| NATIONAL Assessment Centre Servi  | CES (we' + Javios)   | 97   |  |
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| 5 1 - 5 7 7 10  |  | Date &Time Completed   | Done by  |
| Reino NA/INC/8015795/ky SAS   | e-filing   |  |  |
| Mal M. A. L.  | Til (within 8hrs, AIC 2hrs)  | 1  |  |
| 50101-01-0  | tor Claim Form   |  | -001.3018/18 10  |
|   | tor W/O (Within: OD 2hr  |  |  |
| Sharring Chirt.   | oto Uploaded   | 1.   |  |
| TP Insu cr  | sment/Survey Report  | i  |  |
| Ass't   | Report by Fax / Hand   | 0 Owner/Wksp   |  |
| Preferred Wksp / INC Assign Wksp / QW; (  |  | Tol:   | Fax:   |
| TP Particulars: Veh No: EQ 8  | 81.A . INC (   | )/Non-INC( )   | - P  |
| Owner / Driver (  |  | Tel:   | ))   |
| Policy Nn ( ) Period: (   | )  | Cover Type: (  | )  |
| Confirmed by : (  | Date:  | Time:  | )  |
|   |  | 0%; P: 21-79%. F: 30-  | 100%]  |
| 11 /6   |  | <u>)</u>   |  |
| General Remarks:  | / \$2,000 ( )  | Charles Co. 1  | <del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>   |
| ) Walk-In Customer : Customer's Information str   | dalu Coofide Nel B. O.   | ACTORNATION LAND   | Weiter A. C.   |
| ) Total Loss Case : to e-mail Insurer URGEN   | VTI V  | rictly NO rater of repairer.   |  |
| Drive-In ( )/ Towed-In ( ); Invoice: YES (  |  |  | ,  |
|   | )/NO( );T  | owing Co: (  | )  |
|   |  |  | AND RESIDENCE AND ADDRESS OF THE PARTY OF TH |
| AND THE PROPERTY OF THE PROPER  | A L' LANCONC, AND LE DANS A SERVICE L'ASSEMBLE L'ASSEMB | Date&Time Completed  | Done by  |
| ) Apply for Transport Allowance ( ) / Courtesy Ca   | A L' LANCONC, AND LE DANS A SERVICE L'ASSEMBLE L'ASSEMB | Date&Time Completed  | Done by  |
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| ) Apply for Transport Allowance ( ) / Courtesy C: ) QC Check / Post Repair Inspection ) Upload Resurvey Photo [Repair Cost > \$3000]  | A L' LANCONC, AND LE DANS A SERVICE L'ASSEMBLE L'ASSEMB | a Date&Time Completed €  | Done by  |
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| ) Apply for Transport Allowance ( ) / Courtesy C: ) QC Check / Post Repair Inspection ) Upload Resurvey Photo [Repair Cost > \$3000]  Injury : ate/Time Actions   | ar( ) ( ) ( )  | Date&Time Completed  |  |
| ) Apply for Transport Allowance ( ) / Courtesy C: ) QC Check / Post Repair Inspection ) Upload Resurvey Photo [Repair Cost > \$3000]  Injury :  | ar( ) ( ) ( )  | Date&Time Completed via a comp   | Anic (5) Anit (5)  |
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| Apply for Transport Allowance ( ) / Courtesy C: QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$3000]  Injury : Ite/Time Actions  NA 180 550   | Invoice Pre  | Reporting (\$30); Assessment (\$100); INC (\$340);   | Anic (5) Ami (5)   |
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| Apply for Transport Allowance ( ) / Courtesy C:  QC Check / Post Repair Inspection ) Upload Resurvey Photo [Repair Cost > \$3000]  Injury :  ate/Time   Actions    ate/Time   Act | 2 Involve Pres  1) AR: Accident 2) DA: Demage 3) TF: Towing For 4) FT: Follow-Th For glaiming as 6) TR: Re-inspec 7) NI: Idao DA + 8) NTUC Addition OI)*  *NS: Courtesy *N6: Repair Co *N7: Post Repair *N8: DV / Colle  | Reporting (\$30); Assessment (\$100); INC (\$30); Assessment (\$100);  | Anit (5) Amt (5) 14t Bill Add Bill 100 1/545 5120 530 ) 575 5160  53 510 525 55  |
| Apply for Transport Allowance ( ) / Courtesy C:  P) QC Check / Post Repair Inspection  D) Upload Resurvey Photo [Repair Cost > \$3000]  Diffury :  ate/Time Actions  umant's Particulars:  ver/Owner:  ntact No:  ntaged Portion:  Checked by (Engr-In-Charge):   | 2 Involve Pres  1) AR: Accident 2) DA: Demage 3) TF: Towing For 4) FT: Follow-Th For glaiming as 6) TR: Re-inspec 7) NI: Idao DA + 8) NTUC Addition OI)*  *NS: Courtesy *N6: Repair Co *N7: Post Repair *N8: DV / Colle  | Reporting (\$30); Assessment (\$100); INC (\$100); Assessment (\$ | Anit (5) Anit (5)  14t Bill Add Bill  100  1/545  5120  530  535  5160   |

#### 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,                  |  |
|-----------------------------|--|
| The second second second    | ACCIDENT STATEMENT                       |
| Date Of Report              | 29/08/2018 17:19                         |
| Date Of Accident            | 29/08/2018 12:30                         |
| Exact Location Of Accident  | PLYMOUTH AVE AND TURNING TWDS DUNEARN RD |
| Country/State of Loss       | SINGAPORE                                |
|                             | DETAILS OF OWN VEHICLE                   |
| Vehicle Registration Number | GW2826S                                  |
| Insured/Policyholder        |  |
| Name Of Registered Owner    | DPEX CAPITAL PTE. LTD.                   |
| Co Reg No                   | 200313177R                               |
| Email Address               | NOEMAIL                                  |
| Mobile Phone No             | (LOCAL) +65-90673783                     |

OFFICE-90673783

| Alternative Phone No |
|----------------------|
| Vehicle Particulars  |

| Manufacturer | TOYOTA      |
|--------------|-------------|
| Model        | LITEACE 4DR |

Exact Purpose for which vehicle was being used at WORK time of accident

Are you claiming under your own insurance policy

NO for repair to your vehicle?

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

#### Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

Type Of Coverage THIRD PARTY FIRE AND/OR THEFT

NO Fleet Policy

Policy Number 5077448808-02

Cover Note Number

## Driver

Name of Driver MUHAMMAD SUFYAN BIN RAZAK

S9618317H NRIC No Date Of Birth 25/05/1996 OUTDOOR Occupation Date Of Driving Pass 07/11/2017

0 YEAR AND 9 MONTH Driving Experience

MALE Gender

Mobile Number (LOCAL) +65-90673783

Fax Number

OTHERS-90673783 Contact Number

NOEMAIL EMail Address

BLK 544 CHOA CHU KANG STREET 52 Address

#02-98 680544

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - RENTAL

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

#### General Information of the Accident

Type Of Accident SIDE SWIPE Weather Conditions CLEAR

Road Surface DRY

## Other Information

Postcode

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

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

NO

Number of Passengers (Including Driver)

1

### **Details of Police Action**

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

### Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

# Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

EQ881A

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category 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.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
  Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
  interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of ;
  - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - 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 .:

Vehicle A was diving along Plymouth are and toloning towards duneau Road. Vehicle A Stop at Stopline and look But for incoming Vehicle. Vehicle A Sous Vehicle B was Coming from duneau Road and Signal left. Vehicle A thought that Vehicle B was trining towards blymouth are as he was Slowing down. Vehicle A then two towards buneau Road. Did not Cealize that Vehicle B intension was still going followed and thats where the accident happens. Vehicle A damaged at the floor-Right side. Signal light blaken. And miner scratches on kight bumper

# DECLARATION

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

Policyholder's Signature

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

GUIDGE SCHOOLSHEITE VS.



Reported on 29/8/2018

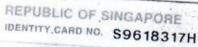
# ACCIDENT STATEMENT

| A                                       | CCIDENT DATE: 29/8/2018 (DD   | /MM/YYYY), TIME:(  | )(HH:MM)   |
|---|---|--|--|
| to                                      | CATION: PHYMOUTH  | ave toward   | Dunearn Rd   |
|   | 1. DETAILS OF VEHICLE  GIVEHICLE NUMBER:  | 28265  |  |
|   | DINSURANCE COMPANY:   |  |  |
|   | c)POLICY NUMBER:  |  | 84<br>   |
|   | d)POLICY TYPE: (COMPREHENSIVE /   | THIRD PARTY / THÍRD PARTY F  | IRE &THEFT)  |
|   | elMAKE & MODEL:   |  | 18   |
|   | f)TYPE:(SALOON / COUPE / MPV /V   | AN / LORRY / MOTORCYCLE.   | OTHERS)  |
|   | gIVEHICLE CATEGORY: (PRIVATE / C  | TIME:  | -1   |
|   | I) ARE YOU CLAIMING UNDER YOUR  | OWN INSURANCE (YES/NO)   |  |
|   | IF NO, PLEASE STATE (THIRD PARTY  | CLAIM / REPORTING ONLY)  | 425  |
|   | 2. INSURED / POLICY HOLDER  |  |  |
|   | A)NAME:   | (MALE /  |  |
|   | b)NRIC/FIN/PASSPORT:  |  | The state of the s |
|   | c)ADDRESS:  |  |  |
|   | * CONTINUE TO 3.d IF DRIVER ALSO  | POLICY HOLDER  | 1  |
| stho of passen                          | 2 DRIVER  |  |  |
|   | \   | (MALE /  | The state of the s |
| Conducting drive                        | DJAKIC/FIIA/FASSFOKI.   |  | 106/5/05   |
| (1)                                     | c)ADDRESS:  | i  |  |
|   | *d)DATE OF BIRTH: (//   | )(DD/MM/YYYY)  |  |
| 奠                                       | e OCCUPATION: (INDOOR / OUTDO   | The state of the s | t wil  |
|   | SIDERCE OF DRIVING DAVICE.  |  | 0 0-141  |
|   | 4. WAS DRIVER AN EMPLOYEE OF T  | HE INSURED'S COMPANY? (  | (YES / NO) KENTAL  |
| ×                                       | IF NO, RELATIONSHIP OF THE DE   | RIVER WITH INSURED:  |  |
|   | <ol> <li>a) WEATHER CONDITION: (CLEAR / F<br/>b) ROAD SURFACE: (DRY / WET / OT</li> </ol> | RAINING / OTHERS   |  |
|   | 6. WAS ANYBODY INJURED (YES / NO)   |  |  |
|   | 7. a) REPORTED TO POLICE (YES / NO)   | )  |  |
|   | IF YES, PLEASE STATE WHICH POLICE   | E STATION:   |  |
|   | 8. THIRD PARTY VEHICLE  | 2881 AMODEL:   |  |
| the of persons                          |   | A GG TT MODEL.   |  |
| k, to desdises dive                     | c) DRIVER'S NAME:   | CONTACT:   | Service and the service and th |
| · ()                                    | 9. THIRD PARTY VEHICLE  |  | •  |
| Series to the second                    | d) VEHICLE NUMBER:  | MODEL:   | ****   |
| 7 1 1 2 1 1 2 1 2 1 1 1 1 1 1 1 1 1 1 1 | e) DRIVER'S NAME:   |  | 1  |
| a see a stary des                       | f) NRIC/FIN/PASSPORT:   | CONTACT:   |  |
| A 444.                                  | 30  | 57   | 92 PE  |
|   |   |  |  |

email = davidpeh@dpex.com.sg

fax = davidpeh@dpex.com.sg

Waiting for Company Chop?





10010017

MUHAMMAD SUFYAN BIN

MALAY Date of birth 25-05-1996 Country of birth SINGAPORE





S9618317H

Date of lenue 16-03-2011

APT BLK 544 CHOA CHU KANG STREET 52 #02-98 SINGAPORE 680544 YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

SEFECTIVE DATE

Class 2A

Sourceycles == 200 CC Sutneycles between 201 CC and 400 CC 19 May 2015 24 Jan 2017 07 Nov 2017

S / No.9000275332

S9618317H

NP 428A



| <b>eBao</b> Tech          |         |                   |                       |                           |                      |           | GeneralClai                  |                |                   |                  |                |
|---------------------------|---------|-------------------|-----------------------|---------------------------|----------------------|-----------|------------------------------|----------------|-------------------|------------------|----------------|
| Hello, NAC_PAYA_UBI_80    | 0601    |                   |                       |                           |                      |           | › Change La                  | nguage         | · Change P        | assword          | Log Out        |
| My Desktop                | Poli    | cy Query          |                       |                           |                      |           |                              |                |                   |                  |                |
| Notice of Loss Policy No. | No.     |                   |                       |                           | Date of              | Accident  | 29/0                         | 8/2018 12:30   | )                 |                  |                |
|                           | Vehicle | No.(For Motor)    | GW282                 | 6S                        |                      | Certifica | te Number                    |                |                   |                  |                |
|                           |         |                   |                       |                           | S                    | earch     |                              |                |                   |                  |                |
|                           | Select  | Policy No.        | Certificate<br>Number | Policyholder<br>Name      | Policyholder<br>NRIC | Product   | Cover Type                   | Vehicle<br>No. | Insured<br>Object | Commence<br>Date | Expiry<br>Date |
|                           | 0       | 5077448808-<br>02 |                       | DPEX CAPITAL<br>PTE, LTD. | 200313177R           | GFT       | Third Party,<br>Fire & Theft | GW2826S        | GW2826S           | 29/01/2018       |                |
|                           |         |                   |                       |                           | Co                   | ntinue    |                              |                |                   |                  |                |

| Policy No.                           | 5077448808-02            | Policyholder<br>Name              | DPEX CAPITAL PTE. LTD | ). Policyholder NRIC          | 200313177R   |
|--------------------------------------|--------------------------|-----------------------------------|-----------------------|-------------------------------|--|
| Certificate<br>No.                   |                          |                                   |                       |                               |  |
| Address                              | 10 UBI CRESCENT #03-15 U | BI TECHPARK SIN                   | GAPORE 408564         |                               |  |
| Product<br>Name                      | FLEET INSURANCE          | Plan                              |                       | Group<br>Policy Flag          | N  |
| Policy<br>Issue<br>Date              | 25/01/2018               | Effective<br>Date                 | 29/01/2018 00:00      | Expiry Date                   | 28/01/2019 23:59   |
| Third<br>Party<br>Excess             | 1500.00                  | Own<br>damage<br>Excess           | 0.00                  | Windscreen<br>Excess          | 0.00   |
| Additional<br>Excess                 |                          | OS<br>Premium                     | 0                     |                               |  |
| Outside<br>Singapore<br>OD<br>Excess |                          | Outside<br>Singapore<br>TP Excess |                       |                               |  |
| Agent                                | PRO-LINK INSURANCE AGEN  | ICY Agent Tel.                    | 65672149              | GST Flag                      | Υ  |
| Co-<br>insurance<br>Flag<br>Open     | No                       |                                   |                       |                               |  |
| Policy Info<br>Certificate<br>Info   |                          |                                   |                       |                               |  |
|                                      | older Mailing Address    |                                   |                       |                               |  |
| Address 1                            | 10 UBI CRESCENT          | Address 2                         | #03-15 UBI TECHPARK   | Address 3                     | SINGAPORE 408564   |
| Address 4                            |                          | Address<br>Type                   | Singapore address     | Post Code                     | 408564   |
| Unit No.                             |                          | Related<br>Policy<br>Number       | 5085359507-02         |                               |  |
|                                      | d Object: GW2826S        |                                   |                       |                               |  |
| □ Endors                             | ements                   |                                   |                       |                               |  |
| Sequenc                              | e Date of Endorsement    | Endorsement Type                  | Endorsement<br>Number | Endorsement Status            | Endorsement Content  |
| 1                                    | 1 //0 // /018 100:00     | asic Information<br>ndorsement    | 000001286754410       | Endorsement Take<br>Effective | Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. GBA539J 12-02-2018 \$1,189.48 In view of this amendment, an additional premium of \$1,189.48 (inclusive of GST) is payable under your policy. Please ignor this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make from the date of this letter. For cheque payment, please issue |
|                                      |                          |                                   |                       |                               | the cheque in favour of "NTUC<br>Income" with your name and<br>policy number indicated on the<br>reverse of the cheque.<br>Alternatively, you could also<br>make payment at any of our   |

Claim Handling

| Accident MT/1009384                    |                                    |  |  |                             |          |
|--|------------------------------------|--|--|-----------------------------|----------|
| Policy No.                             | 5077448808-02                      | Vehicle No.  | GW2826S  | GST Registration No.        |          |
| Certificate No.                        |                                    |  |  |                             |          |
| Policyholder Name                      | DPEX CAPITAL PTE. LTD.             |  |  | Policyholder NRIC           | 200      |
| Product Code                           | FLEET INSURANCE                    | Cover Type   | Third Party, Fire & Theft  | Loading                     | 0        |
| Contact No.(Mobile)                    | 90673783                           | Contact No.(Office)  | 0  | Contact No.(Home)           | 0        |
| Email Address                          |                                    | Special Remark   |  | eCode                       | No       |
| KFK                                    | ● No ○ Yes                         | TCA  | ® No ○ Yes   | eCode Reason                |          |
| NCD Protection                         | No                                 | NCD Entitlement(%)   | 0  | Private Hire                | No       |
| Accident Details                       |                                    |  |  |                             |          |
| Report Date                            | 30/08/2018 10:00                   | Accident Report Within 24 hrs  | Yes  | Accident Type               | Side     |
| Date of Accident                       | 29/08/2018                         | Time of Accident hh;mm   | 12:30  | Country of Accident         | Sing     |
| Reporting Centre                       |                                    | Orange Force   |  | ICM No.                     | -5009    |
| Accident Location                      | PLYMOUTH AVE AND TURNING TWDS DUI  | NEARN RD   |  | 0.004.000                   |          |
| ♥ Excess                               |                                    |  |  |                             |          |
| Own damage Excess                      | 0.00                               | Additional Excess  |  | Windscreen Excess           | 0.00     |
| Unnamed Driver Excess                  |                                    | Outside Singapore OD Excess  |  | THIRD COUNTY CARD           | 0.00     |
| Third Party Excess                     | 1,500.00                           | Outside Singapore TP Excess  |  |                             |          |
| □ Benefits                             | 0.674,07.600.                      | 9.000,000,000 <b>8</b> .08.700 (10.00) 00.00   |  |                             |          |
| □ GST Registered Informa               | ation                              |  |  |                             | -        |
| GST Registered                         | No                                 |  | GST Pagistration Data  |                             | _        |
| GST Registration No.                   | 140                                |  | GST Registration Date GST Status Verified  | No                          |          |
| Modification History                   |                                    |  | and arming periods   | No                          |          |
|  |                                    |  |  |                             |          |
| Policyholder Mailing Ad                | dress                              |  |  |                             |          |
| Address 1                              | 10 UBI CRESCENT                    | Address 2  | #03-15 UBI TECHPARK  | Address 3                   | - Carrie |
| Address 4                              |                                    | Address Type   | Singapore address  | Post Code                   | SING     |
| Unit No.                               |                                    | Related Policy Number  | 5085359507-02  | Post Code                   | 4085     |
| OI Driver Info                         |                                    |  | 300333307 02   |                             |          |
| Driver Name                            | Unnamed Driver                     | Driver Type  | Unnamed Driver   |                             |          |
| Unnamed driver Name                    | MUHAMMAD SUFYAN BIN RAZAI          | Driver NRIC  | 59618317H  | Driver DOB                  | 25/0     |
| Register Date of Driver License        | 07/11/2017                         | Driver Age   | 22   | Driving Experience          |          |
| Contact No.(Mobile)                    | 90673783                           | Contact No.(Office)  | 0  |                             | 0        |
| Address 1                              | BLK 544                            | Address 2  | CHOA CHU KANG STREET 52  | Contact No.(Home) Address 3 | 0        |
| Address 4                              | 1533-11100                         | Address Type   |  |                             | 81000    |
| Unit No.                               | #02-98                             | Secretarion de la companya del companya del companya de la company | Singapore address  | Post Code                   | 6805     |
| Does he own a Singapore                |                                    | VII.2 STATES TO COMP.  |  |                             |          |
| Registered car?                        | Yes W No                           | Driver Vehicle No.   |  | Driver Insurer Company      |          |
| Declaration                            |                                    |  |  |                             |          |
| Breathalyser or Blood Test<br>Reading? | 0 mg                               | Any injury?  | ○ Yes ● No   |                             |          |
|  |                                    |  |  |                             |          |
| Modification History                   |                                    |  |  |                             |          |
| Claim 001 OD-MX New                    | d)                                 |  |  |                             |          |
| Claim Type •                           | ОВ-МХ                              | Insured Name   | DPEX CAPITAL PTE, LTD.   | Incurred NOTC               | Fire     |
| Contact No.(Mobile)                    |                                    | Contact No.(Home)  | ETTA CAPTIAL PIE. LIU.   | Insured NRIC                | 2003     |
| Email Address                          |                                    |  | CHINADAG   | Contact No.(Office)         | 6748     |
| Claim Description                      | GW2826S / EQ881A ON 29 Aug 2018    | OI Vehicle Number  | GW2826S  | TP Vehicle Number           | EQ88     |
| Preferred Workshop Contact             | Surrorns / Edoptiv nu sa vind Sn18 |  | -  | Name of Preferred Workshop  | _        |
| No.                                    |                                    | Insured Liability *  | Partially at Fault   |                             |          |
| Require Finalisation                   | Yes                                | Preferered Repair Option   | Preferred Workshop, Name unknown   | GIA report                  | Rece     |
| Date Registered                        | 30/08/2018 10:08                   | Claim Close Date   |  | Date Received               | 30/0     |
| Report Taken By                        | KRISHNASAMY                        | Workshop Repairer  |  | Total Loss but Repaired     |          |
| ✓ Print AK letter                      |                                    |  |  |                             |          |
|  |                                    | Г  | Save Submit  |                             | _        |
| Attachment                             |                                    | \$2°   | Control of the Contro |                             |          |
| 9                                      |                                    |  |  |                             |          |
| Accident No.                           | MT/1009384                         |  | Claim No.  | 001                         |          |



https://giclaim.income.com.sg/gcs/icm/eclaim/claimantSave.do