| NATIONAL Assessment Contre Sei   | vices (mot : Jan 193)  | · 1 · · · ·                                      | 1 1      |             |
|--|--|--|----------|-------------|
| Date In: 06/09/2018 15:54 Jeb  | description  | . Date & Time Completed                          | Done     | s pv.       |
| ROTNO NA/INC18016313/K4 S.   | AS e-filing  |  |          |             |
| Vol No. GOLL TOOK  | -mall (within 8hrs. AIC 2hrs)  |  |          | *******     |
| 001 1105   | Notor Claim Form   |  | 10       | 100 160     |
|  | Vlotor W/O (Within: OD 2hr:  |  | 001 6(41 | (8 (0:0     |
| 1  | hoto Uploaded  | 5, 17 -073)                                      |          |             |
|  | sessment/Survey Report   | <del>                                     </del> |          |             |
|  | s't Report by Fax / Hand t   | 0 Owner/Wksp                                     | -        | (0.00       |
| Preferred Wksp / INC Assign Wksp / QW: (   |  |  | ıx:      |             |
| TP Particulars: Yeh No: SJF  | 1711 B . INC   | )/Non-INC( )                                     | ix:      |             |
| Owner / Driver: (  | I III D  | Tel:   |          |             |
| Policy No. ( ) Period: (   | )  | Cover Type: (                                    |          |             |
| Confirmed by : (   | Date:  | Time:  |          |             |
| Insured/Driver Liability: ( %) [Note-Es  | t. Status (WO): N: 0-20  | 0%; P: 21-79%. F: 80-10                          | 0%1      |             |
| Year of Registration: ( ) Warrant  | y: YES ( )/NO (  | )  |          |             |
| Excess: (\$ ) Loading: \$1,000 (   | )/\$2,000( )   |  |          |             |
| General Remarks;-  | O BANGON THE WAR CA  |  |          | -           |
| ( ) Walk-In Customer: Customer's information   | strictly Confidential & Str  | ictly NO refer of renairer                       |          |             |
| ( ) Total Loss Case : to e-mail Insurer URG  | ENTLY.   | iony NO 1ster di Tepaner.                        |          |             |
| Drive-In ( )/ Towed-In ( ); Invoice: YES (   |  | owing Co: (                                      |          |             |
| Remarks: (INC horline: 6788 6616)  |  |  |          | ,           |
| 1) 4-1-6-7   | 17.1 . 40.232 . 12. E 80 . 30218 C 82 5 18 5.  | Date&Time Completed                              | Done     | by .        |
| Apply for Transport Allowance ( ) / Courtesy     QC Check / Post Repair Inspection   | Car ( )  |  |          |             |
| 3) Upload Resurvey Photo [Repair Cost > \$3000]  | ( )  |  |          |             |
| Injury:  | ( )  | <u> </u>   |          |             |
| Injury:  |  | <del></del>                                      |          |             |
| Date/Time Actions  | N  |  | 1371     |             |
|  |  | 71 Y 7 PY W 2611 LEDGE AND SELECTION 11 25       |          | -           |
| 93 - 20 - 10 - 10 - 10 - 10 - 10 - 10 - 10   |  |  |          |             |
| plant  | The state of the s | 22-  |          |             |
|  |  |  | -250-    |             |
| : N1012  | - Foliation topicalises  | Marie Mix II voldzowie i syme ver                | Anit (5) | . 'Amt (\$) |
| NA1805681  | Invoice Prep   | aration Checklist                                | in Bill  | Add Bill    |
| aimant's Particulars :-  | 1) AR : Accident P   |  |          |             |
| iver/Owner:  | 3) TF : Towing Fee   | ssessment (\$100); INC (\$80)                    | 45       |             |
| ntact No:  | 4) PT : Follow-Thr<br>5) FT : Follow-Thr   | ough Survey (Resurvey) 512                       |          |             |
|  | For claiming age   | inst INC Only (wef 10 Jan 2005)                  |          |             |
| maged Portion:   | 7) N1 : Idao DA +  | SMRT Survey \$16                                 |          |             |
| Checked by (Engr-In-Charge):   | 8) NTUC Addition   | al Services:-                                    |          |             |
| Charletta-Charge):   | *NS: Courtesy C  |  | 3        |             |
| ditors! Comments :-  | *N6: Repair Co-  | Inspection 52                                    |          |             |
| The transfer of the property o | *N8: DV / Collec   | ct Excess Coordination 5                         | 3        |             |
|  | 9) N12: Idao Mobil   | c 32   | 0 .      |             |
| 2/3;   | Invoice dated  | Fee Charged                                      |          | mar Jak     |
|  | Involve dated  | Fee Charged                                      | 5-12 19. |             |

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate</u> 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 aforesaid.

| aforesaid.                  | es de la Propertie de la Company de la Periodo de la Periodo de la Company de la Supertie de la Company de la Compa |         |
|-----------------------------|---|---------|
|                             | ACCIDENT STATEMENT  |         |
| Date Of Report              | 06/09/2018 15:54  |         |
| Date Of Accident            | 06/09/2018 12:20  |         |
| Exact Location Of Accident  | CITY SQUARE MALL ( CARPARK BASEMENT )   |         |
| Country/State of Loss       | SINGAPORE   |         |
|                             | DETAILS OF OWN VEHICLE  |         |
| Vehicle Registration Number | GBH4598A  |         |
| Insured/Policyholder        |   | BETTER! |
| Name Of Registered Owner    | PROMO SINGAPORE PTE. LTD.   |         |
| Co Reg No                   | 200717425N  |         |
| Email Address               | NOEMAIL   |         |
| Mobile Phone No             | (LOCAL) +65-90605861  |         |
| Alternative Phone No        | OFFICE-90605861   |         |

| W 16 |     | 400 |    | - |       | 200 |    |
|------|-----|-----|----|---|-------|-----|----|
| w    | A P |     |    | P | <br>- |     | -  |
| v    |     |     | 18 |   |       | па  | FS |

Manufacturer TOYOTA

Model HIACE DX 3.0 MANUAL

Exact Purpose for which vehicle was being used at

time of accident

WORK

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

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

Policy Number 5101103623

Cover Note Number

#### Driver

Name of Driver ROSLI BIN MOHAMED HANIFAH

 NRIC No
 \$8126670J

 Date Of Birth
 26/08/1981

 Occupation
 OUTDOOR

 Date Of Driving Pass
 27/02/2003

Driving Experience 15 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90605861

Fax Number

Contact Number OTHERS-90605861

EMail Address NOEMAIL

BLK 150 PASIR RIS STREET 13 Address

#02-60

Postcode 510150

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

NO

1

NO

## General Information of the Accident

Type Of Accident SIDE SWIPE CLEAR Weather Conditions

DRY Road Surface

#### Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

NO Was any body injured in the Accident? Was any injured conveyed to hospital by NO

ambulance?

YES Was any other material or property damaged?

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

Number of Passengers (Including Driver)

#### **Details of Police Action**

NO Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

## Circumstances of Accident

## PLS REFER TO THE ATTACHED STATEMENT.

#### Attachment(s)

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

Was there any audio recorded?

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

SJA1711B Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category Name of Driver **JEREMY** 

NRIC/Passport Number

98787990 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### SKETCH PLAN

## IMPORTANT NOTICE

- 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 interepresentation or withholding of material facts may allow insurance companies to regudiate 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.
- 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 capies 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 aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

lunderstand, acknowledge, agree and consent that:

- 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 malling 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 addident and the insurers' lawvers/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 Signaturs

Date & Time:

Ortver's signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN NO.:

Auto as shoulded of constitution

3

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|                   | 1                   |  |               |                                |       |
|                   | 1 1 1 1 1           | The first of the f |               |                                |       |
| EZCHIRE CIRCUI    | MSTANCESO           | F THE ACCIDENT   |               |                                |       |
| Vehicle           |                     | is all City Si   |               |                                |       |
| Velucla           | A wil               | ule reversia   | a out from    | the carparle                   | lot   |
| and fro           | out ria             | glut side head   | ight hit on   | the vehicle                    | B     |
| rially v          | car do              | or passenger   | . My Weldel   | e A not dan                    | uqqe  |
|                   |                     | ight rear doo  |               |                                | U     |
|                   |                     |  | 7             |                                |       |
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|                   |                     |  |               |                                |       |
| ECLARATION        |                     |  |               |                                |       |
|                   | respire particu     | ulars are true in every respect.   |               |                                |       |
|                   | irepoing particular | Jars are true in every respect.  |               | \ = 6[9                        | 1/20  |
| We declare the fo | Jalle               | 1 Xoh  | Rec           | orling Centic Personnel's Sign | 1 Zo  |
| We declare the fo | and the             | Driver's Signature<br>(if driver is not the policy   | holder) . Nar | orting Centre Personnel's Sign | 1 Zo  |
| e declare the fo  | e jajis             | Corrier's Signature  | holder) . Nar | oning Centre Personnel's Sign  | 1 2 c |

Reported on 6/9/2018
0 1530HRS

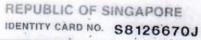
# ACCIDENT STATEMENT

| ACCIDENT DATE: 6 1 7 2018 1(DD   | /MM/YYYY), TIME:(12:20)(HH:MM)         |
|--|--|
| LOCATION: City Square  |  |
| 1. DETAILS OF VEHICLE  | • • • • • • • • • • • • • • • • • • •  |
| a) VEHICLE NUMBER: GBH   | 4598A                                  |
| b)INSURANCE COMPANY:   | 1011                                   |
| c)POLICY NUMBER:   |  |
|  | THIRD PARTY / THIRD PARTY FIRE &THEFT) |
| e)MAKE & MODEL:  | ITHIRD PARTY FIRE &THEFT)              |
|  | N / LORRY / MOTORCYCLE / OTHERS)       |
| g) VEHICLE CATEGORY: (PRIVATE / CO   | DWWEBCIAL (MOTOBOXCLE)                 |
| h)PURPOSE OF USING AT ACCIDENT   | TIME:                                  |
| I) ARE YOU CLAIMING UNDER YOUR C   | WN INSURANCE (YES (NO.)                |
| IF NO, PLEASE STATE (THIRD PARTY C   | LAIM / REPORTING ONLY                  |
| 2. INSURED / POLICY HOLDER   | O'MIN RELIGIONING OINET)               |
| A)NAME:  | (MALE / FEMALE)                        |
| b)NRIC/FIN/PASSPORT:   | CONTACT:                               |
| c)ADDRESS:   |  |
|  |  |
| * CONTINUE TO 3.d IF DRIVER ALSO PO  | DLICY HOLDER                           |
| The of passenge. DRIVER  |  |
| (Including driver) ONAME:  | (MALE / FEMALE)                        |
| (1) b]NRIC/FIN/PASSPORT:   | CONTACT: 90605861                      |
| C/ADDICESS.  |  |
| *d)DATE OF BIRTH: (//  | VDD 444 pages                          |
| eJOCCUPATION: (INDOOR / OUTDOO   |  |
| T) YEARS OF DRIVING EXPRERIENCE  |  |
| <ol> <li>WAS DRIVER AN EMPLOYEE OF THE</li> </ol>  | INSURED'S COMPANYS (VEG INO)           |
| 11 NO, RELATIONSHIP OF THE DRIV  | FR WITH INSUPED.                       |
| o. GIWEATHER CONDITION: (CLEAR / RAI   | NING / OTHERS                          |
| DIROAD SURFACE: (DRY / WET / OTHER   | RS                                     |
| 6. WAS ANYBODY INJURED (YES / NO)  |  |
| 7. a) REPORTED TO POLICE (YES / NO)  |  |
| IF YES, PLEASE STATE WHICH POLICE S  | TATION:                                |
| Me of passenger a) VEHICLE NUMBER: SJA 171   | IB wors                                |
|  | MODEL:                                 |
|  | A A - 0 = 0 a                          |
| 9. THIRD PARTY VEHICLE   | CONTACT: 98787990                      |
|  |  |
| 1 0000000000000000000000000000000000000  | MODEL:                                 |
| Induding driver f) NRIC/FIN/PASSPORT:  | 200171                                 |
|  | CONTACT:                               |
| The state of the s |  |

email =

fax = 64666345

VIDEO =



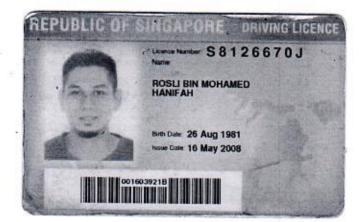


ROSLI BIN MOHAMED HANIFAH

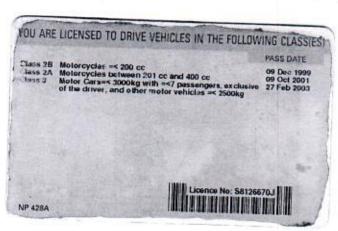
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26-08-1981

SINGAPORE









## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5101103623

Cover: Comprehensive

Index mark and Registration Number of Vehicle

: GBH4598A

Chassis Number

: KDH2010210555

2. Name of Policyholder

3. Effective Date of Insurance

: PROMO SINGAPORE PTE. LTD.

: 06 Jun 2018

4. Expiry Date of Insurance

: 05 Jun 2019

Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other 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#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

(b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

EXCESS (SECTION 1)

\$\$600

EXCESS (SECTION 2)

: N/A

WINDSCREEN EXCESS

: \$\$100

INSURE WITH COE

: YES

HIRE PURCHASE COMPANY

: THINK ONE CREDIT PTE LTD

SUM INSURED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency

: THINK ONE AUTOMOBILE & TRADING PTE LTD (00000571089)

Date of Issue

: 05 Jun 2018 11:40 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

Chief Executive

| eBaoTech                     |                        |                       |                                 |                      |         |                  |                |                   | Genera           | alClaim     |
|------------------------------|------------------------|-----------------------|---------------------------------|----------------------|---------|------------------|----------------|-------------------|------------------|-------------|
| Hello, NAC_PAYA_UBI_800      |                        |                       |                                 |                      |         | • Change         | Language       | e · Chan          | ge Password      | • Log Out   |
| My Desktop<br>Notice of Loss | Policy Query           |                       |                                 |                      |         |                  |                |                   |                  |             |
| Po<br>Ve                     | Policy No.             |                       |                                 |                      | Da      | te of Accident   |                | 06/09/2018        | 12:20            |             |
|                              | Vehicle No.(For Motor) | GBH45                 | 98A                             |                      | Ce      | rtificate Number | ĺ              |                   |                  |             |
|                              |                        |                       |                                 |                      | Search  |                  |                |                   |                  |             |
|                              | 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 Date |
|                              | O 5101103623           |                       | PROMO<br>SINGAPORE<br>PTE, LTD. | 200717425N           | GCV     | Comprehensive    | GBH4598/       | (Make on the      | 06/06/2018       | 05/06/2019  |

| Policy No.                           | 5101103623                 | Policyholder<br>Name              | PROMO SINGAPORE PTE. LTD. | Policyholder<br>NRIC | 200717425N   |
|--------------------------------------|----------------------------|-----------------------------------|---------------------------|----------------------|--|
| Certificate<br>No.                   |                            | Name :                            |                           | NRIC                 |  |
| Address                              | 21 TOH GUAN ROAD EAST #06- | 21 TOH GUAN                       | CENTRE SINGAPORE 608609   |                      |  |
| Product<br>Name                      | COMMERCIAL VEHICLE INSURA  | Plan                              |                           | Group<br>Policy Flag | N  |
| Policy<br>Issue<br>Date              | 05/06/2018                 | Effective<br>Date                 | 06/06/2018 00:00          | Expiry Date          | 05/06/2019 23:59   |
| Third<br>Party<br>Excess             | 0                          | Own<br>damage<br>Excess           | 600                       | Windscreen<br>Excess | 100  |
| Additional<br>Excess                 |                            | OS<br>Premium                     | 0                         |                      |  |
| Outside<br>Singapore<br>OD<br>Excess |                            | Outside<br>Singapore<br>TP Excess |                           |                      |  |
| Agent<br>Co-<br>insurance            | THINK ONE AUTOMOBILE & TR# | Agent Tel.                        | 65553300                  | GST Flag             | Y  |
| Flag<br>Open<br>Policy Info          |                            |                                   |                           |                      |  |
| Certificate<br>Info                  |                            |                                   |                           |                      |  |
|                                      | older Mailing Address      |                                   |                           |                      |  |
| Address 1                            | 21 TOH GUAN ROAD EAST      | Address 2                         | #06-21 TOH GUAN CENTRE    | Address 3            | SINGAPORE 608609   |
| Address 4                            |                            | Address<br>Type                   | Singapore address         | Post Code            | 608609   |
| Jnit No.                             | 06-21                      | Related<br>Policy<br>Number       | 5101103623                |                      |  |
| Insured                              | Object: Virtual Insured    | 253453290303000                   |                           |                      |  |
| ○ Endorse                            | ements                     |                                   |                           |                      |  |
| Sequence                             | Date of Endorsement        |                                   | nent Type Endorseme       | ent Status           | Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that from 06 Jun 2018, the following policy details are amended as follows: HIRE PURCHASE |
|                                      | 06/06/2018 00:00           | Basic Informa<br>Endorsement      |                           | ce Effective         | COMPANY: THINK ONE CREDIT PTE LTD CHASSIS NUMBER: KDH2010210555 ENGINE NUMBER: 1KD2665998 VEHICLE REGISTRATION NUMBER: GBH4598A ORIGINAL REGISTRATION DATE: 06 Ju 2018         |
|                                      |                            |                                   |                           |                      | Thank you for giving us the  |

| GST Registration No. 200717425N GST Status Verified No  Policyholder Mailing Address  Address 1 21 TOH GUAN ROAD EAST Address 2 #08-21 TOH GUAN CENTRE Address 3 SINN Address 4 Address 4 Address 5 Singapore address Post Code 608  Unit No. 06-21 Related Policy Number 510113023  POLITY Type Unnamed Driver Unnamed Driver Type Unnamed Driver Unnamed Driver Rame RoSSL BISN NON-MAMED HANIFAH Driver NBIC \$81266703 Driver DOB 26-00  Register Date of Driver License 27/02/2003 Driver Age 37 Driving Experience 15  Contact No. (Mobile) 90605863 Contact No. (Office) 0 Contact No. (Home) 0  Address 4 Address 2 PASIR RIS STREET 13 Address 3  Address 4 Address 4 Address 7 Post Code 5101  Address 1 BLK 150 Address 7 Post Code 5101  Driver Name Post Code 5101  Marker Street Carl No. (Mobile) 908-806  Driver Name Post Code 5101  Driver Name PROMO SINGAPORE PTE. LTD. Insured NBIC 2007  Contact No. (Mobile) 9187966 Contact No. (Home) Contact No. (Office) 10  Contact No. (Mobile) 9187966 Contact No. (Home) Contact No. (Office) 10  Contact No. (Mobile) 9187966 Contact No. (Home) Contact No. (Home) SINGAPORE PTE. LTD. Insured NBIC 2007  Contact No. (Mobile) 9187966 Contact No. (Home) Contact No. (Home) SINGAPORE PTE. LTD. Insured NBIC 2007  Contact No. (Mobile) 9187966 Contact No. (Home) Contact No. (Home) SINGAPORE PTE. LTD. Contact No. (Office) SINGAPORE PTE. LTD. SI | Claim Handling                             |  |                               |                                  |                               |       |
|---|--|--|-------------------------------|----------------------------------|-------------------------------|-------|
| Confidence No.  |  | and an   |                               |                                  |                               |       |
| Project Code  |  | 5101103623   | Vehicle No.                   | GBH4598A                         | GST Registration No.          | 200   |
| Product Code  |  |  |                               |                                  |                               |       |
| Contact No (Market)   Solid-Sheel   Contact No (Contact No (Cont    |  |  |                               |                                  | Policyholder NRIC             | 200   |
| Secrit Diment   Secrit Dimen    |  |  | Cover Type                    | Comprehensive                    | Loading                       | 0     |
| MacCo   Marco   MacCo   MacC    |  | 90605861   | Contact No.(Office)           | 0                                | Contact No.(Home)             | 0     |
| MCD Protection   No.   No.   No.   No.   No.   No.   No.   Provide free   No.   |  |  | Special Remark                |                                  | eCode.                        | No    |
| Report Disable  |  | ■ No □ Yes   | TCA                           | ® No ○ Yes                       | eCode Reason                  | 10000 |
| Report Disk   Disk  |  | No   | NCD Entitlement(%)            | 15                               | Private Hire                  | No    |
| Date of Accident   O6/09/2018   Time of Accident bithium   12/20   Country fyee   Soph Reporting Centre   Colorey Force   Co    | Accident Details                           |  |                               |                                  |                               |       |
| Separation   Control   C    | Report Date                                | 06/09/2018 16:39   | Accident Report Within 24 hrs | Yes                              | Accident Type                 | Side  |
| Address   CTY SQUARE MALL CARPARE ARSENENT      | Date of Accident                           | 06/09/2018   | Time of Accident hh:mm        | 12:20                            | Country of Accident           | Sinc  |
| ### Description   Committee     | Reporting Centre                           |  | Orange Force                  |                                  | ICM No.                       |       |
| Address   Addr    | Accident Location                          | CITY SQUARE MALL ( CARPARK BASEMENT )  |                               |                                  |                               |       |
| Johansed Diver Excess   | ♥ Excess                                   | and the second s |                               |                                  |                               |       |
| United Prince Forces   Queside Singapore TP Excess   Question Force Transport   | Own damage Excess                          | 600,00   | Additional Excess             |                                  | Windscreen Excess             | 100   |
| ## Senefits  ## OST Registered Information    Yes   | Unnamed Driver Excess                      |  | Outside Singapore OD Excess   |                                  |                               |       |
| CST Registered   Yes  | Third Party Excess                         | 0.00   | Outside Singapore TP Excess   |                                  |                               |       |
| GST Registered Yes.   | □ Benefits                                 |  |                               |                                  |                               |       |
| Contract No.   200717425N   2    | GST Registered Inform                      | ation  |                               |                                  |                               | _     |
| CST Rogistration No.   200717425N   CST Statius Verified No.  | GST Registered                             | Yes  |                               | GST Registration Date            | 01/01/2015                    |       |
| ### Policyholder Halling Address  ### Address 1   | GST Registration No.                       | 200717425N   |                               |                                  |                               |       |
| Address 1 21 TON GUAR ROAD EAST Address 2 #06-21 TON GUAR CENTRE Address 3 SINA Address 4 Address Type Singapone address Pest Code 608  Address 1 SIND SINGAPONE SINGAPONE SINGAPONE SINGAPONE PEST CODE 608  **TOTAL REPORT SINGAPONE SINGAPONE SINGAPONE PEST CODE SING   | Modification History                       |  |                               |                                  |                               |       |
| Address 4  Address Type  Singapore address  Post Code  668  Unin No.  06-21  Related Policy Number  5101103623  Post Code  668  Unin No.  06-21  Related Policy Number  5101103623  Post Code  668  Driver Info  Driver Info  Driver Name  Unnamed Driver  Driver Name  Unnamed Driver  Driver Name  | Policyholder Mailing Ad                    | dress  |                               |                                  |                               |       |
| Address Type Singapore address Post Code 608  William No. 06-21 Related Policy Number 5101103623  Driver Name Unnamed Driver  Driver Name Unnamed Driver  BOSLE BIN MONAMED HANIFAH Driver Name Register Date of Driver Leane 2 700/2/2003  Driver Rage  Singapore address 1 Driver Name Register Date of Driver Leane 2 700/2/2003  Driver Rage  Singapore address 1 Driver Rage 37 Driving Experience 15 Driver Rage 37 Driving   | Address 1                                  | 21 TOH GUAN ROAD EAST  | Address 2                     | #06-21 TOH GUAN CENTRE           | Address 3                     | SIN   |
| Mile  | Address 4                                  |  | Address Type                  |                                  |                               |       |
| Driver Name Unnamed Driver Unnamed driver Name BOSLI RIN MOMAMED HANIFAH Driver NBIC S83 266703 Driver DOB 26/07 Driver DoB    | Unit No.                                   | 06-21  | Related Policy Number         | 5101103623                       |                               |       |
| Unitamed driver Name Register Date of Driver License 27,02/2003 Driver Age 37 Driver Mark 15 Contact No. (Mobile) 30665861 Contact No. (Office) 40 Address 1 BLK 150 Address 2 Address 4 Address 4 Address 4 Address 5 Address 7 PASIR RIS STREET 13 Address 3 Address 3 Post Code 5103 Address 4 Unit No.  =02-60 Does he own a Singapore Registered car? Ves * No Driver Vehicle No. Driver Vehicle No. Driver Insurer Company  These PROMO STINGAPORE PTE. LTD. This under NRIC Declaration  The PROMO STINGAPORE PTE. LTD. This under NRIC Declaration  The PROMO STINGAPORE PTE. LTD. This under NRIC Declaration  The PROMO STINGAPORE PTE. LTD. This under NRIC Declaration  The Promo STINGAPORE PTE. LTD. This under NRIC Declaration  The Promo STINGAPORE PTE. LTD. This under NRIC Declaration  The Promo STINGAPORE PTE. LTD. This under NRIC Declaration  The Promo STINGAPORE PTE. LTD. This under NRIC Declaration  The Promo STINGAPORE PTE. LTD. This under NRIC Declaration  The Promo STINGAPORE PTE. LTD. This under NRIC Declaration  The Promo STINGAPORE PTE. LTD. This under NRIC Declaration  The Promo STINGAPORE PTE. LTD. This under NRIC Declaration Declaration  The Promo STINGAPORE PTE. LTD. This under NRIC Declaration  | OI Driver Info                             |  |                               |                                  |                               |       |
| Register Date of Driver License 27/02/2003 Driver Age 37 Driving Experience 15 Contact No. (Mobile) 9605386; Contact No. (Office) 0 Contact No. (Home) 0 Address 1 BLK 150 Address 2 PASIR RIS STREET 13 Address 3 Address 4 Address 5 Post Code 5101  Unit No. #02-60 Does ne own a singapore Registered ar?  Or mg Any injury? Yes No  Driver Vehicle No.  Driver Insurer Company  Preferred Workshop Contact No. (Office)  Insured Repaired  Insured Name  PROMO SINGAPORE PTE. LTD. Insured NRIC 2007  Contact No. (Office)  Driver Insurer Name  PROMO SINGAPORE PTE. LTD. Insured NRIC 2007  Contact No. (Mobile) 91879766  Contact No. (Home) Contact No. (Office)  Driver Insurer Company  Preferred Workshop Contact  New Cellaim 11 Insured Liability Preferred Workshop, Name unknown Preferred Workshop, Nam  | Driver Name                                | Unnamed Driver   | Driver Type                   | Unnamed Driver                   |                               | -     |
| Register Date of Driver License 27/02/2003 Driver Age 37 Driving Experience 15 Contact No. (Mobile) 90605861 Contact No. (Office) 0 Contact No. (Home) 0 Address 1 BLK 150 Address 2 PASIR RIS STREET 13 Address 3 Post Code 5103 Address 4 Address 7ype Singapore address Post Code 5103 Driver Vehicle No. Driver Vehicle N  | Unnamed driver Name                        | ROSLI BIN MOHAMED HANIFAH  | Driver NRIC                   | 58126670)                        | Driver DOB                    | 26/0  |
| Contact No. (Mobile)  96605861  BLK 150  Address 2  PASIR RIS STREET 13  Address 3  Address 4  Address 7 ye  Singapore address  Post Code  5101  Driver Vehicle No.  Driver Vehicle No.  Driver Vehicle No.  Driver Insurer Company  Declaration  Breathalyser or Blood Test Reasing?  Claim 001 0D-MX  New  Claim 1ype *  Contact No. (Monne)  91879766  Contact No. (Monne)  Contact No. (Monne)  10 Vehicle Number  Contact No. (Monne)  Contact No. (Office)  Driver Vehicle Number  Contact No. (Monne)  Contact No. (Office)  Driver Vehicle Number  Contact No. (Mohile)  91879766  Contact No. (Mohile)  91879766  Contact No. (Mohile)  91879766  Contact No. (Mohile)  91879766  Contact No. (Mohile)  10 Vehicle Number  Contact No. (Office)  Driver Vehicle Number  Sant No. (Office)  Driver Vehicle Number  Contact No. (Office)  Driver Vehicle No.  Driver Insurer Company  Predict No. (No. (Office)  Driver Vehicle No.  Driver Insurer Company  Predict No. (No. (Office)  Driver Vehicle No.  Driver Insurer Company  Predict No. (Office)  Driver Insurer Company  Driver Insurer Company  Driver Insurer Company  Predict No. (Office)  Driver Insurer Company  Driver Insurer Company  Driver Insurer Company  Predict No. (Office)  Driver Insurer Company  Driver   | Register Date of Driver License            | 27/02/2003   | Driver Age                    | 37                               | Driving Experience            | 15    |
| Address 4  Address Type  Singapore address  Post Code  Singapore address  Driver Insurer Company  Porter Insurer Company  Preclaration  Preclaratio   | Contact No. (Mobile)                       | 90605861   | Contact No.(Office)           | 0                                | Contact No.(Home)             |       |
| Unit No. #02-60 Dies he own a Singapore Registered car?  Ves * No  Driver Vehicle No.  Driver Insurer Company  Post Code  S10: Declaration  Driver Insurer Company  Driver Insured Name  Example Preserve Insurer Company  Driver Insurer Company  Dri  | Address 1                                  | BLK 150  | Address 2                     | PASIR RIS STREET 13              | Address 3                     |       |
| Unit No.  | Address 4                                  |  | Address Type                  | Singapore address                | Post Code                     | 5101  |
| Registered car?  Order Vehicle No.  Driver Vehicle No.  Driver Vehicle No.  Driver Insurer Company  Driver Insurer Ins  | Unit No.                                   | #02-60   |                               |                                  |                               |       |
| Breathalyser or Blood Test Reading?  O mg  Any injury?  OPM  Modification History  Claim 001 OD-MX  New  Claim Type *  OD-MX  Insured Name  PROMO SINGAPORE PTE. LTD.  Insured NRIC  2007  Contact No. (Mobile)  91879766  Contact No. (Home)  Oli Vehicle Number  GBH4598A  TP Vehicle Number  SIA1  Name of Preferred Workshop  Preferred Workshop Contact  Require Finalisation  Ves  Preferred Repair Option  Preferred Workshop, Name unknown  GIA report  Received  O6/09/2018 16:47  Claim Close Date  Date Received  O6/09/2018 16:47  Workshop Repairer  Attachment  Attachment  | Does he own a Singapore<br>Registered car? | ○ Yes ● No   | Driver Vehicle No.            |                                  | Driver Insurer Company        |       |
| Reading?  | Declaration                                |  |                               |                                  |                               |       |
| Claim 001 OD-MX New  Claim Type * OD-MX   | Breathalyser or Blood Test<br>Reading?     | 0 mg   | Any injury?                   | ○ Yes ● No                       |                               |       |
| Claim 001 OD-MX New  Claim Type * OD-MX   | Modification History                       |  |                               |                                  |                               |       |
| Contact No. (Mobile) 91879766 Contact No. (Home) Contact No. (Office) Co  | Claim 001 OD-MX New                        | h  |                               |                                  |                               |       |
| Contact No. (Mobile) 91879766 Contact No. (Home) Contact No. (Office) Co  |  |  |                               |                                  |                               |       |
| Contact No. (Mobile) 91879766 Contact No. (Home) Contact No. (Office) Email Address OI Vehicle Number GBH4598A TP Vehicle Number SJA1  Diam Description GBH4598A / SJA17118 ON 6 Sept 2018  Name of Preferred Workshop Contact No. (Perferred Workshop Partially at Fault Veneties Registered No. (Perferred Workshop Name unknown Veneties Registered No. (Perferred Workshop Name unknown Veneties Registered No. (Perferred Workshop Name unknown Veneties Name unknown Veneties Name unknown V  | Claim Type *                               | OD-MX  | Insured Name                  | PROMO SINGAPORE PTE. LTD.        | Insured NRIC                  | 2002  |
| Email Address OI Vehicle Number GBH4598A TP Vehicle Number SIA1  Claim Description GBH4598A / SJA1711B ON 6 Sept 2018  Preferred Workshop Contact Vo.  Require Finalisation Yes Preferred Repair Option Preferred Workshop, Name unknown GIA report Received O6/09/2018 16:47  Claim Close Date Date Date Received O6/09/2018 16:47  Verint AK letter  Attachment  Attachment  OI Vehicle Number GBH4598A TP Vehicle Number SIA1  Name of Preferred Workshop  Partially at Fault  Preferred Workshop, Name unknown GIA report Received O6/09  Date Received O6/09  Total Loss but Repaired  Save Submit   | Contact No. (Mobile)                       | 91879766   | Contact No.(Home)             |                                  |                               | 2007  |
| September   Sept    | Email Address                              |  |                               | GBH4598A                         |                               | 674.  |
| Total Loss but Repaired  Attachment  Insured Liability Partially at Fault  Partially at Fault  Preferred Workshop Contact  Insured Liability Partially at Fault  Preferred Workshop, Name unknown  GIA report  Rece  Date Received  O6/09/2018 16:47  Claim Close Date  Workshop Repairer  Total Loss but Repaired  Attachment  | Claim Description                          | GBH4598A / SJA1711B ON 6 Sept 2018   |                               | SSTTSSUA                         |                               | DJA1  |
| Require Finalisation Ves Preference Repair Option Preferred Workshop, Name unknown GIA report Received O6/09/2018 16:47 Claim Close Date Date Received O6/09 Repairer Total Loss but Repaired  Workshop Repairer Save Submit  | Preferred Workshop Contact                 |  | Torough Linkshop a            |                                  | J warne or Preferred Workshop | _     |
| Date Registered 06/09/2018 16:47 Claim Close Date Date Received 06/09 Report Taken By KRISHNASAMY Workshop Repairer Total Loss but Repaired  Attachment  Attachment   | No.  |  |                               | Partially at Fault               |                               |       |
| Leport Taken By KRISHNASAMY Workshop Repairer Total Loss but Repaired  ✓ Print AK letter  Save Submit   |  |  |                               | Preferred Workshop, Name unknown | GIA report                    | Rece  |
| Print AK letter  Save Submit  |  |  |                               |                                  | Date Received                 | 06/0  |
| Attachment Save Submit  |  | KRISHNASAMY  | Workshop Repairer             |                                  | Total Loss but Repaired       |       |
| Attachment  | Print Ak letter                            |  |                               |                                  |                               |       |
| 9   | Attachment                                 |  |                               | Save Submit                      |                               |       |
|   | 9  |  |                               |                                  |                               |       |
| ccident No. MT/1010399 Claim No. 001  | Accident No.                               | MT/1010399   |                               | Claim No.                        | 60-                           |       |

