| | e Services per carron | | | | | | | | |
|---|---|--|---|--|--|--|--|--|--|
| Date In 17/09/2018 17:51 | Job description | Date & Tune Completed | F I | | | | | | |
| RETIVE NA/INC18016928/K4 | | Date & Time Completed | Done by | | | | | | |
| | | | | | | | | | |
| 40027 | E-mail (within 8hrs, AIC 2hrs; | , | | | | | | | |
| 05/09/2018 .14:40 | | 1.MT/1010394+0 | 002 18/9/18 09: | | | | | | |
| OD (TP) Reporting Only | i-Motor W/O (Wishin: OD 2hr | s. TP 4hrs) | | | | | | | |
| | i-Photo Uploaded | | | | | | | | |
| TP Insurer | Assessment/Survey Report | | Month States and the 11 to 12 | | | | | | |
| Preferred Wksp / INC Assign Wksp / QW; (| Ass't Report by Fax / Hand | Ass't Report by Fax / Hand to Owner/Wksp | | | | | | | |
| | | Tel: Fax | :) | | | | | | |
| Owner / Driver: (| LD (670X . INC) |)/Non-INC() | v | | | | | | |
| | iod: (| Tel: |) | | | | | | |
| Confirmed by : (| | Cover Type: (|) | | | | | | |
| | Date: lote-Est. Status (WO): N: 0-20 | Time: |) | | | | | | |
| | /arranty: YES ()/NO (|) | [70] | | | | | | |
| The state of the s | 0()/\$2,000() | / | | | | | | | |
| | TO THE SECTION OF SHEET STATES | | | | | | | | |
|) Walk-In Customar : Customer's inform | | active NO refer of repairor | 29 12 | | | | | | |
|) Total Loss Case : to e-mail Insurer | URGENTLY. | icay NO rater of repairer. | | | | | | | |
| Drive-In ()/ Towed-In (); Invoice: | | owing Co. (| | | | | | | |
| | urteev Cor () | Date&Time Completed | Done by | | | | | | |
| Apply for Transport Allowance () / Co 2) QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$30 | () () (00] () | Date Time Completed | Done by | | | | | | |
| Apply for Transport Allowance () / Co 2) QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$30 | () | Date Time Completed | Done by | | | | | | |
| 2) Apply for Transport Allowance () / Co 2) QC Check / Post Repair Inspection 1) Upload Resurvey Photo [Repair Cost > \$30 Injury: | () | | Done by | | | | | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: | () | | Done by | | | | | | |
| 2) Apply for Transport Allowance () / Co 2) QC Check / Post Repair Inspection 1) Upload Resurvey Photo [Repair Cost > \$30 Injury: | () | | Done by | | | | | | |
|) Apply for Transport Allowance () / Co 2) QC Check / Post Repair Inspection) Upload Resurvey Photo [Repair Cost > \$30 Injury: | () | | Done by | | | | | | |
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| Apply for Transport Allowance ()/Co) QC Check / Post Repair Inspection) Upload Resurvey Photo [Repair Cost > \$30 Injury: ate/Time Actions | () 00] () 29 9 Invoice Prep | aration Checklist | | | | | | | |
| Apply for Transport Allowance ()/Co) QC Check / Post Repair Inspection) Upload Resurvey Photo [Repair Cost > \$30 Injury: Inte/Pime Actions MA 180 Imant's Particulars: | () () () () () () () () () () | aration Checklist Reporting (\$30); ISSESSMENT (\$100); INC (\$50) | Ant (5) Amt (5) Ant Bill Add Bill | | | | | | |
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| Apply for Transport Allowance ()/Co () QC Check / Post Repair Inspection () Upload Resurvey Photo [Repair Cost > \$30 Injury : Inte/Time Actions () Acti | Invoice Prep 1) AR: Accident 2) DA: Demage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming an 6) TR: Re-inspect 7) N1: Idau DA + 8) NTUC Addition OD* *N5: Courtesy C *N6: Repair Co *N7: Post Repair *N8: DV / Colle | Aration Checklist Reporting (\$30); Issessment (\$100); INC (\$80) Fough Survey (\$120 Fough Survey (Resurvey) \$30 Fough Survey (Resurvey) \$30 Fough Survey (\$100 Jen 2005) Fough Survey (\$100 Jen 2005) Fough Survey \$160 | Anic(\$); Amt(\$) Lit.Bill: Add.Bill | | | | | | |
| 1) Apply for Transport Allowance () / Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: | Invoice Prep 1) AR: Accident 2) DA: Demage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming an 6) TR: Re-inspect 7) N1: Idau DA + 8) NTUC Addition OD* *N5: Courtesy C *N6: Repair Co *N7: Post Repair *N8: DV / Colle | Aration Checklist Reporting (\$30); Issessment (\$100); INC (\$80) Fough Survey (\$120 Fough Survey (Resurvey) \$30 Fough Survey (Resurvey) \$30 Fough Survey (\$100 Fough Survey (\$100 Fough Survey (\$100 Fough Survey (\$100 Fough Survey \$100 Fough Survey \$100 | Ant (5) Amt (5) Lit Bill Add Bill | | | | | | |

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.
- 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.

| | ACCIDENT STATEMENT |
|--|--|
| Date Of Report | 17/09/2018 17:51 |
| Date Of Accident | 05/09/2018 14:40 |
| Exact Location Of Accident | ZION ROAD |
| Country/State of Loss | SINGAPORE |
| C | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | GBD29Z |
| Insured/Policyholder | |
| Name Of Registered Owner | ESPIRIT BUILDING & ENGINEERING PTE. LTD. |
| Co Reg No | 200415274N |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-98648875 |
| Alternative Phone No | OFFICE-98648875 |
| Vehicle Particulars | |
| Manufacturer | TOYOTA |
| Model | TOYOTA DYNA 150 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 | THIRD PARTY |
| 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 | 5102797361 |
| Cover Note Number | |
| Driver | |
| Name of Driver | ARUMUGAM SANKAR |

Name of Driver ARUMUGAM SANKAR

 Passport No/FIN
 G2328254U

 Date Of Birth
 03/06/1992

 Occupation
 OUTDOOR

 Date Of Driving Pass
 10/02/2015

Driving Experience 3 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98648875

Fax Number

Contact Number OTHERS-98648875

EMail Address NOEMAIL

Address

ESPIRIT BUILDING & ENGINEERING PTE LTD

Postcode

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 Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

**

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

SLD1670X

NO

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

CHEONG CHEE KHUEN

NRIC/Passport Number

S1200969J

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 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
- my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Reg. No. 208415274

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder) Date & Time:

Name:

Reporting Centre Personnel's Signature

NRIC/FIN No .:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was driving along Zion Rd. Vehicle A

was going straigt but Vehicle B from

| Vehicl | le A was | driving | along | Zion Rd. | Vehicle A from and hit of Vehicle A |
|--------------|----------|----------|---------|-----------|--|
| Wa | s sering | straiat | bu+ | Velicle B | Arom |
| 2 | Lane c | change o | inss to | my lane | and hit |
| 01 | n night | side | cientre | portion | of Vehicle A |
| | J | | | (- | |
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| DECLARATION. | | | | | |

DECLARATION

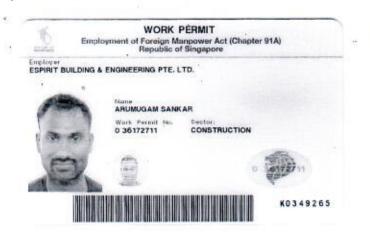
I/We declare the foregoing particulars are true in every respect.

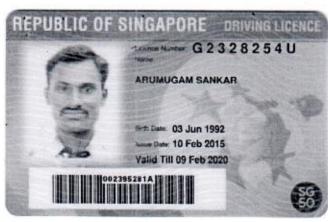
Policy older's Signature
Date & Time:

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

Name: NRIC/FIN No.:

GIARMC SketchPlanForm_V3











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: 5102797361 Cover: Comprehensive

Index mark and Registration Number of Vehicle : GBD29Z

Chassis Number : JTFAT35Y90K202911

Name of Policyholder
 ESPIRIT BUILDING & ENGINEERING PTE. LTD.

 3. Effective Date of Insurance
 : 30 Aug 2018

 4. Expiry Date of Insurance
 : 29 Aug 2019

5. 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 : DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC 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 : NET LINK COMMERCIAL PTE, LTD. (00000615136)

Date of Issue : 31 Jul 2018 09:47 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

| eBaoTech | | | | | | | | | (| GeneralC | laim |
|------------------------|------------|----------------|-----------------------|---|----------------------|----------|---------------|----------------|-------------------|------------------|----------------|
| Hello, NAC_PAYA_UBI_80 | 0601 | | | | | | · Change Lan | guage | · Change P | assword | Log Out |
| My Desktop | Poli | Policy Query | | | | | | | | | |
| Notice of Loss | Policy No. | | | | Date of | Accident | 05/0 | 09/2018 14:4 | 0 | | |
| | Vehicle | No.(For Motor) | GBD292 | 2 | | Certific | ate Number | | | | |
| | | | | | Se | earch | | | | | |
| | Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| | 0 | 5102797361 | | ESPIRIT BUILDING & ENGINEERING PTE, LTD. | 200415274N | GFT | Comprehensive | GBD29Z | GBD29Z | 30/08/2018 | |
| | | | | 712.00 | Со | ntinue | | | | | |

Claim Handling · Task Transfer · Exit Accident MT/1010394 LOS SAL SUB Policy No. 5102797361 Vehicle No. GBD29Z Registration 200415274N Certificate No. Policyholder Policyholder ESPIRIT BUILDING & ENGINEERING PTE. LTD. 200415274N Name NRIC Product FLEET INSURANCE Cover Type Comprehensive Loading Code Contact No. Contact No. Contact No. NA (Mobile) (Office) (Home) Email Special eCode No V Address Remark eCode KFK No Yes TCA No Yes Reason NCD NCD No Entitlement Private Hire Not available Protection (%) Accident Details Accident Report Accident Report Date 06/09/2018 16:21 Yes Side Swipe Within 24 Type hrs Time of Date of Country of 05/09/2018 Accident 14:45 Singapore Accident Accident hh:mm Reporting Orange ICM No. Centre Force Accident TIONG BAHRU ROAD TOWARDS ZION ROAD Location **▽** Excess Own damage 600.00 Additional Excess Windscreen 100.00 Excess Excess Outside Unnamed Singapore OD Driver Excess Excess Outside Third Party 0.00 Singapore TP Excess Excess **▽** Benefits GST Registered Information GST Registered GST Registration Date 01/09/2010 GST Registration No. 200415274N GST Status Verified Modification History 07/09/2018 08:58:17 Deborah Mui changed GST Registration Date from 01/01/2015 to 01/09/2010 07/09/2018 08:58:17 Deborah Mui changed GST Status Verified from No to Yes Policyholder Mailing Address Address 1 8 KAKI BUKIT AVENUE 4 Address 2 #01-09 PREMIER @ KAKI BUKI Address 3 SINGAPORE 415875 Address Address 4 Singapore address Post Code 415875 Type Related Unit No. 5096777351-01 Policy Number OI Driver Info Driver Driver Type Name Unnamed driver Driver NRIC Driver DOB Name Driver Age

Claim Handling

| The premium on this policy has Accident MT/1010394 | not been collected. | | | | |
|---|--|--------------------------------------|---|------------------------------------|-------|
| Policy No. | 5102797361 | Vehicle No. | GBD29Z | GST Registration No. | 200 |
| Certificate No. | | | | OST REGIST GOOT NO. | 200 |
| Policyholder Name | ESPIRIT BUILDING & ENGINEERING PTE. | LTD. | | Doloubolder NOT | 300 |
| Product Code | FLEET INSURANCE | Cover Type | Comprehensive | Policyholder NRJC Loading | 200 |
| Contact No.(Mobile) | NA | Contact No. (Office) | comprehensive. | Contact No.(Home) | O. |
| Email Address | | Special Remark | | | ar a |
| KFK | ■ No ○ Yes | TCA | ● No ○ Yes | eCode | No N |
| NCD Protection | No | NCD Entitlement(%) | 0 | eCode Reason | 2013 |
| ♥ Accident Details | | Had Entrement by | | Private Hire | Not a |
| Report Date | 06/09/2018 16:21 | Accident Report Within 24 hrs | | | - 275 |
| Date of Accident | 05/09/2018 | Time of Accident hh:mm | | Accident Type Country of Accident | Side |
| Reporting Centre | 0.00 | | Time of Accident hh:mm 14:45 Orange Force | | |
| Accident Location | TIONG BAHRU ROAD TOWARDS ZION RO | | | ICM No. | |
| ♥ Excess | THE STATE OF THE PARTY AND ADDRESS OF THE PART | mb. | | | |
| Own damage Excess | 500.00 | * Manufacture Const | | Marco Sedenta manchi tota | 20000 |
| Unnamed Driver Excess | 600.00 | Additional Excess | | Windscreen Excess | 100. |
| Third Party Excess | | Outside Singapore OD Excess | | | |
| S Benefits | 0.00 | Outside Singapore TP Excess | | | |
| | 1800 | | | | |
| GST Registered Informa | total and and | | | | |
| GST Registered GST Registration No. | Yes 200415274N | | GST Registration Date | 01/09/2010 | |
| Modification History | | borah Mui changed GST Registration I | GST Status Verified Date from 01/01/2015 to 01/09/2010 | Yes | |
| 2021296722220000000 | 07/09/2018 08:58:17 De | borah Mui changed GST Status Verifie | ed from No to Yes | | |
| Policyholder Mailing Ad | dress | | | | |
| Address 1 | 8 KAKI BUKIT AVENUE 4 | Address 2 | €01-09 PREMIER @ KAKI BUKTI | Address 3 | CINIC |
| Address 4 | | Address Type | Singapore address | | SING |
| Unit No. | | Related Policy Number | | Post Code | 4158 |
| ♥ OI Driver Info | | Related Folicy Number | 5096777351-01 | | |
| Driver Name | | Debute Toron | | | |
| Unnamed driver Name | | Driver Type Driver NRIC | | rans-re-cases | |
| Register Date of Driver License | | Driver Age | | Driver DOB | |
| Contact No.(Mobile) | | Contact No.(Office) | | Driving Experience | |
| Address 1 | | Address 2 | | Contact No.(Home) Address 3 | |
| Address 4 | | Address Type | Foreign address | | |
| Unit No. | | | solegii addess | Post Code | |
| Does he own a Singapore Registered car? | ○ Yes * No | Driver Vehicle No. | | Driver Insurer Company | |
| Modification History Claim 002 OD-MX New | h. | | | | |
| Claim Type • | OD-MX | Serverd Name | Ferring and the second | Control Village | |
| Contact No.(Mobile) | 93801813 | Insured Name | ESPIRIT BUILDING & ENGINEER | Insured NRIC | 2004 |
| Email Address | 93801813 | Contact No.(Home) OI Vehicle Number | | Contact No.(Office) | 6385 |
| Claim Description | GBD29Z / SLD1670X ON 5 Sept 2018 | Of venice number | GBD29Z | TP Vehicle Number | SLDI |
| Preferred Workshop Contact | BROOK PET DESTROY ON 3 SEPT 2010 | 28 05-32-5 | | Name of Preferred Workshop | _ |
| No. | | Insured Liability • | Not at Fault | | |
| Require Finalisation | Yes | Preferered Repair Option | Preferred Workshop, Name unknown | GIA report | Rece |
| Date Registered | 18/09/2018 09:51 | Claim Close Date | | Date Received | 18/0 |
| Report Taken By | KRISHNASAMY | Workshop Repairer | | Total Loss but Repaired | |
| ✓ Print AK letter | | | | | |
| Attachment | | Į | Save Submit | | |
| o o | | | | | |
| Accident No. | MT/1010394 | | Claim No. | 002 | - |
| Last Doc. Received | ● Yes ○ No | | Upload Date | 18/09/2018 09:50 | |
| NO 2003/2000/03/03/03/03 | | | | | |
| | Path.* | r. | Category • | Confidential Urgen | _ |
| | | Browse | Clear Please Select | V NO V Normal | |

