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| Veli No. PC 20224 | E-mail (widda Shrs, / | AIC 2hrs) | No. at patting | 1-1-11 |
| DOA: 19/10/2018 / 10/85 | l-Motor Claim Pe | orm MI | 0 8760000 | 08/4/200 |
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| OD TP Reporting Only | i-Photo Uplonder | J | | |
| | Assessment/Survey | | | I see |
| TP Insurer: | | x/Hand to Owner/ | Vksp | |
| Preferred Wksp / INC Assign Wksp / QW: (| | Tol: | Fax | :) |
| TP Particulars: Veh No: | EXER | INC()/Nor | 1-INC(). | |
| Owner / Driver: (| | Tel: | W |) |
| Policy No: () Perio | od: (|) Cover T | ype: (|)_ |
| Confirmed by : (| D | ate: | Time: |) |
| Insured/Driver Liability: (%) [No | ote-Est. Status (WO) | N: 0-20%; P: 2 | 1-79%. P: 80-100 | 0%] |
| Year of Registration: () W | arranty: YES () | NO() | | |
| Excess: (\$) Loading: \$1,000 | NAME AND ADDRESS OF THE OWNER, TH |) | TWO TO A SECTION | |
| General Kelmarks at 15 of 12 million K | The state of the s | than make the | A\$222.57.57 | OH (9) |
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| () Total Loss Case : to e-mall Insurer | | | - 1 3 | · |
| Drive-In ()/ Towed-In (); Invoice: | YES()/NO(|) ; Towing Co | : (| / |
| nemiers of his endine createrions. | | PARTICIPATION OF THE PARTICIPA | 请问题制证 50 | In Elitions by |
| 1) Apply for Transport Allowance ()/Co | urtesy Car () | | | |
| 2) QC Check / Post Repair Inspection | (·) | | | - C - C - C - C - C - C - C - C - C - C |
| 3) Upload Resurvey Photo [Repair Cost> \$30 | 00] () | 5 4 | | |
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| Summant's particulary is | 1 () () () () () () () () () (| R : Accident Reporting | (530); INC (550) | |
| Priver/Owner: | 3)7 | F : Towing Fee T : Follow-Through Surv | . 240/3 | 20 |
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| vaditors Comments : | Asm. of market | TP (NII) : TP (Non INC) | against INC | 520 - |
| at. 1: | | N13: Ideo Mobile | Fee Charged | 温水的 大型 |
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SINGAPORE ACCIDENT STATEMENT

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.
- 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 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.
- 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.
- 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 evallable aforesaid.

| aforesaid. | |
|--|--|
| | ACCIDENT STATEMENT |
| Date Of Report | 08/11/2018 18:20 |
| Date Of Accident | 19/10/2018 14:45 |
| Exact Location Of Accident | MARINA BAY SAND HOTEL TOWER 1&2 LOBBY |
| Country/State of Loss | SINGAPORE |
| STANDARD STANDARD TO BE | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | PC3032H |
| Insured/Policyholder | |
| Name Of Registered Owner | JON LIMO ENTERPRISE |
| Co Reg No | 53171349X |
| Email Address | JOHNANG1182@YAHOO.COM |
| Mobile Phone No | (LOCAL) +65-96731182 |
| Alternative Phone No | OFFICE-96731182 |
| Vehicle Particulars | |
| Manufacturer | ТОУОТА |
| Model | HIACE-3.0 D HIGH-ROOF 14 SEATER (A) |
| Exact Purpose for which vehicle was being used at time of accident | WORKING PURPOSES |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | REPORTING ONLY |
| Vehicle Category | COMMERCIAL VEHICLE |
| Insurance Company | |
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5103551761 |
| Cover Note Number | (|

Driver

| Name of Driver | ANG KOON SAN |
|-------------------------------------|--------------|
| NRIC No | \$13728391 |
| Date Of Birth | 10/06/1959 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 17/07/1979 |
| -most remove and in respect Manager | |

Driving Experience 39 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96731182

Fax Number

Contact Number OTHERS-96731182

EMail Address JOHNANG1182@YAHOO.COM

Address

BLK 872 YISHUN STREET 81

#04-133

Postcode

760872

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLIDED INTO PROPERTY

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

1 NO.

Was any body injured in the Accident? 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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

BARRIER

Vehicle Category

NA/UNKNOWN

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

- Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material
 facts may allow insurance companies to repudiate policy liability.
- 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.:

| On 19.10, 2018 at 1445 has at Marina boy send |
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| tower one & tower two body entrance, When I was |
| druing vehicle to PC 3032A1 entering with MBS TWIND IWX |
| lobby the barner but my which and a regult from |
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| DEC ADATION |

DECLARATION declare re-

foregoing particulars are true to every respect.

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

CANADA Santa Partiern Ma

| Accident MT/1018960 | | | | | | | |
|--|--|--|--------------------------------------|--|--|--|--|
| Policy No. | \$103551761 | Vehicle fee. | PC3032H | | GST Registration No. | | |
| Certificate No. | | | | | | | |
| Policyholder Name | JON LIMO ENTERPRISE | | | | Policyholder NRIC | 5317 | 13488 |
| Product Code | BUS INSURANCE | Colver Type | Comprehensive | | Luading | -0 | |
| Contact No.(Mobile) | 96731182 | Contact No.(Office) | | | Contact No.(Home) | 192 | 221 |
| Email Address | | Special Remark | | | eCode: | 7401 * | 1 |
| KPK | » No: Yes | TCA | * 20 Yes | | eCode Reason | | |
| MCO Protection | No. | (ACCI EIIIIIImment(%) | 15 | | Milyata Hire | NO | |
| Accident Details | With a self with the self with | | | | | | |
| Report Date | 08/11/2018 19:53 | Accident Regart Within 24 hrs | Yes | | Appdent Type | Calid | ed into Property |
| Date of Acodent | 07/11/2010 | Time of Accident Intimm | 14 45 | | Claumtry of Accident | Singe | oore |
| Asporting Centre | | Grange Force | | | ICM No. | | |
| Acodent Location | MARINA BAY SAND HOTEL TOWER 182 LOBBY | | | | | | |
| ₩ Excess | paintenen. | | | | | 900 V | |
| Own damage Excess | 2,600.60 | Additional Excess | | | Windscreen Excess | 500,0 | ю: |
| Unitarned Orlver Encess | 12003451AH | Outside Singapore OD Excess | | | | | |
| Third Farty Excess | 3,000.08 | Outside Singapore 17 Extess | | | | | |
| ₩ Benefita | | | | | | | |
| ♀ GST Registered Informat | Name of the same o | | | 200 | | | |
| GST Registered GST Registration No. | t4o | | GST Registration GST Status Venti | | No | | |
| Hospitication History | | | OST SUITE AND | eu. | 760. | | |
| Policyholder Mailling Add | ress | | | | | | |
| Appress L | BLK 872 #04-133 | Address 2 | KISHAW STREET NO | | Address 3 | CINC | APORE 260877 |
| Address 4 | Section Section (Section) | Andress Type | Singapore address | | Post Code | 7408 | |
| SING NACE | | Related Policy Number | 5203551761 | | | | |
| ♥ OI Driver Info | | - 1000000000000000000000000000000000000 | | | | | |
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | | | | |
| Unnerned driver Name | ANG KOON SAN | Driver NRIC | 513778391 | | Dover DOB | 10/0 | 6/1959: |
| Register Date of Driver License. | 17/07/1979 | Driver Age | 59 | | Driving Experience | 39 | |
| Contact No. (Hobble) | 96731182 | Cormect No.(Office) | | | Contact No.(Home) | | |
| Address 3 | BLK 827 #0d-133 | Address J | VISHUN STREET BY | | Accress 3 | 5199 | APORE 760827 |
| Address 4 | | Address Type | Foreign address | | Post Code | 7608 | 27 |
| Linit No. | 84-133 | | | | | | |
| Does he own a Singapore Registered car? | Yes a No | Driver Vehicle No. | PEDDDZH | | thriver Insurer Comp | arry NTUC | 89 |
| Certeration | | | | | | | |
| Breathelyeer or Blood Test | 8 mg | Any injury? | Yes + No | | | | |
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| ⊍ Video List | | | | | | |
| 453 | NAC_BURIT_MERAH GLOG76(NATION S (BURIT MERAH)) on | AL ASSESSMENT CENTRE SERVICE 08 Nov 2018 18:57 | SAS | Normal | SAS | 2018-11-8 |
| P | NAC_BUKIT_MERAH_800576(NATION S (BUKIT MERAH)) on | 05 Nov 3018 18:57 | NR1C/ Driving License | Normal | NRIC/ Driving | License 2018-11-8 |
| | NAC_BUKIT_MERAH_800676(NATION 5 (BUKIT MERAH)) on | AL ASSESSMENT CENTRE SERVICE | Photoe | Normal | Photo | 2018-11-E |
| | NAC_BUKIT_HERAH_800676(NATION S (BURIT MERAH)) on | AL ASSESSMENT CENTRE SERVICE 08 Nov 2018 18:57 | Photos | Narmal | | : 2018-11-B |
| | NAC_BUKIT_MERAH_BDD676(NATION 5 (BUKIT MERAH)) In | | Photos | Normal | Phutu | 1018-11-8 |
| | NAC_BUKIT_HERAH_BOD676(NATION B (NUNIT HERAH)) oo | | Physica | Normal | Photo | 2018-11-8 |
| SA | NAC_BUKIT_HERAH_BOD676(NATION S (BUKIT MERAH)) on | | Photos | Normal | Photo | 2018-11-8 |
| | NAC_BURTT_MERAH_BOOK/6(NATION S (BURT MERAH)) on | AL ASSESSMENT CENTRE SERVICE 06 Nov 2018 18:57 | Photos | Normal | Photo | 2018-11-6 |
| D. | NAT_BUNTT_MERAH_800676(NATION 5 (BURTT MERAH)) on | AL ASSESSMENT CENTRE SERVICE 08 Nov 2018 18:57 | Photos | Normal | Photo | 2018-11-8 |
| | | | | | | |

Display in New Window | Scan and upleading

rsbm

To: Subject:

ODsupport@income.com.sg FW: MT/1018960-001 PC3032H

Sorry accident date for the above should be 19/10/2018 and not 19/11/2018 thanks

Thanks & Best Regards, ROSLI WAHAB NACS Bukit Merah

Tel: 6898 0055 Fax: 6271 8802

Email: rsbm@lkkauto.com

From: rsbm [mailto:rsbm@lkkauto.com]
Sent: Thursday, 22 November, 2018 6:53 PM

To: ODsupport@income.com.sg Subject: MT/1018960-001 PC3032H

Hi the above mention claim accident date should be 19/11/2018 instead of 07/11/2018 which type wrongly in the ebao thanks.

Thanks & Best Regards, ROSLI WAHAB NACS Bukit Merah Tel: 6898 0055

Fax: 6271 8802

Email: rsbm@lkkauto.com

AGCIDENT STATEMENT

| ALLIL | DENT DATE: 19 / 1 | 3/2018(00/WWAAA | YI, TIME! 1445 | |
|--------------------|---|--|-------------------|--------------|
| LOCAT | HON. Marina F | Say Stard Hotel | I nower to | valdol C & |
| 000000 | |) | | ' |
| 1% | DETAILS OF VEHICL | PC 3032 | H . | 1 1 |
| Mi | a) YEHICLE NUMBE | R TONIS | | * * |
| 90 | b) INSURANCE COM | | - |) (|
| | CIPOLICY NUMBER | | 274 (74) 20 24 25 | und stuttl |
| | BIMAKE & MODEL | DMPREHENSIVE/ THIRD PA | 13. Secre | IKE WITHCHI |
| | | COUPE / MPY /YAN / LOR | RY / MOTORCYCLE, | OTHERS) |
| | | DRY: (PRIVATE / COMMERC | CIAL/ MOTORCYCLE | EL . |
| | 그리즘 사람이 살아보다는 아버지가 그 나를 하는 것이다. | NG AT ACCIDENT TIME: | | limk |
| | | IG UNDER YOUR OWN INS | | |
| 0.01 | | TE (THIRD PARTY CLAIM / I | REPORTING ONLY | eS 76 |
| suns 1 2. | ANAME: POUCY | | DASS IMALE! | FEMALE) |
| 1 | b) NRIC/FIN/PASSPO | | CONTACT | M Saltimonal |
| (10) | c) ADDRESS: | | | |
| C | + CONTINUE TO 3 d | IF DRIVER ALSO POLICY H | OLDER | · · · · · · |
| Also of bussonis | DRIVER X | 0 | .Otocn | til |
| | Same and the same | Koon Jan | MALE/ | FEMALE |
| (Including driver) | ~111111-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1- | OH 3/3/12604 | - CONTACT! | 31127 |
| . (+) | CADDRESS: | 9. D. J. Bymu - | THE ALTERA | 7153 |
| - 20 | "d)DATE OF BIRTH | The state of the s | (YYYY\MA\C | |
| . å 9 | O OCCUPATION: II | NDOOR / OUTDOOR) | 1070 | |
| 107 | INDATE OF DRIVIN | G PASS | TT IT | (VECY NAT |
| 4. | WAS DRIVER AN | EMPLOYEE OF THE INSU SHIP OF THE DRIVER W | RED'S COMPANY? | (100/20) |
| 5. | | TION: (CLEAR / ANINO | | |
| | bIROAD SURFACE | ORY / WET / OTHERS | 11 | |
| 6. | WAS ANYBODY INJ | DURED (YEST NO) | F | 9 a 10 0 |
| | IF YES, PLEASE STA | ATE WHICH POLICE STATIC | N: | |
| .1 , , 8, | THIRD PARTY VEHIC | Rocciel Parciel | | |
| 4 No of passenger | a) VEHICLE NUM | BER: 1300 F | MODEL: | // |
| (Induding driver) | b) DRIVER'S NAM | 16: | | |
| Chandled alland | LIBIC /BILL/BAS | CDODT: | CONTACT: | |
| () 0 | , c) HSIC/FIN/LY2 | | CONTACT: | |
| (_) 9, | THIND PLANTY VEHIC | CLE | CONTACT: | |
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| (_) p, | THIRD PARTY VEHIC TO VEHICLE HUM O DRIVER'S NAM O DRIVER'S NAM | DLE BER: KE: SPORT: | MODEL1OONTACT: | balue, com |
| (_) p, | THIRD PARTY VEHIC TO VEHICLE HUM O DRIVER'S NAM O DRIVER'S NAM | DLE BER: KE: SPORT: | MODEL1OONTACT: | palwo, com |
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REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$13728391





ANG KOON SAN

供坤 CHINESE 10-06-1959 M

SINGAPORE









VOCATIONAL LICENCE

Licence No : \$13728391 Name : ANG KOON SAN

Issue Date : 19/4/2011

Please visit www.lta.gov.sg to check the status of this vocational licence

2311316



25-08-1994

APT BLK 872 YISHUN STREET 81 #04 - 133 SINGAPORE 760872

NRIC No. \$13728391

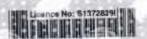
Date: 25/11/2007 No: 5750361

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

Motor Cars and Motor Tractors the weight of

17 Jul 1079

which imladen does not accord 2500 lolograms



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request, if found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type Description

Issue Date

03

BUS VL BUS ATTENDANT

22/04/2008 22/04/2008





Certificate of Insurance

Cover : Comprehensive

; PC3032H

: 16 Sep 2018

: 15 Sep 2019

: KDH2230020511

1 JON LIMO ENTERPRISE

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 : 5103551761

1. Index mark and Registration Number of Vehicle

Chassis Number

Name of Policyholder

Effective Date of Insurance

Expiry Date of Insurance

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.

- Limitations as to Use*
 - (a) Use for the carriage of passengers in connection with the Policyholder's business.
 - (b) Limited to carry 13 passengers

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use whilst drawing a trailer except the towing (Other than for reward) of any one disabled mechanically propelled
- 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

GEOGRAPHICAL LIMIT

: WITHIN THE REPUBLIC OF SINGAPORE ONLY

EXCESS (SECTION I)

: 552,000

EXCESS (SECTION II)

: \$\$3,000

WINDSCREEN EXCESS

: \$5500

INSURE WITH COE

: YES

HIRE PURCHASE COMPANY

: YES MOTORING & 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

: LQ INSURANCE AGENCY PTE LTD (00000613125)

Date of Issue

: 03 Sep 2018 16:00 hrs

Countersigned By:

Authorised Officer

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive