

| | | | |
|---|--|-----------------------|---------|
| NATIONAL Assessment Centre Services <small>Ref: JAN-10-21</small> MMAY8092874 | | | |
| Date In: 17/01/2018 17:54 | Job description | Date & Time Completed | Done by |
| Ref No: NBA/MS6180/289874 | SAS e-filing | | |
| Veh No: Ym 3354 | E-mail (w/dm 8hrs, AIC 2hrs) | | |
| D.O.A: 04/01/2018 11:30 | i-Motor Claim Form | | |
| OD: TR Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | i-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

| | | | |
|--|------------------|-----------------------|-----------|
| Preferred Wksp / INC Assign Wksp / QW: () | | Tel: () | Fax: () |
| TP Particulars: | Veh No: — | INC () / Non-INC () | |
| Owner / Driver: () | Tel: () | | |
| Policy No: () | Period: () | Cover Type: () | |
| Confirmed by: () | | Date: () | Time: () |
| Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%] | | | |
| Year of Registration: () Warranty: YES () / NO () | | | |
| Excess: (\$) Loading: \$1,000 () / \$2,000 () | | | |

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co. ()

| | | |
|---|-----------------------|---------|
| Remarks:- (INC hotline: 6788 6616) | Date & Time Completed | Done by |
| 1) Apply for Transport Allowance () / Courtesy Car () | | |
| 2) QC Check / Post Repair Inspection () | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | | |

Injury: _____

| Date/Time | Actions |
|-----------|---------|
| | |
| | |
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| | |
| | |
| | |
| | |

| | | | | |
|---------------------------------|---|-------------|----------------------|-----------------------|
| NA1804517 | Invoice Preparation Checklist | | Am't (\$) In Bill | Am't (\$) Add Bill |
| Claimant's Particulars:- | 1) AR: Accident Reporting (\$30); | | | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$80) | | | |
| Contact No: | 3) TP: Towing Fee \$40/\$45 | | | |
| Damaged Portion: | 4) FT: Follow-Through Survey \$120 | | | |
| QC Checked by (Engr-In-Charge): | 5) FT: Follow-Through Survey (Resurvey) \$30 | | | |
| Auditors' Comments:- | For claiming against INC Only (wef 10 Jan 2005) | | | |
| | 6) TR: Re-inspection \$75 | | | |
| | 7) N1: Idac DA + SMRT Survey \$160 | | | |
| | 8) NTUC Additional Services:- | | | |
| | OD* | | | |
| | *N5: Courtesy Car / Tpt Allowance \$5 | | | |
| | *N6: Repair Co-ordination \$10 | | | |
| | *N7: Post Repair Inspection \$25 | | | |
| | *N8: DV / Collect Excess Coordination \$5 | | | |
| | TP (N11): TP (N-in INC) against INC \$20 | | | |
| | 9) N12: Idac Mobile \$0 | | | |
| | Invoice dated | Fee Charged | | |
| | Invoice dated | Fee Charged | | |

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 withholding 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.

ACCIDENT STATEMENT

| | |
|----------------------------|--------------------------------|
| Date Of Report | 17/07/2018 17:54 |
| Date Of Accident | 04/07/2018 11:30 |
| Exact Location Of Accident | ALONG 7000 ANG MO KIO AVENUE 5 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------------------|
| Vehicle Registration Number | YM335U |
| Insured/Policyholder | |
| Name Of Registered Owner | SOLEX LOGISTICS (SINGAPORE) PTE LTD |
| Co Reg No | 199701597H |
| Email Address | PEILING.CHIN@SG.SOLEXLOGISTICS.COM |
| Mobile Phone No | (LOCAL) +65-81205530 |
| Alternative Phone No | OFFICE-81205530 |

Vehicle Particulars

| | |
|--|------------------------|
| Manufacturer | MITSUBISHI |
| Model | FE639ETOSRDE-3.9 D (M) |
| Exact Purpose for which vehicle was being used at time of accident | WORKING PURPOSES |
| 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 | MSIG INSURANCE (SINGAPORE) PTE, LTD. |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | NO |
| Policy Number | A 28728734 TMV |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------------------|
| Name of Driver | YUEN KAU WENG |
| NRIC No | S1153970Z |
| Date Of Birth | 29/09/1955 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 25/08/1982 |
| Driving Experience | 35 YEARS AND 10 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-81205530 |
| Fax Number | |
| Contact Number | OTHERS-81205530 |
| EMail Address | PEILING.CHIN@SG.SOLEXLOGISTICS.COM |

| | |
|---|---------------------------------------|
| Address | BLK 106 JALAN BUKIT MERAH #07-1896 |
| Postcode | 160106 |
| 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 | COLLIDED INTO PROPERTY |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | 1 |
| Was any body injured in the Accident? | NO |
| Was any injured conveyed to hospital by ambulance? | NO |
| Was any other material or property damaged? | NO |
| 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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

| | |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | NO |
| Was there any audio recorded? | NO |

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**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the 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) of:
 - (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
- (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.



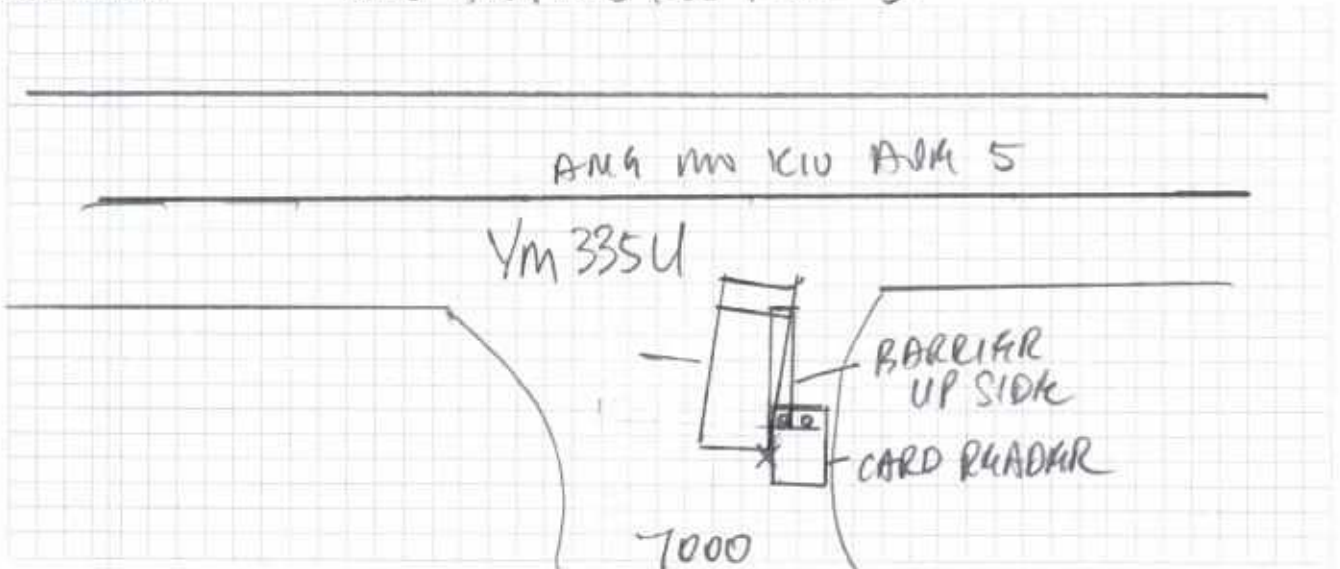
Policyholder's Signature
Date & Time:

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

17/07/2018
Reporting Centre Personnel's Signature
Name: *Rafael W. HARRIS*
NRIC/FIN No.:

SKETCH PLAN

7000 ANG MO KIO AVE 5



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 04/07/2018 AT ABOUT 11:30HRS I WAS EXITING 7000 ANG MO KIO AVE 5. WHEN I WAS TURNING RIGHT I FELT A SLIDE BUMP & I CAME DOWN BUT I SAW THE CARD READER WAS NOT DAMAGE BUT MY COMPANY RECEIVED A LETTER FROM NSIG SAYING THE DRIVER OF G THIN PRE LO CLAIM AGAINST MY COMPANY THAT DR.

DECLARATION

I/We declare the foregoing 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:



MSIG

MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G)
4 Shenton Way, #21-01 SGX Centre 2, Singapore 068807
Tel +65 6827 7888, Fax +65 6225 7402
www.msig.com.sg

Your Ref : YM335U
Our Ref : 564234 (Please quote our reference when replying)

13 Jul 2018

URGENT

SOLEX LOGISTICS (SINGAPORE) PTE LTD
100 PASIR PANJANG ROAD
#05-03
SINGAPORE 118518

Dear Sir/Madam

Accident involving YM335U and Car Park Reader Station along 7000 ANG MO KIO 5 S(569877)

Policy No : 28728734TMV
Date of Accident : 04 Jul 2018

We have received a property damage claim from Associated Insurance Brokers Pte Ltd acting on behalf of the owner of G.Tech Pte Ltd. However, we have yet to receive your report on the accident.

Under the Motor Claims Framework, motorists are required to report any traffic accident involving their insured vehicles to their insurers within 24 hours of the accident or by the next working day. Any non-reporting may affect the motorist's No Claim Discount and their rights to seek indemnity under their policy.

We urge you to make a report immediately at any of our authorized workshops or IDAC centres. The list is enclosed for your reference. Please bring your vehicle and the following documents with you:

1. Driving license
2. Identity card
3. Police report, if any

If you have already filed an accident report, please accept our thanks and ignore this reminder.

Thank you.

Yours sincerely

Chhia Nyuk Pui
Senior Executive
Claims Services (Motor)

Tel : 6594 2521
Fax : +65 6225 7402
Email : nyukpui_chhia@sg.msig-asia.com

cc : Hua Lian Agencies Pte Ltd

A Member of MS & AD INSURANCE GROUP



ACCIDENT STATEMENT

ACCIDENT DATE: (04/07/2018) (DD/MM/YYYY), TIME: (17:30) (HH:MM)

LOCATION: Along 7000 Balg Moo Kio Ave 5

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YM 335 U
 b) INSURANCE COMPANY: MSL
 c) POLICY NUMBER: A 28728734 TMV
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: MITSUBISHI
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: SOLAY LOGISTICS (SINGAPORE) PTE LTD (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 199201597H CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: YUHAN KAU NANG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 81205530
 c) ADDRESS: _____

* d) DATE OF BIRTH: (29/07/1982) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 28/08/1982

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: BARRIKER MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passengers
(including driver)
(1)

* No of passengers
(including driver)
()

* No of passengers
(including driver)
()

Email = PEILING.CHIN @ SG SOLAY LOGISTICS .com

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1153970Z



Name

YUEN KAU WENG

袁嘉榮

Race

CHINESE

Date of birth

29-09-1955

Sex

M

Country/Place of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S1153970Z

Name

YUEN KAU WENG

Birth Date 29 Sep 1955

Issue Date 26 Aug 2013



5863689



NRIC No. S1153970Z



Date of issue

31-01-2018

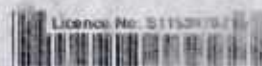
APT BLK 106 JALAN BUKIT MERAH #07-188B
SINGAPORE 180106

NRIC No: S1153970Z Date: 23/02/2018

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

EFFECTIVE DATE:

Class 2 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg 25 Aug 1982



NP 428A

**MSIG****MSIG Insurance (Singapore) Pte. Ltd.**

4 Shenton Way, # 21-01, SGX Centre 2, Singapore 069807

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.2.300

Goods Carrying Vehicle - Sch I

COMMERCIAL VEHICLE - TP**Third Party**

Certificate No. A 28728734 TMV

1. Index Mark and Registration Number of Vehicle

YM335U

2. Name of Policyholder

Solex Logistics (Singapore) Pte Ltd

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

26/05/2018

4. Date of Expiry of Insurance

25/05/2019

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.

6. Limitations as to use*

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

HUA LIAN AGENCIES PTE LTD

2 JURONG EAST ST 21

#03-150 IMM BUILDING

SINGAPORE 609601

TEL: +65 6561 2722 FAX: +65 6562 6766

for Chief Executive Officer

Enquire Vehicle Registration Details

Owner Particulars

NRIC/Passport/Company Cert No.: 199701597H
 Owner ID Type: Company
 Owner Name: SOLEX LOGISTICS (SINGAPORE) PTE LTD
 Registered Address: 100 PASIR PANJANG ROAD #05-03 100 PASIR PANJANG SINGAPORE 118518
 Mailing Address: -
 Birth Date: -

Vehicle Particulars

Vehicle No.: YM335U
 Previous Vehicle No.: -
 Effective Date of Ownership: 29 Apr 2008
 Original Regn Date: 26 May 2005
 Registration Date: 26 May 2005
 Year of Manufacture: 2005
 Vehicle Type: Goods (Closed) Van/Van Panel (Delivery)
 Vehicle Scheme: -
 Vehicle Attachment 1: No Attachment
 Vehicle Attachment 2: -
 Vehicle Attachment 3: -
 Vehicle Make: MITSUBISHI
 Vehicle Model: FE639ETOSRDE
 Primary Colour: White
 Secondary Colour: -
 Passenger Capacity: 2
 Chassis No.: FE639EA47238
 Engine No.: 4D34K35212
 Engine Capacity/Power Rating: 3908 cc / -
 Maximum Power Output: -
 Propellant: Diesel
 Max Unladen Weight: 2360 kg
 Maximum Laden Weight: 4990 kg
 Open Market Value: \$24,228.00
 PARF Eligibility: No
 PARF Eligibility Expiry Date: -
 Minimum PARF Benefit: -
 No. of Transfers: 1
 IU Label No.: 1510570872
 COE No.: 2005050105000005E
 COE Expiry Date: 30 Apr 2020
 COE Category: C - Goods Vehicle & Bus