NATIONAL Assessment Ce		MNA18156435	Don	a hu
Date In: 3/17/18-17:15	Jeb description	Date & Time Completed	Den	C 0,
Rel No: NA INCIR = 24750/14	SAS e-filing		!	
Veli No: LISH 682 R	E-mail (within Shrs, AfC 2h	rs)		
D.O.A 3/14/18-09:10	i-Motor Claim Form	M7 1022392-001	3/14/18	19:46
OD TP Reporting Only	i-Motor W/O (Within: Of	O 2hrs, TP 4hrs)		
OD . 117 Reporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Repo			
	Ass't Report by Fax / Ha	ind to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:			Fax:	
TP Particulars: Veh No: \/	N F 6813X IN	C()/Non-INC().		
Owner / Driver: (Tel:)	
Policy No: ()	Period: () Cover Type: ()	
Confirmed by : (Date:	Time:)	
	Note-Est. Status (WO): N:		100%]	
Year of Registration: ()	Warranty: YES ()/NO ()		
THE PARTY OF THE P	\$1,000 ()/\$2,000 ()	Spend Commerce Agency		
General Remarks;- () Walk-In Customer: Customer's				
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	\$3000] ()			
Onte/Time Actions	1			
4802861	Invoice I	reparation Checklist	Ant (S)	Amt (
dimant's Particulars :-		dent Reporting (\$30); age Assessment (\$100); INC (\$	80)	
iver/Owner:	3) TF : Towi	ng Fee S4	0/\$45	
ntact No:	5) FT : Follo	w-Through Survey (Resurvey)	\$120	
	For claimin	ng against INC Only (wof 10 Jan 2003	The same of the sa	
maged Portion:	6) TR : Re-in		\$160 \$160	
	1/114 - 1000			
	8) NTUC Ad	ditional Services;-		
Checked by (Engr-In-Charge):	s) NTUC Ad		\$5	
	8) NTUC Ad QD* •N5: Cour •N6: Reps	ditional Services:	\$10	
ditors' Comments:-	* 8) NTUC Ad OD * *N5: Cour *N6: Reps *N7: Fost *N8: DV /	ditional Services:- tesy Cer / Tpt Allowance ir Co-ordination Repair Inspection Collect Excess Coordination	\$10 \$25 \$3	
ditors' Comments:-	* 8) NTUC Ad OD * *N5: Cour *N6: Reps *N7: Fost *N8: DV / TP (N11)	ditional Services:- tesy Car / Tpt Allowance ir Co-ordination Repair Inspection Collect Excess Coordination : TP (Non INC) against INC	\$10 \$25 \$3 \$20	
Checked by (Engr-In-Charge): ditors' Comments:- 1: 2/3:	* 8) NTUC Ad OD * *N5: Cour *N6: Reps *N7: Fost *N8: DV /	ditional Services:- tesy Car / Tpt Allowance ir Co-ordination Repair Inspection Collect Excess Coordination : TP (Non INC) against INC Mobile	\$10 \$25 \$3 \$20 30	

1 - per 11 - 120

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 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. 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.

"一个"的人们的人们的人们的人们的人们的人们的人们的人们的人们的人们的人们的人们的人们的	ACCIDENT STATEMENT
Date Of Report	03/12/2018 17:15
Date Of Accident	03/12/2018 09:10
Exact Location Of Accident	PIE TWDS JURONG
Country/State of Loss	SINGAPORE
The state of the s	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBH682R
Insured/Policyholder	
Name Of Registered Owner	SENNETT BATTERY CO PTE LTD
Co Reg No	198103564D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5104941054
Cover Note Number	
Driver	
Name of Driver	GAN KOK HUA
NRIC No	S1046705E
Date Of Birth	15/07/1949
Occupation	OUTDOOR
Date Of Driving Pass	16/09/1976
Driving Experience	42 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97398209
Fax Number	
Contact Number	OFFICE-97398209
EMail Address	NOEMAIL

BLK 635 HOUGANG AVENUE 8 Address

#05-75

530635

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

Postcode

Insurance Company of Driver's Own Vehicle

General Information of the Accident

CHAIN COLLISION Type Of Accident

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 3

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO YES

Was any other material or property damaged?

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

REFER TO 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

SMF6813X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SKJ5643D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1 NAME:

GENDER:

2

NO

DETAILS OF INJURED PERSON 1

Name GAN KOK HUA

Approximate Age

Injuries Sustain NECK

Injured person in which vehicle? GBH682R

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SKETCH PLAN

IIVIPORTANT 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.
- 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

Driver's Signature

(If driver is not the policyholder)

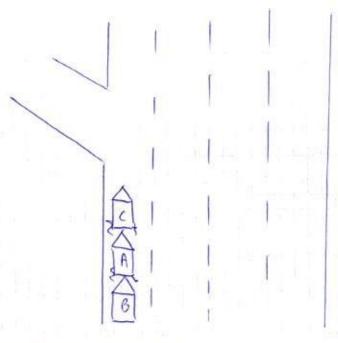
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN



DOA: 3/12/18

A: GBH 682 R

B. SMF 6813X

C: SKJ 56437

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Veh C	note !	red	a J	Bllowe.	d suit	but	veh	B
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moved	firma	cl z	hif	Veh	C			
		West Control of the C						
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11 - 70						1		
					HEE .			

DECLARATION

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

Policyholder - Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Personal Particulars				
Date of Accident: 3 12 (8	Time of Acci	dent:	9-10an	1
Exact Location of Accident:	PIE towar	ds	Jung	
Owner's Name: Sennett Botteny	Co PL	NRIC No:	,	_ HP No:
Driver's Name: Gan Kok F	lua	NRIC No:	51046705	EHP No: 97398209
Date of Birth: 15 7 1949 Driving Licence	Passing Date: 16	9 1976	Occupation: I	ndoor / Ovedoor
Address: 635 Hougeny Ave	8 # 05-7	1 (530635	
Relationship of Driver with Insured: Engly	Email Address:			
Vehicle No: GBH 682 R	Make & Model: _	H1 22	co)	
Insurance Co: NTY C	Coverage:		Policy No:	
*Purpose of Reporting? Own Dama	age Claim / 3rd Part	V claim / i	Not Claiming,	Just Reporting Only
*Exact Purpose of The Vehicle Was		-		
6	•			
*Weather Condition?	ning / Others:	W-12	Wet / Dry	/ Others:
* Any passenger inside vehicle invol	ved? (Yes / No)	If yes, Ve	ehicle No 8	How many pax:
A: 1+0 B· 1-	+0	c:	Woman	D:
*Was Anybody Injured ? (Yes / No)	If yes,		1 00.107	
Name / NRIC / In Vehicle:	pan	anni de a		
*Was The Accident Reported To The	Police ?			
No O Yes, Which Police Station?				
*Does the Driver Own Any Other Ve				
O_No O Yes, Vehicle Registration No:		ar-		
*Was any foreign vehicle involved?				
			no or Caregory	1.
*Was there any video captured by (Car Camera? (Ye	es/Nø)		
Third Party Driver's Particulars				
Vehicle B No: 5MF 6813 X	Make & Model:			
Driver's Name:				
Vehicle CNo: SKJ 56 43 D	Make & Model:			
Driver's Name:		NRIC No:	P	_ HP No:
Witness Particulars	8			
Name:		MRIC Mo-		HP No:







1



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: 5104941054

Cover : Preferred Workshop Plan

1. Index mark and Registration Number of Vehicle

GBH682R

Chassis Number

: JN1SC2F24Z0860840

2. Name of Policyholder

3. Effective Date of Insurance

SENNETT BATTERY CO PTE LTD

4. Expiry Date of Insurance

10 Nov 2018 : 09 Nov 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

EXCESS (SECTION 1)

: \$\$600

EXCESS (SECTION 2)

: N/A

WINDSCREEN EXCESS

: S\$100

INSURE WITH COE

: YES

HIRE PURCHASE COMPANY

: MAYBANK

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

: ASSURE PTE. LTD. (00000572842)

Date of Issue

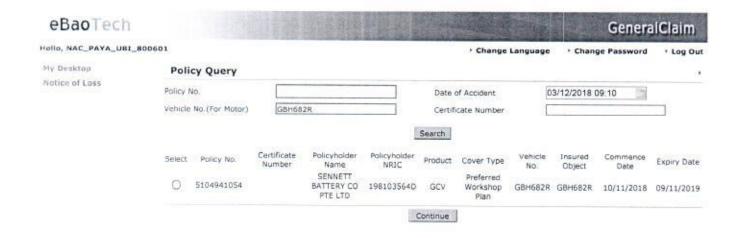
: 07 Nov 2018 10:30 hrs

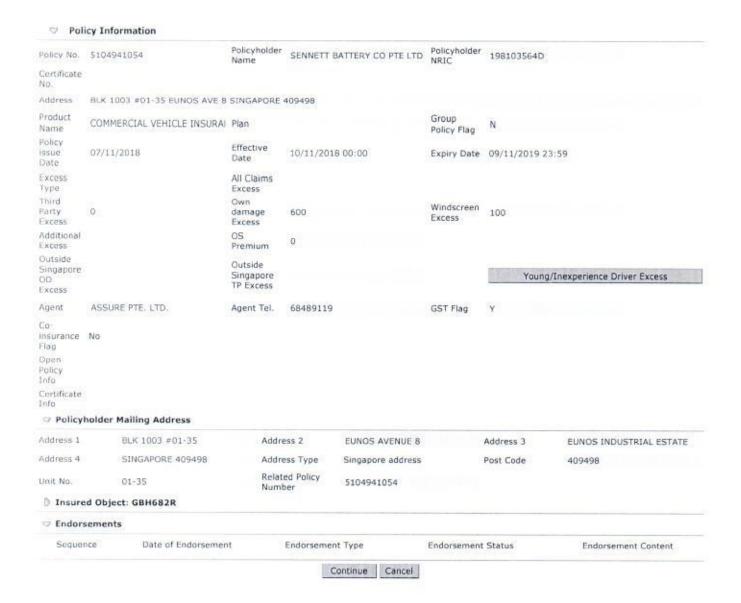
Countersigned By:

Authorised Officer

Chief Executive

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED





Hicy No.						
THE MO.	5104941054		Vehicle No.	GBH602R	GST Registration No.	M200559541
intrificate No.					7.0000 HILD #1000.00000001.11	
Heyholder Name	SENNETT BATTERY CO	PTE LTD			Policyholder NRIC	198103564D
oduct Code	COMMERCIAL VEHICLE	EINSURA	Cover Type	Preferred Workshop Plan	Loading	0
ontact No.(Motrie)	0		Contact No.(Office)	0	Contact No.(Home)	0
mail Address			Special Remark		eCude	N. V.
at .	® No ○ Yes		TCA	® No ○ Yes	eCode Reason	17
D Protection	No		NCD Entitlement(%)	26	Private mire	No
Accident Details						0.75%
port Date	03/12/2018 19:44		Accident Report Within 24 hrs.	Yes	Acoders Type	Chain Collision
ne of Accident	03/12/2018		Time of Accident hh:mm	09:10		
porting Centre			Orange Force	97120	Country of Accident	Singapore
cident Location	PIE TWDS JURONG		Grange Force		TCM No.	
Excess	FIG. 1 HIGH SUNGHO					
n damage Excess		500.00				
Account Administration		600.00	Additional Excess		Windscreen Excess	100.00
lamed Driver Excess			Outside Singapore OD Excess			
rd Party Excess		0.00	Outside Singapore TP Excess			
Henefits	0200010					
GST Registered Inform						
Registered Registration No.	Yes	559541		GST Registration Date	01/01/2015	
Infication History	H2001	199941		GST Status Verified	No	
H2015 5 11 11 15 15						
Policyholder Mailing Ad	ddress					
tress 1	BLK 1007 #01-35		Address 2	EUNOS AVENUE II	Address 3	EUNOS INDUSTRIAL ESTATE
dress 4	51NGAPORE 409498		Address Type	Singapore address	Post Code	409498
t No.	01:35		Related Policy Number	5104941054		403430
OI Driver Info						
ver Name	Unnamed Driver		Oriver Type	Unnamed Driver		
named driver Name	GAN KOK HUA		Driver NRIC	S10467058	Driver DOB	15/07/1949
gater Date of Driver License	15/09/1976		Onver Age	69		
react No.(Mobile)	97398209		Contact No. (Office)	0	Driving Experience	42
Press I	BLK 635		Address 2	HOUGANG AVENUE S	Contact No. (Home)	0
dress 4	11,000,000		Address Type		Address 3	SINGAPORE 530635
1.80	05-75		PLOS LIGHTS	Singapore address	Post Cone	530625
es he own a Singapore			March Control Control			
gistered car?	○ Yes ® No		Driver Vehicle No.		Driver Insurer Company	
Saration						
athalyser or Blood Yest	0 mg		Any injury?	New York Co.		
ding?			Seed admits	® Yes ○ No		
dification History						
ofication History						
TO SERVICE THE						
S. SEMANOS IN						
laim 001 New	OD-MV	V	Insured Name	SENNETT BATTERY CO DTF a.Th.	Insured NEV	1581.0106.0
Talm 001 New	[OD-40)	v	Insured Name	SENNETT SAFTERY CO PTE LTD	Insured NATIC	198101984D
m Type * sact No.(Mobile)	[OD-408	V	Contact No.(Home)		Contact No.(Office)	67477222
m Type * EACL No. (Mobile) st Auddress			Contact No.(Home) OI Vehicle Number	GBH682R		
in Type * (act No. (Motrie) e Aldress more Type Crement Type *			Contact No.(Home) OI Vehicle Number Type of Benefit *		Contact No.(Office)	67477222
in Type * (act No. (Motrie) e Aldress more Type of more Name *			Contact No.(Home) OI Vehicle Number	GBH682R	Contact No.(Office)	67477222
m Type * (act No. (Motrie) is Address more Type of more Name * mark Address	Please Select	>>	Contact No.(Home) OI Vehicle Number Type of Benefit *	GBH682R	Contact No.(Office) TP Vehicle Number	67477222
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m Type * Eact No. (Mobile) IN Address more Type Claimant Type * mant Name * mant Address in Description ernal Workshop Contact	Pisate Select GBH682R / SMF6813X	≥≥ ON 3 Dec 2018	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	GBH662R Please Select	Contact No.(Office) TP Vehicle Number TP Vehicle Number Name of Preferred Workshop	67477222 [SMF6813X
m Type * Eact No. (Mobile) is Address more Type Claimant Type * mant Name * mant Address in Description ernal Workshop Contact une Finalitation	Please Select GBH652R / SMF6813X (Yes	>>	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option	GBH662R Please Select	Contact No.(Office) TP Vehicle Number	67477222
m Type * Lact No. (Mobile) is Address more Type Claimant Type * mant Name * mant Address in Description sends Workshop Contact une Finalisation Registered	Please Select GBH682R / SMF6813x (Yes 03/12/2018 19:46	≥≥ ON 3 Dec 2018	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	GBH662R Please Select	Contact No.(Office) TP Vehicle Number TP Vehicle Number Name of Preferred Workshop	67477222 [SMF6813X
m Type * Lact No. (Mobile) is Address more Type Claimant Type * mant Name * mant Address in Description sends Workshop Contact une Finalisation Registered	Please Select GBH652R / SMF6813X (Yes	≥≥ ON 3 Dec 2018	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option	GBH662R Please Select	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	67477222 [SMF68:3X
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