. COVID  |                        |   | er ou   | #Code   | 1   |                     |
|  | ® No ○ Yes   |                        | TCA   | ® No ○Yes   | eCode Reason  |   |                     |
| D Protection   | No   |                        | NCD Entitlement(%)  | 20  | Private Hint  | Not available   | <b>5</b> 55         |
| Accident Details   |  |                        |   |   |   |   |                     |
| ort Date   | 28/05/2018 14:   | 30                     | Accident Report Within 24 hrs   | Non-Reporting   | Accident Type   | Collided into   | Parked Vehicle      |
| e of Accident  | 25/05/2018   |                        | Time of Accident thomm  | 13:00   | Country of Acadent  | Singapore   |                     |
| orting Centre  | agministratur.   |                        | Orange Force  | No  | ICM No.   |   |                     |
| ident Location   | KEONG SIAK RO  | an-                    | (2020/27/22/1   |   | 1,000,100   |   |                     |
|  | A CONTRACTOR OF THE PARTY OF TH |                        |   |   |   |   |                     |
| Benefits   |  |                        |   |   |   |   |                     |
| Excess   |  |                        |   |   |   |   |                     |
| n damage Excess  |  | 600.00                 | Additional Excess   |   | Windscreen Excess   | 100.00  |                     |
| named Driver Excess  |  |                        | Outside Singapore OD Excess   |   |   |   |                     |
| d Party Excess   |  | 0.00                   | Outside Singapore TP Excess   |   |   |   |                     |
| GST Registered Inform  | nation   |                        |   |   |   |   |                     |
| Registered   |  | Yes                    |   | GST Registration Date   | 01/04/1994  |   |                     |
| Registration No.   |  | M200175719             |   | GST Status Verified   | 7es   |   |                     |
| Micacion History   |  |                        | r Shahra Hassan changed GST Regist  |   |   |   |                     |
|  |  | 10/05/2018 09:07:11 No | ir Shahira Hassan changed GST Regist<br>ir Shahira Hassan changed GST Regist  | ration No. from null to M200175719  |   |   |                     |
| Policyholder Mailing Ar  |  |                        |   |   |   |   |                     |
| ress 1   | 605 MACPHERSO  | IN ROAD                | Address 2   | #01-16 CITIMAC  | Address 3   | SINGAPORE   | 358239              |
| ress 4   |  |                        | Address Type  | Singapore address   | Post Code   | 368239  |                     |
| t No.  |  |                        | Related Policy Number   | 5071451454-03   |   |   |                     |
| OI Driver Info   |  |                        |   |   |   |   |                     |
| er Name  |  |                        | Driver Type   |   |   |   |                     |
| amed driver Name   |  |                        | Driver NRSC   |   | Driver DOS  |   |                     |
| ster Date of Driver Licensi  |  |                        |   |   |   |   |                     |
|  |  |                        | Driver Age  |   | Orlying Experience  |   |                     |
|  |  |                        |   |   |   |   |                     |
| tect No (Mobile)   | 51   |                        | Contact No.(Office)   |   | Contact No.(Home)   |   |                     |
| tect No (Mobile)   | 51   |                        | Contact No.(Office)<br>Address 2  |   | Contact No.(Home)<br>Address 3  |   |                     |
| tact No.(Mobile)<br>Hess 1   | 51   |                        |   | Foreign address   |   |   |                     |
| mach No (Mobile)<br>Press 1<br>Press 4   | SI.  |                        | Address 2   | Foreign address:  | Address 3   |   |                     |
| mart No (Mobile)<br>dress 1<br>dress 4<br>t No.<br>es he own a Singapore   | ○Yes ® No  |                        | Address 2   | Foreign address   | Address 3   | v   |                     |
| mact to (Mobile)<br>dress 1<br>dress 4<br>it two.<br>es he swm a Singapore<br>gistered car?  |  |                        | Address 2<br>Address Type   | Foreign address   | Address 3<br>Post Code  | ·w  |                     |
| mact No. (Mobile)<br>dness 3<br>dness 4<br>it No.<br>es his own a Singapore<br>gisteried cer?  |  |                        | Address 2<br>Address Type   | Foreign address   | Address 3<br>Post Code  | ٧   |                     |
| mact No (Mobile)<br>dricts 1<br>dress 4<br>it No.<br>es he been a Singapore  |  |                        | Address 2<br>Address Type   | Foreign address   | Address 3<br>Post Code  | ~   |                     |
| tact No.(Mobile) rices 3 ress 4 rev. 1 No. 1 he own a Singapore istered car?   |  |                        | Address 2<br>Address Type   | Foreign address   | Address 3<br>Post Code  | ч   |                     |
| act No (Mobile) ress 1 ress 4 No. the own a Singapore stand-car?   |  |                        | Address 2<br>Address Type   | Foreign address   | Address 3<br>Post Code  | ×   |                     |
| act No (Mobile) ress 1 ress 4 No. the own a Singapore stand-car?   |  | V                      | Address 2<br>Address Type   | Foreign address  HAWKO TRADING CO PTE, LTD.   | Address 3<br>Post Code  | y [197400001)   |                     |
| act No (Mobile) rissis 1 ress 4 No. In the own a Singapore stered car?  Acation History alim 002 New   | ○ Yes ® No   | V                      | Address Type  Driver Vehicle No.  Insured Name  |   | Address 3 Post Code Onver Insurer Compan  | 1974000031  |                     |
| act No.(Mobile)  sess 1  ess 4  No.  fer own a Singapore stored car?  ication History  alim 002 New  Type +  act No.(Mobile)   | ○ Yes ® No   | V                      | Address Type  Driver Vehicle No.  Insured Name Contact No. (Home)   | HAWKO TRADING CO PTE, LTD.  | Address 3 Post Code  Oriver Insurer Compan  Insured NRIC  Contact No. (Office)  | 197400001<br>62670011   | v                   |
| act No.(Mobile) tess 1 ess 4 No. the own a Singapore stand car? ication History elim OD2 Mean  Type + act No.(Mobile) i Address  | ○ Yes ® No   |                        | Address Type  Driver Vehicle No.  Insured Name  |   | Address 3 Post Code  Driver Insurer Compan  Insured NRIC  Contact No. (Office) TP Vehicle Number  | [19740000])<br>62870011<br>[SLC4133   |                     |
| act No.(Mobile) ress 1 ress 4 No. the own a Singapore stand car? readon restory alim 002 New n Type + act No.(Mobile) i Abdress n Description  | ○ Yes ® No   | A133 ON 25 May 2018    | Address Type  Driver Vehicle No.  Insured Name  Contact No. (Home)  Ol Vehicle Number   | HAWKO TRADING CO PTE. LTD.<br>GBBS172A  | Address 3 Post Code  Oriver Insurer Compan  Insured NRIC  Contact No. (Office)  | [19740000])<br>62870011<br>[SLC4133   |                     |
| act No.(Mobile) ress 1 ress 4 No. the own a Singapore stand car? readon restory alim 002 New n Type + act No.(Mobile) i Abdress n Description  | ○ Yes ® No   |                        | Address Type  Driver Vehicle No.  Insured Name Contact No. (Home)   | HAWKO TRADING CO PTE, LTD.  | Address 3 Post Code  Driver Insurer Compan  Insured NRIC  Contact No. (Office) TP Vehicle Number  | [19740000])<br>62870011<br>[SLC4133   |                     |
| act No.(Mobile) tess 1 ess 4 No. the own a Singapore stand car? ication History elim OD2 Mear in Type + act No.(Mobile) i Address in Description irred Workshop Contact  | ○ Yes ® No   |                        | Address Type  Driver Vehicle No.  Insured Name  Contact No. (Home)  Ol Vehicle Number   | HAWKO TRADING CO PTE. LTD.<br>GBBS172A  | Address 3 Post Code  Driver Insurer Compan  Insured NRIC  Contact No. (Office) TP Vehicle Number  | [19740000])<br>62870011<br>[SLC4133   | ¥                   |
| act No (Mobile)  Ess 4  No.  No own a Singapore turned car?  Cation History  Impe *  act No (Mobile)  Andreas  Description  med Workshop Contact  re Finelization  | ○ Yes ® No  GO-MX  GBB6172A / SLC  | 24133 ON 25 May 2018   | Address Type  Driver Vehicle No.  Insured Name  Contact No.(Home)  OI Vehicle Number  Insured Liability *   | HAWKO TRADING CO PTE, LTD.  GBB\$172A  Fully at Fault   | Address 3 Post Code  Driver Insurer Compani  Insured NRIC Contact No. (Office) TP Vehicle Number  Name of Preferred Wor   | 3974000031<br>62870031<br>SLC4133   | V                   |
| act No (Mobile)  ESS 4  No.  No own a Singapore turned car?  Cation History  Type +  act No (Mobile)  Andreas  Description  med Workshop Contact  re Finalisation  Registered  | ○ Yes ® No  OO-MX  GBB6172A / SLC  | 24133 ON 25 May 2018   | Address 2 Address Type  Driver Wehicle No.  Insured Name  Contact No.(Home)  Oll Vehicle Number  Insured Liability * Preferered Repair Option   | HAWKO TRADING CO PTE, LTD.  GBB\$172A  Fully at Fault   | Address 3 Post Code  Driver Insurer Compan  Insured NRIC  Contact No. (Office) TP Vehicle Number  Name of Preferred Wor   | 197400001<br>62870011<br>SLC4133<br>TkShop                                      | <b>V</b>            |
| act No (Mobile)  ess 4  No.  the down a Singapore intered car?  ication History  elim 002 New  in Type *  act No. (Mobile)  I Abdress  i Description  med Workshop Contact  ire Finalisation  Registered  rt Taken By                                      | ○ Yes ® No  OO-MX  GBB6172A / SLC  Yes  OS/O6/2018 20:1  | 24133 ON 25 May 2018   | Address 2 Address Type  Driver Wehicle No.  Insured Name  Contact No.(Home)  Oll Vehicle Number  Insured Liability * Preferered Repair Option   | HAWKO TRADING CO PTE, LTD.  GBB\$172A  Fully at Fault   | Address 3 Post Code  Driver Insurer Compan  Insured NRIC  Contact No. (Office) TP Vehicle Number  Name of Preferred Wor   | 197400001<br>62870011<br>SLC4133<br>TkShop                                      | <b>V</b>            |
| act No (Mobile)  ess 4  No.  the down a Singapore intered car?  ication History  elim 002 New  in Type *  act No. (Mobile)  I Abdress  i Description  med Workshop Contact  ire Finalisation  Registered  rt Taken By                                      | ○ Yes ® No  OO-MX  GBB6172A / SLC  Yes  OS/O6/2018 20:1  | 24133 ON 25 May 2018   | Address 2 Address Type  Driver Wehicle No.  Insured Name Contact No.(Home) Oil Vehicle Number  Insured Liability * Preferered Repair Option Claim Close Date  | HAWKO TRADING CO PTE. LTD.  GBB\$172A  Fully at Fault  Preferred Workshop, Name unknown   | Address 3 Post Code  Driver Insurer Compan  Insured NRIC  Contact No. (Office) TP Vehicle Number  Name of Preferred Wor   | 197400001<br>62870011<br>SLC4133<br>TkShop                                      | V                   |
| act No (Mobile) tess 1 ess 4 No. the own a Singapore stand car? ication History elim 902 Mear in Type + act No (Mobile) I Address in Description med Workshop Contact ire Finalisation Registered et Taken By enits Accletter                              | ○ Yes ® No  OO-MX  GBB6172A / SLC  Yes  OS/O6/2018 20:1  | 24133 ON 25 May 2018   | Address 2 Address Type  Driver Wehicle No.  Insured Name Contact No.(Home) Oil Vehicle Number  Insured Liability * Preferered Repair Option Claim Close Date  | HAWKO TRADING CO PTE, LTD.  GBB\$172A  Fully at Fault   | Address 3 Post Code  Driver Insurer Compan  Insured NRIC  Contact No. (Office) TP Vehicle Number  Name of Preferred Wor   | 197400001<br>62870011<br>SLC4133<br>TkShop                                      | <b>V</b>            |
| act No (Mobile)  cos 1  cos 4  No.  the own a Singapore intered car?  ication History  command Mess  in Type +  act No. (Mobile)  I Andress  in Description  med Workshop Contact  ire Finalisation  Registered  rt Taken By  Frint Ak Letter              | ○ Yes ® No  OO-MX  GBB6172A / SLC  Yes  OS/O6/2018 20:1  | 24133 ON 25 May 2018   | Address 2 Address Type  Driver Wehicle No.  Insured Name Contact No.(Home) Oil Vehicle Number  Insured Liability * Preferered Repair Option Claim Close Date  | HAWKO TRADING CO PTE. LTD.  GBB\$172A  Fully at Fault  Preferred Workshop, Name unknown   | Address 3 Post Code  Driver Insurer Compan  Insured NRIC  Contact No. (Office) TP Vehicle Number  Name of Preferred Wor   | 197400001<br>62870011<br>SLC4133<br>TkShop                                      | <b>V</b>            |
| act No (Mobile)  cas 4  No.  the own a Singapore tiered car?  Cation History  time OD2  Meax  Type *  act No (Mobile)  Andreas  Description and Workshop Contact are Finalisation Registered T Taken By  Firet Ak Letter                                   | ○ Yes ® No  OO-MX  GBB6172A / SLC  Yes  OS/O6/2018 20:1  | 24133 ON 25 May 2018   | Address 2 Address Type  Driver Wehicle No.  Insured Name Contact No.(Home) Oil Vehicle Number  Insured Liability * Preferered Repair Option Claim Close Date  | HAWKO TRADING CO PTE. LTD.  GBB\$172A  Fully at Fault  Preferred Workshop, Name unknown   | Address 3 Post Code  Driver Insurer Compan  Insured NRIC  Contact No. (Office) TP Vehicle Number  Name of Preferred Wor   | 197400001<br>62870011<br>SLC4133<br>TkShop                                      | <b>V</b>            |
| act No (Mobile)  less 1  less 4  No.  the own a Singapore itered cer?  cation History  like 002 New  Type *  act No (Mobile)  Address  Description med Workshop Contact are finalisation Registered T Taken By  fring Ak letter  achment                   | ○ Yes ♠ No  OD-MX  GBB\$172A / SLC  Yes  OS/O6/2018 20:1  Jackson  | A133 ON 25 May 2018    | Address Type  Driver Vehicle No.  Insured Name Contact No. (Home) Oil Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date  | HAWKO TRADING CO PTE, LTD.  GBBS172A  Fully at Fault  Preferred Workshop, Name unknown  Save Subme                                    | Address 3 Post Code  Driver Insurer Compan  Insured NRIC  Contact No. (Office) TP Vehicle Number  Name of Preferred Wor   | 197400001<br>62870011<br>SLC4133<br>TkShop                                      | <b>V</b>            |
| act No (Mobile) ess 1 ess 4 No. the own a Singapore itered car? ication History elim 002 New  Type * act No (Mobile) Andress n Description med Workshop Contact ire finalisation Registered rt Taken By Frint AK letter iachment                           | OD-MX  GBB\$172A / SLC  Yes  OS/OS/2018 20:2  Jackson  | A133 ON 25 May 2018    | Address 2 Address Type  Driver Wehicle No.  Insured Name Contact No.(Home) Oil Vehicle Number  Insured Liability * Preferered Repair Option Claim Close Date  | HAWKO TRADING CO PTE. LTD.  GBB\$172A  Fully at Fault  Preferred Workshop, Name unknown   | Address 3 Post Code  Driver Insurer Compan  Insured NRIC  Contact No. (Office) TP Vehicle Number  Name of Preferred Wor   | 197400001<br>62870011<br>SLC4133<br>TkShop                                      | <b>V</b>            |
| ict No (Mobile)  cass 1  cass 4  w.  the own a Singapore tered car?  cason History  lime 002 Next  Type +  ict No (Mobile)  Address  Oescription med Workshop Contact ors Finalisation Registered  T Taken By  rint AK letter  achment                     | ○ Yes ♠ No  OD-MX  GBB\$172A / SLC  Yes  OS/O6/2018 20:1  Jackson  | A133 ON 25 May 2018    | Address Type  Driver Vehicle No.  Insured Name Contact No. (Home) Oil Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date  | HAWKO TRADING CO PTE, LTD.  GBBS172A  Fully at Fault  Preferred Workshop, Name unknown  Save Subme                                    | Address 3 Post Code  Driver Insurer Compan  Insured NRIC  Contact No. (Office) TP Vehicle Number  Name of Preferred Wor   | 197400001<br>62870011<br>SLC4133<br>TkShop                                      | <b>V</b>            |
| ict No (Mobile)  cass 1  cass 4  w)  the som a Singapore  turned car?  Cation History  lim 002 Next  Type *  ct No (Mobile)  Address  Description  med Workshop Contact  re Finalisation  Registered  1 Taken By  rint Ak letter  achment                  | OD-MX  GBB\$172A / SLC  Yes  OS/OS/2018 20:2  Jackson  | A133 ON 25 May 2018    | Address Type  Driver Vehicle No.  Insured Name Contact No. (Home) Oil Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date  | HAWKO TRADING CO PTE, LTD.  GBBS172A  Fully at Fault  Preferred Workshop, Name unknown  Save Submit  CG2  CS/C6/2018 20:39            | Address 3 Post Code  Diriver Insurer Companian  Insured NRIC Contact No. (Office) TP Vehicle Number  Name of Preferred World  GIA report Date Received  | 1974000011<br>62870011<br>SLC4133<br>Fitshop<br>Received<br>05-06/2018          | 00.00               |
| ict No (Mobile)  cass 1  cass 4  w)  the som a Singapore  turned car?  Cation History  lim 002 Next  Type *  ct No (Mobile)  Address  Description  med Workshop Contact  re Finalisation  Registered  1 Taken By  rint Ak letter  achment                  | OD-MX  GBB\$172A / SLC  Yes  OS/OS/2018 20:2  Jackson  | 24133 ON 25 May 2018   | Address 2 Address Type  Driver Vehicle No.  Insured Name Contact No. (Home) OI Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date  Claim No. Upload Date  | HAWKO TRADING CO PTE, LTD.  GBBS172A  Fully at Fault  Preferred Workshop, Name unknown  Save Subme  002  06/06/2018 20:39  Category * | Address 3 Post Code  Diriver Insurer Compani  Insured NkIC Contact No. (Office) TP Vehicle Number  Name of Preferred Wor  GIA report Date Received  | 1974000011<br>62670011<br>SLC4133<br>Received<br>05/06/2018                     | <b>V</b>            |
| act No (Mobile)  less 1  less 4  No.  file own a Singapore libract car?  cation History  libract No. (Mobile)  Address  i Description med Workshop Contact are finalisation Registered  IT Taken By  librac Ak letter  achment  ent No.                    | OD-MX  GBB\$172A / SLC  Yes  OS/OS/2018 20:2  Jackson  | 24133 ON 25 May 2018   | Address 2 Address Type  Driver Vehicle No.  Insured Name Contact No. (Home) Oil Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date  Claim No. Upload Date  Browse.                                | HAWKO TRADING CO PTE, LTD.  GBBS172A  Fully at Fault  Preferred Workshop, Name unknown  5ave Subme  002  08/06/2018 20139  Category * | Address 3 Post Code  Diriver Insurer Compani  Insured NkIC Contact No. (Office) TP Vehicle Number  Name of Preferred Wor  GIA report Date Received  | 1974000011 62870011 SLC4133 Received 05/06/2018                                 | 00.00               |
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