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| Ref No: NA INC 180 1958/24 | SAS e-filing | | |
| Veh No: 5523612 | E-mail (within Shrs, AIC 2hrs) | | |
| D.O.A: 26/6/18-17:00 | i-Motor Claim Form | MT 1000623-001 | 27/6/18 19: |
| | I-Motor W/O (Within: OD 2) | nrs, TP 4hrs) | |
| OD (TP)' Reporting Only | i-Photo Uploaded | | |
| 200 | Assessment/Survey Report | | |
| TP Insurer: | Ass't Report by Fax / Hand | to Owner/Wksp | |
| Preferred Wksp / INC Assign Wksp / QW: | | | ax: |
| | 6M79384 . INC |)/Non-INC() | |
| Owner / Driver: (| | Tcl: |) |
| Policy No: (| Period: () | Cover Type: (|) |
| Confirmed by : (| Date: | Time: | 1 |
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| | 6) [Note-Est. Status (WO): N: 0- | 20%; P: 21-79%. F: 80-1 | 00%] |
| Year of Registration: (| Warranty: YES ()/NO (|) | |
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| () Total Loss Case : to e-mail In: | surer URGENTLY. | * na | |
| | | | - 1 |
| Drive-In ()/ Towed-In (); Inv | oice: YES() / NO(); | Towing Co: (| |
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| | | Date& Lime Completed | Done by |
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| Apply for Transport Allowance (QC Check / Post Repair Inspection |) / Courtesy Car () | Dates: Time Completed | Done by |
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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.
- 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.

| aforesaid, | |
|--|---|
| | ACCIDENT STATEMENT |
| Date Of Report | 27/06/2018 16:11 |
| Date Of Accident | 26/06/2018 17:00 |
| Exact Location Of Accident | JUNC CHANGI SOUTH ST 2 & CHANGI SOUTH AVE 1 |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SJJ2361Z |
| Insured/Policyholder | |
| Name Of Registered Owner | PRESTIGE LEASING PTE LTD |
| Co Reg No | 201723326H |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-91449265 |
| Alternative Phone No | OFFICE-91449265 |
| Vehicle Particulars | |
| Manufacturer | HONDA |
| Model | STREAM 1.8L A |
| Exact Purpose for which vehicle was being used at time of accident | COMMERCIAL USE |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | PRIVATE HIRE |
| Insurance Company | |
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | NO |
| Policy Number | 5094838100 |
| Cover Note Number | |
| Driver | |
| | |

| Name of Driver | TAN CHYE HOCK (CHEN ZAIFU) |
|----------------------|----------------------------|
| NRIC No | S7435481E |
| Date Of Birth | 19/10/1974 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 13/03/1995 |
| Driving Experience | 23 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91856192 |
| Fax Number | |
| Contact Number | OFFICE-91856192 |
| EMail Address | NOEMAIL |

BLK 232A SUMANG LANE Address

#10-385 821232

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

OTHER - HIRER

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 2 Was any body injured in the Accident? YES

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged? I have been approached by unknown person(s) YES

soliciting/offering accident claims assistance.

NO

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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY AS A LORRY IN FRONT OF MY VEHICLE WAS STATIONARY DUE TO PEDESTRIAN WAS CROSSING. SUDDENLY VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

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 SGM7938Y

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category Name of Driver JIMMY KHO

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF INJURED PERSON 1

Name TAN CHYE HOCK (CHEN ZAIFU)

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode

YES

BACK SJJ2361Z

NO

Page 3 of 21

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 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")
- 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.

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.:

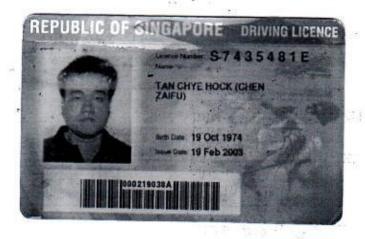
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

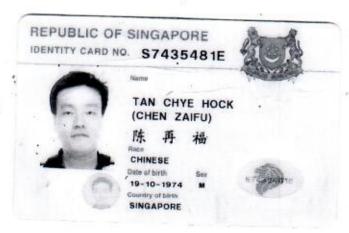
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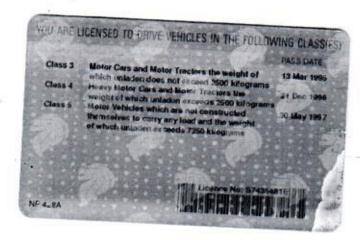
DECLARATION

I/We declare the dosesoing 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 Name: NRIC/FIN No.:









| eBao Tech | | | S TORRE | | | | | | Gene | eralClaim |
|-------------------------|----------|----------------|---------------------------------|----------------------|---------|------------------------------|----------------|-------------------|------------------|---------------|
| Hello, NAC_PAYA_UBI_800 | 0601 | | | | | | Change Lar | guage | Change Passwo | ord · Log Out |
| My Desktop | Polic | cy Query | | | | | | | | |
| Notice of Loss | Policy N | lo. | | | | Date of Ac | cident | 26/06 | /2018 17:00 | |
| | Vehicle | No.(For Motor) | S332361Z | - 10 - 11 | | | | | | |
| | | | | | | Search | | | | |
| | Select | Policy No. | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| | 0 | 5094838100 | PRESTIGE LEASING PTE. LTD | 201723326H | GFT | Third Party, Fire & Theft | S)J2361Z | S3)2361Z | 02/11/2017 | |
| | | | | | | Continue | | | | |

| ♥ Poli | icy Information | | | | | | | |
|---|--------------------------------------|-----------------------------------|------------------|--------------------|--|-------------|--|---|
| Policy No. | 5094838100 | Policyholder Name | PRESTIG | E LEASING PTE. LTD | Policyholder NRIC | 201723326 | н | |
| Address | 25 KAKI BUKIT ROAD 4 #01-6 | 2 SYNERGY @ | KB SINGAR | PORE 417800 | | | | |
| Product Name | FLEET INSURANCE | Plan | | | Group Policy Flag | N | | |
| Policy Ssue Date | 05/10/2017 | Effective Date | 05/10/20 | 017 00:00 | Expiry Date | 04/10/2018 | 23:59 | |
| Excess Type | | All Claim Excess | | | | | | |
| Third Party Excess | 1500 | Own damage Excess | 0 | | Windscreen Excess | 0 | | |
| Additional excess | 0 | OS Premium | 5155.00 | | | | | |
| Outside Singapore OD Excess | 0 | Outside Singapore TP Excess | 1500 | | | You | ng/Inexperience Dri | iver Excess |
| Agent | ANIKA INS BROKERS & CONSU | IL Agent Tel. | 6672998 | 18 | GST Flag | Y | | |
| Co- insurance Flag Open Policy Info Certificate Info | No | | | | | | | |
| | holder Mailing Address | Lacturero | 1 Selection | | | | | |
| Address 1 | 25 KAKI BUKIT ROAD 4 | Addre | ess 2 | #01-62 SYNERGY | ⊕ KB | Address 3 | SINGAPORE | 417800 |
| Address 4 | | | ess Type | Singapore address | | Post Code | 417800 | |
| Unit No. | 01-62 | Relat Numi | ed Policy per | 5098811203 | | | | |
| D Insure | ed Object: SJJ2361Z | | | | | | | |
| □ Endors | sements | | | | | | | |
| Sequer | nce Date of Endorsement | Endorseme | ent Type | Endorsement Numbe | r Endorse | ment Status | Endorsem | ent Content |
| 2 | 09/10/2017 00:00 23/10/2017 00:00 | Basic Informa Endorsement | | 000001286669470 | Endorsem Effective Endorsem Effective | | amend coverage- premium Thank you for giv opportunity to ser confirm that this is to cover 1 additio- follows: VEHICLE EFFECTIVE DATE GST) 1. SJJ1142X \$981.89 In view of an additional pren (inclusive of GST) your policy. Please premium payment have since made in Otherwise, we wo you could make p within 14 days fro letter. For cheque issue the cheque i Income" with you number indicated the cheque. Alterr also make payment branches by cash | ing us the ve you. We policy is extended all vehicle as NUMBER PREMIUM (INCL. 23-10-2017 of this amendmen in the payment. If you payment, uld appreciate it ayment to us im the date of this payment, please in favour of "NTU rame and policion the reverse o natively, you could at any of our or NETS. |
| 3 | 02/11/2017 00:00 | Basic Informa Endorsement | tion | 000001286685132 | Endorsem Effective | ent Take | Thank you for givi opportunity to ser confirm that this ; to cover 1 addition follows: VEHICLE EFFECTIVE DATE (GST) 1. SJJ23612 \$1,049.19 In view amendment, an ai of \$1,049.19 (incl payable under you ignore this premiu request if you hav | ve you. We policy is extended and vehicles as NUMBER PREMIUM (INCL 02-11-2017 of this dditional premiur usive of GST) is prolicy. Please im payment |

| The presum on this policy has not been conscisued. Accident MTY 1000623 Policy No. 5094836100 Vehicle No. 5132961Z GST Registration No. Policyholder Natic 201723326H1 Product Code PLEST INSURANCE Cover Type Trind Party, Rive & Theft Loading 0 Contact No. (Mobile) 91449265 Contact No. (Office) 0 Contact No. (Mobile) 91449265 Contact No. (Mobile) 914926 Contact No. (Mobile) 9 | d to Rear |
|--|---------------|
| Policy No. | d to Rear |
| Policyholder Name | d to Rear |
| Product Code FLET INSURANCE Cover Type Third Party, Fire & Thirft Loading 0 Corract No.(Mobile) 91449265 Contact No.(Office) 0 Contact No.(Home) 0 Email Address Special Parmark Spec | d to Rear |
| Contact No.(Mobile) 914-92-95 Contact No.(Office) 0 Contact No.(Home) 0 | d to Rear |
| ### Address Special Remark Special | d to Rear |
| TCA | d to Rear |
| NCD Prefection No NCD Striptionment(%) 0 Provide thine Yes NCD Stription N | d to Rear |
| ## Accident Details Report Date | d to Rear |
| Report Date 27/06/2018 19:10 Accident Report Within 24 hrs Ves Accident Type Collision - Heal Date of Accident 26/06/2018 Time of Accident Minimm 17:00 Country of Accident Singapore Reporting Centre Orange Force ICM No. Accident Location JUNC CHANGI SOUTH ST 2 & CHANGI SOUTH AVE I Sensitive Se | d to Rear |
| Date of Accident 26/06/2018 Time of Accident Normal 17:00 Country of Accident Singapore Reporting Centre Orange Force ICM No. Accident Location JUNC CHANGI SOUTH ST 2 & CHANGI SOUTH AVE 1 ***Benefits** ***P Excess** Own damage Excess** Own damage Excess** Own damage Excess** Outside Singapore OD Excess** Outside Singapore TP Excess** Outside Singapore TP Excess** STRegistanced Information SST Registanced Information OST Registanced No. GST Registanced No. ***Pall Cybridge Mailing Address** Address 1 25 KAKI BUKIT ROAD 4 Address 2 #91-62 SYNERGY © KB Address 3 SINGAPORE 41 Address 4 Address 1 Page Singapore address Post Code 417600 Unit No. 01-62 Resisted Policy Number 5098811203 | D TO KRAT |
| Reporting Centre Orange Force JOM No. Accident Location JUNIC CHANGE SOUTH ST 2 & CHANGE SOUTH AVE 1 ****Benefits** ****P Excess** Own damage Excess Own damage Excess Outside Singapore OD Excess Outside Singapore TP Excess 1,500.00 ****OST Registered Information** SST Registered Information* SST Registered Information* SST Registered No. GST Registeration Dane GST Status Venified Yes Modification History ****Policyholder Mailing Address** Address 1 25 KAKI BUKIT ROAD 4 Address 2 #01-02 SYNERGY © KB Address 3 SINGAPORE 41 Address 4 Address Type Singapore address Post Code 417600 Unit No. 01-02 Related Policy Number 5098811203 | |
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| ## Benefits ## Excess Own damage Excess Outside Singapore OD Excess Outside Singapore TP Excess Outside Singapore TP Excess Outside Singapore TP Excess 1,500.00 ## GST Registration Date GST Registration Date GST Registration Date GST Registration No. ## GST Status Venfied ## Yes ## Policyholder Mailing Address Address 1 25 KAKI BUKIT ROAD 4 Address 2 #01-02 SYNERGY © KB Address 3 SINGAPORE 41 ## Address 4 Address Type Singapore address ## Post Code 417600 ## GST Registration Date ## GST Status Venfied ## Post Code 417600 ## Address 4 Address Type Singapore address ## Post Code 417600 ## OI Priver Infe | |
| The Excess | |
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| Unnamed Driver Excess 0.00 Third Party Excess 1,500.00 Outside Singapore OD Excess 0.00 Outside Singapore TP Excess 1,500.00 Outside Singapore | |
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| Policyholder Mailing Address Address 1 25 KAKI BUKIT ROAD 4 Address 2 #01-62 SYNERGY @ KB Address 3 SINGAPORE 4) Address 4 Address Type Singapore address Post Code 417800 Unit No. 01-62 Related Policy Number 5098811203 | |
| Address 1 25 KAKI BUKIT ROAD 4 Address 2 #01-62 SYNERGY © KB Address 3 SINGAPORE 41 Address Type Singapore address Post Code 417600 Unit No. 01-62 Related Policy Number 5098811203 9 OI Driver Infe | |
| Address Type Singapore address Post Code 417600 Unit No. 01-62 Related Policy Number 5098811203 9 OI Driver Infe | |
| Address 4 Address Type Singapore address Post Code 417600 Unit No. 01-62 Related Policy Number 5098811203 9 OI Driver Infe | 17800 |
| Unit No. 01-62 Related Policy Number 5098811203 © OI Driver Info | |
| ♥ OI Driver Infe | |
| | |
| Driver Name Unnamed Driver Oriver Type Unnamed Driver | |
| Unnamed driver Name TAN CHYE HOOK (CHEN ZAIFU) Driver NRIC \$7435481E Driver DOB 19/10/1974 | |
| Regulater Date of Driver License 12/03/1995 Driver Age 43 Driving Experience 23 | |
| Contact No.(Modele) 93856192 Contact No.(Office) 0 Contact No.(Home) 0 | |
| Address 1 BLK 237A Address 2 SUMANC LANE Address 3 MATILDA COU | AT. |
| Address 4 SINGAPORE 821232 Address Type Singapore address Post Code 821232 | |
| Unit No. 10-285 | |
| Does he own a Singapore O Yes ® No Driver Vehicle No. Driver Vehicle No. | |
| Registered car? Ores @ No Driver Vehicle No. | |
| Declaration | |
| Breathalyser or Blood Test 0 mg Any injuny? @ Yes ○ No | |
| | |
| Modification History | |
| | |
| Claim 003 New | |
| | |
| Gaint Type + OO-MX V Insured Name PRESTIGE LEASING PTE. LTD Insured NAIC 201723326H | |
| Contact No. (Home) Contact No. (Giffice) NilL | |
| Email Address GI Vehicle Number SJJ2261Z TP Vehicle Number SGM7938Y | |
| Claim Description S1323612 / SGM7938Y ON 26 Jun 2018 Name of Preferred Workshop | |
| Preferred Workshop Contact Insured Liability * Not at Fault No. | |
| Require Finalisation Yes V Preference Regain Option (Preferred Workshop, Name unknown V GIA report Received | V |
| Date Registered 27/06/2018 19:12 Claim Close Date Date Date Received 27/06/2018 00:10 | |
| Report Taken By Dackson | |
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| v . | |
| Accident No. MT/1000623 Claim No. 001 | |
| Last Doc. Received ● Yes ○ No Upload Date 27/06/2018 19:14 | |
| Path • Category • Confidential Urgancy • | Description * |
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