14 2	2.	50 1 . p./1 st	.70"
	·	1 X94449041500	
ATIONAL Aspessment Centre	Services, parties	Dute & Time Completed	. Done by
Dute In: 11(04/200) 1196	Jeb desoription	- Park to	
RETNON BATTER 9906500/Y	SAS c-Illing		e :
Veh No. (JEE 8259H	E-malf (winds sher, At		
0.0 A: 10 6 4 DOUS 15:40	t-Motor Claim For		
100000000000000000000000000000000000000	I-Motor W/O (With	ot OD 2hts, TP 4hrs).	
OD (TP) Reporting Only	I-Photo Uploaded		1 ~.
	Assessment/Survey	Report	
TP Insurer:	Ass't Report by Pax	/ Hand to Owner/Wksp	THE RESERVE THE PROPERTY OF
Professed Wkep / INC Assign Wkep / QW: (Toli	fax:
ry Panticulars You No. Gol	H 4336P.	INC(,)/Non-INC().	
Owner / Driver: (Telt	
	erlod: () Cover Type: (
	. D	nter, Timer	100%]
Insured/Driver Liability: (%)	Note-Est Status (WO):	N; 0-20%; P; 21-79%. P; 80	.100.41
Your of Registration: ()	Warrenty: YES ()	'NO()	
)	भाग्या है।
The state of the s	であるというない こうない というかん	以为更加。1962年1964年1964年1964年19	12/10/1 1915 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
General Religion in Ecological Committee and Service a	Navoline and the Coulds	ntial & Strictly NO rafer of repaire	<u> </u>
The Assert of the Assert Control of the Asse	formation suicily conne	5 15	
() Walk-In Customar : Customer's Int			
() Walk-In Customar i Customer's Inf	rer DICGENTER	7	1
() Total Loss Case : to e-mail Insu	rer URGENTLY.	7	WIND FILE FRANCE VICES
() Total Loss Case : to e-mail Insu	rer DICGENTETT	7	No. 18 Alliens by
Drive-In () / Tower-In (); Invoi	cer YES () / NO	7	A Marking Diane Province
Drive-In () / Tower-In (); Invoi	rer DICGENTETT	7	- Valency
Drive-In ()/ Towed-In (); Invoi	Courtsy Car ()	7	Aby Kall-Illianblov
Drive-In () / Tower-In (); Invoi	Courtsy Car ()	() Towing Co: (A Company .
Drive-In ()/ Tower-In (); Invoidable (); In	Courtsy Car ()	7	A Surgicial Diameter
Drive-In ()/ Towed-In (); Invoi	Courtsy Car ()	() Towing Co: (APARAL Dioney
Drive-In ()/ Towed-In (); Invoi	Courtsy Car ()	() Towing Co: (A Surgital Distriction of the Control of the Contro
Drive-In ()/ Towed-In (); Invoidable (); In	Courtsy Car ()	() Towing Co: (A Light-Elioneyey
Drive-In ()/ Towed-In (); Invoi	Courtsy Car ()	() Towing Co: (A Surgicial Distriction of the Control of the Contr
Drive-In ()/ Tower-In (); Invoi	Courtsy Car ()	() Towing Co: (New Homeson
Drive-In ()/ Towed-In (); Invoi	Courtsy Car ()	() Towing Co: (A SALES PARTITION OF THE SALES
Drive-In ()/ Towed-In (); Invoi (Annual Control of the Control	Courtsy Car ()	() Towing Co: (NEW PROPERTY AND SERVICES
Drive-In ()/ Tower-In (); Invoi	rer UKGENTEN cei YES () / NO (·) \$5000] ()	Towing Co. (MARIADIONE VIAMINA
Drive-In ()/ Towed-In (); Invoi (Annual Control of the Control	rer UKGENTEN cei YES () / NO (·) \$9000] ()) ARI Anideat Reporting (330); DARI Animatic (3100);	AND THE PROPERTY AND THE PROPERTY OF THE PROPE
Drive-In ()/ Towed-In (); Invoi (Annual Control of the Control	rer DIGENTEN cet YES () / NO / Courtssy Car () (·) \$3000] ()	DARIA Assident Reporting (330); DAI Damage Assessment (5100); DY I Towing Fig.	SANSAS SIZE
Drive-In ()/ Towed-In (); Invoi ()/ Towe	rer DIGENTEN cet YES () / NO / Courtssy Car () (·) \$3000] ()	DARI Abeldeal Reporting (330); DAI Dermer Assument (3100); DYP Tewing Pro	1
Drive-In ()/Toved-In (); Invoi Orive-In ()/Toved-In (); Invoi ()	rer UICGENTEN cet YES () / NO / Courtssy Car () (·) \$3000] ()	1) ARI Antideat Reporting (330); 2) DAI Damaje Assessment (3100); 3) TP I Follow-Through Survey 5) FT I Pullow-Through Survey 6) PT I Pullow-Through Survey 7) For a pullow-Through Survey 8) PT I Pullow-Through Survey 9) PT I Pullow-Through Survey 1) PT I Pullow-Through Survey 2) PT I Pullow-Through Survey 3) PT I Pullow-Through Survey 4) PT I Pullow-Through Survey 5) PT I Pullow-Through Survey 6) PT I Pullow-Through Survey 7) PT I Pullow-Through Survey	10 (240) 11 (200) 17 (200) 17 (200) 17 (200) 17 (200)
Drive-In () / Towed-In (); Invoi Drive-In () / Towed-In (); Invoi () Apply for Transport Allowance () / 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost> Injury: Driver/Owner: Contact No:	rer UICGENTEN cet YES () / NO / Courtssy Car () (·) \$3000] ()	DATA Design Assumed (\$30); DAT Privales Pro () Privales Through Survey () TRIRe-lapsed on () TRIRe-lapsed on () TRIRe-lapsed on () TRIRe-lapsed on	1
Drive-In () / Towed-In (); Invoi Drive-In () / Towed-In (); Invoi ()	rer UICGENTEN cet YES () / NO / Courtssy Car () (·) \$3000] ()	Towing Co: (To	(C (280) 310349 310349 3100 310349 3120 3100 3100 3150
Drive-In () / Towed-In (); Invoi Control Loss Case : to e-mail Insu Drive-In () / Towed-In (); Invoi Control No: Driver/Owner: Control No: Damailed Portion:	rer UICGENTEN cet YES () / NO / Courtssy Car () (·) \$3000] ()	DATA And deal Reporting (330); DAT Dermey American (3100); DAT Privalent From the Survey SPT (Fullow-Through Survey To TRA Re-largeston NI (1020 Additional Services); ODE SOURCE Control of The American	1200 1200 1200 1200 1200 1200 1200 1200
Drive-In () / Towed-In (); Invoi Drive-In () / Towed-In (); Invoi () Apply for Transport Allowance () / 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost> Injury: Driver/Owner: Contact No:	rer UICGENTEN cei YES () / NO (·) \$3000] ()	1) ARI Assident Reporting (330); 2) DAI Damer Assessment (\$100); 3) TP: Follow-Through Survey 4) PT: Vollow-Through Survey 5) PT: Pullow-Through Survey (Resurvey) For stainful stainst UNO Duly (wor 103 6) TR: Re-farpes don 7) NI: I day DA + SMRT Survey 8) NTUC Additional Services: OD: • NG: Cauriory Cal Trat Altrumous I NO: Eapair Co-ordination (C) COURSE	10 (240) 10 (240) 10 (240) 10 (240) 10 (240) 11 (200) 11 (200) 12 (200) 13 (200) 14 (200) 15 (200) 16 (200) 17 (200) 17 (200) 18 (200) 18 (200) 18 (200) 19 (200) 19 (200) 10 (20
Drive-In () / Towed-In (); Invoidable of the control of the cont	rer UICGENTER cet YES () / NO ()) \$3000] ()	1) ARI Assident Reporting (330); 2) DAI Damer Assessment (\$100); 3) TP: Follow-Through Survey 4) PT: Vollow-Through Survey 5) PT: Pullow-Through Survey (Resurvey) For stainful stainst UNO Duly (wor 103 6) TR: Re-farpes don 7) NI: I day DA + SMRT Survey 8) NTUC Additional Services: OD: • NG: Cauriory Cal Trat Altrumous I NO: Eapair Co-ordination (C) COURSE	10 (240) 10 (240) 10 (240) 10 (240) 10 (240) 11 (200) 11 (200) 12 (200) 13 (200) 14 (200) 15 (200) 16 (200) 17 (200) 17 (200) 18 (200) 18 (200) 18 (200) 19 (200) 19 (200) 10 (20
Drive-In () / Towed-In (); Invoidable of the control of the cont	rer UICGENTER cet YES () / NO ()) \$3000] ()	THINITY TE (N: n INC) assirtings:	SINGE TO STATE OF STA
Drive-In () / Towed-In (); Invoi Control () / T	rer UICGENTER cet YES () / NO ()) \$3000] ()	The state of the s	10 (240) 10 (240) 10 (240) 10 (240) 10 (240) 11 (200) 11 (200) 12 (200) 13 (200) 14 (200) 15 (200) 16 (200) 17 (200) 17 (200) 18 (200) 18 (200) 18 (200) 19 (200) 19 (200) 10 (20

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 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. 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.

ACCI	DEN	T GTA	TEM	ENT
ACC	1	ISIM		

11/04/2019 17:34 Date Of Report 10/04/2019 15:40 Date Of Accident

JUNCTION OF WAN THO AVENUE/PHENG GECK AVENUE Exact Location Of Accident

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

GBF8359H Vehicle Registration Number

Insured/Policyholder

RYE & PINT BREWERY PTE LTD Name Of Registered Owner

201540606G Co Reg No NOEMAIL Email Address

(LOCAL) +65-91281384 Mobile Phone No OFFICE-91281384 Alternative Phone No

Vehicle Particulars

FIAT Manufacturer

MULTIPLA-ELX SUV 1.6 Model

Exact Purpose for which vehicle was being used at

WORKING PURPOSES

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

LONPAC INSURANCE BHD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

Z19VC05001924

Cover Note Number

Driver

GOH MINGWEI, ROSS Name of Driver

S8723418E NRIC No 02/08/1987 Date Of Birth INDOOR Occupation 14/01/2010 Date Of Driving Pass

9 YEARS AND 2 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-91281384 Mobile Number

Fax Number

OTHERS-91281384 Contact Number

NOFMAIL EMail Address

Address

2 MIMOSA DRIVE

Postcode

805718

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

COLLISION - MAJOR/MINOR RD

Weather Conditions

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

Was any body injured in the Accident?

NO

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.

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

GBH4336P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

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 <u>correctly</u> 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 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.
- 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 insurers) 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.:

N Y		(A) GBE 8359)
		B GBH 4336
	A B PHENG	GECK AUE.
	WAN THO AVE.	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 10 APR 2019 @ 1542 HRS I	WAS	601	156	STRA	1447	ALO	NL	
JAN THO AVE. WHEN VEHICLE B	car	72 0	117	FRO	my P	HENG	GECK	AUE
SHILLE B FAILED TO STOP	17	THE	S	709	UNE	A	VD.	
COLLIDED INTO MY VEHICLE								
			-					

DECLARATION

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

Policyholder's Signature Date & Time:

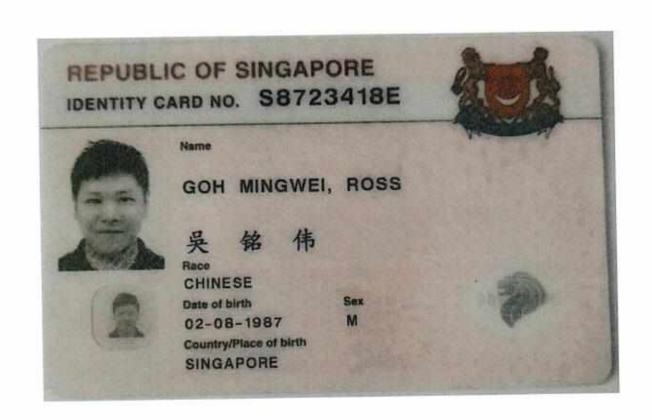
Driver's Signature (If driver is not the policyholder) Date & Time:

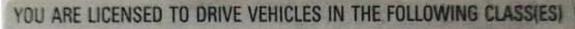
GIARMC Skitch/SanForm V3

SINGAPORE ACCIDENT STATEMENT

1	TIME: 1542HRJ (hh:mm) 24 hrs Format
CCIDENT DATE: 10 APRIL 2019	THATE. 15 TENKS (MILITARY) LT ME TOTAL
OCATION JUNCTION OF WAN THO AVE	THENG GEGLE MYZ
EHICLE NUMBER 68F 8359H	Ann artists and a second
ISURED NAME RYE & PINT : BREWE	RY PTE LTD.
RIC/FIN 2015406066.	CONTACT:
	DOBLO LARGO MAXI 1-6 MTJ.
re you claiming under your own insurance policy for	or repair to your vehicle?
) Yes, If No, Pls Select : (/) Third Party	() Reporting Only
NSURANCE COMPANY LONGAC INSURANCE	
YPE OF POLICY (/) COMPREHENSIVE () THIRD PARTY () TPFT
OLICY NUMBER: 2/9VC0500 1924	<i>V</i>
NAME DRIVER: GOH MINICHEL , ROSS	() SAME AS INSURED
NRIC / FIN S 8 7 23 418 E	CONTACT: 9128 1384
DATE OF BIRTH: 02 /08/1987	
DRIVING PASS DATE: 14 JAN 2010	
OCCUPATION: (/) INDOOR () O	OUTDOOR
occorring.	FEMALE
EMAIL ADDRESS:	() NO EMAIL
ADDRESS OF DRIVER: 02 MM OSA DRIVE	EW/ APPR / 805718)
ADDRESS OF DRIVER.	
Number Of Passenger Include Driver: 61 DRIVE	
Was driver an employee of the Insured's Company?	?(/) YES () NO
Was driver an employee of the Insured's Company? If No, Relationship Of The Driver With The Insured	? (/) YES () NO
Was driver an employee of the Insured's Company? If No, Relationship Of The Driver With The Inst () Owner () Spouse () Friend () Re	? (/) YES () NO ured elative () Children () Sibling () Others
Was driver an employee of the Insured's Company? If No, Relationship Of The Driver With The Insured () Owner () Spouse () Friend () Red Does The Driver Own Any Other Vehicle? : ()	elative () NO YES () NO Sibling () Others YES () NO
Was driver an employee of the Insured's Company? If No, Relationship Of The Driver With The Insured Owner Owner Friend Own Any Other Vehicle? If Yes, Vehicle Registration Number Of Driver's O	elative () NO YES () NO Sibling () Others YES () NO
Was driver an employee of the Insured's Company? If No, Relationship Of The Driver With The Inst () Owner () Spouse () Friend () Re Does The Driver Own Any Other Vehicle? : () If Yes, Vehicle Registration Number Of Driver's O Insurance Company Of Driver's Own Vehicle	elative () Children () Sibling () Others YES () NO Own Vehicle:
Was driver an employee of the Insured's Company? If No, Relationship Of The Driver With The Ins. () Owner () Spouse () Friend () Re. Does The Driver Own Any Other Vehicle? : () If Yes, Vehicle Registration Number Of Driver's O Insurance Company Of Driver's Own Vehicle Weather Conditions: () Clear (/) Rain	elative () Children () Sibling () Others YES () NO Own Vehicle: ning () Drizzling () Others
Was driver an employee of the Insured's Company? If No, Relationship Of The Driver With The Insured () Owner () Spouse () Friend () Red () Priend () Red () Red () Red () Priend	P(/) YES () NO Foured elative () Children () Sibling () Others YES () NO Four Vehicle: Ining () Drizzling () Others t () Others
Was driver an employee of the Insured's Company? If No, Relationship Of The Driver With The Insured () Owner () Spouse () Friend () Red Does The Driver Own Any Other Vehicle? : () If Yes, Vehicle Registration Number Of Driver's Own Insurance Company Of Driver's Own Vehicle Weather Conditions: () Clear (/) Rain Road Surface : () Dry (/) Wet Was Any Foreign Vehicle Involved In This Accidents	elative () Children () Sibling () Others YES () NO own Vehicle: ning () Drizzling () Others t () Others ident? () YES () NO
Was driver an employee of the Insured's Company? If No, Relationship Of The Driver With The Inst () Owner () Spouse () Friend () Re Does The Driver Own Any Other Vehicle? : () If Yes, Vehicle Registration Number Of Driver's O Insurance Company Of Driver's Own Vehicle Weather Conditions: () Clear (/) Rain Road Surface : () Dry (/) Wet Was Any Foreign Vehicle Involved In This Accident? (P(/) YES () NO Foured elative () Children () Sibling () Others YES () NO Four Vehicle: Ining () Drizzling () Others t () Others
Was driver an employee of the Insured's Company? If No, Relationship Of The Driver With The Insured () Owner () Spouse () Friend () Red Does The Driver Own Any Other Vehicle? : () If Yes, Vehicle Registration Number Of Driver's Own Vehicle Weather Company Of Driver's Own Vehicle Weather Conditions: () Clear (/) Rain Road Surface : () Dry (/) West Was Any Foreign Vehicle Involved In This Accidents	elative () Children () Sibling () Others YES () NO own Vehicle: ning () Drizzling () Others t () Others ident? () YES () NO
Was driver an employee of the Insured's Company? If No, Relationship Of The Driver With The Inst () Owner () Spouse () Friend () Re Does The Driver Own Any Other Vehicle? : () If Yes, Vehicle Registration Number Of Driver's O Insurance Company Of Driver's Own Vehicle Weather Conditions: () Clear (/) Rain Road Surface : () Dry (/) Wet Was Any Foreign Vehicle Involved In This Accident? (elative () Children () Sibling () Others YES () NO own Vehicle: ning () Drizzling () Others t () Others ident? () YES () NO
Was driver an employee of the Insured's Company? If No, Relationship Of The Driver With The Insured (and the Insured) (b) Owner (b) Spouse (c) Friend (c) Response (c) Friend (c) Response (c) Friend (c) Response (c) Priver Own Any Other Vehicle? (c) Insurance Company Of Driver's Own Vehicle Weather Conditions: (c) Clear (c) Rain Road Surface (c) Dry (c) West Was Any Foreign Vehicle Involved In This Accident? (c) If YES, Injured details: NILL.	elative () Children () Sibling () Others YES () NO Own Vehicle: ning () Drizzling () Others t () Others ident? () YES () NO) YES (/) NO
Was driver an employee of the Insured's Company? If No, Relationship Of The Driver With The Insurance () Spouse () Friend () Red Does The Driver Own Any Other Vehicle? : () If Yes, Vehicle Registration Number Of Driver's Own Vehicle () Clear (/) Rain Road Surface () Dry (/) Wet Was Any Foreign Vehicle Involved In This Acci Was Anybody Injured In The Accident? (If YES, Injured details : MILL. Convey By Ambulance: () YES (/) NO	Price () YES () NO Bured Clative () Children () Sibling () Others YES () NO Dwn Vehicle: Ining () Drizzling () Others It () Others Ident? () YES () NO O YES () NO
Was driver an employee of the Insured's Company? If No, Relationship Of The Driver With The Insured (and the Insured (b) Owner (b) Spouse (b) Friend (b) Research (c) Priver (c) Own Any Other Vehicle? (c) Owner (c) O	elative () Children () Sibling () Others YES () NO Own Vehicle: ning () Drizzling () Others t () Others ident? () YES () NO) YES (//) NO
Was driver an employee of the Insured's Company? If No, Relationship Of The Driver With The Insured () Owner () Spouse () Friend () Red Does The Driver Own Any Other Vehicle? : () If Yes, Vehicle Registration Number Of Driver's Own Vehicle Weather Conditions: () Clear (//) Rain Road Surface : () Dry (//) Wet Was Any Foreign Vehicle Involved In This Acci Was Anybody Injured In The Accident? (If YES, Injured details : /// // Convey By Ambulance: () YES (//) NOW Was There Any Video Capture By Car Camera Was There Accident Reported To The Police?	elative () Children () Sibling () Others YES () NO Own Vehicle: ning () Drizzling () Others t () Others ident? () YES () NO) YES (//) NO
Was driver an employee of the Insured's Company? If No, Relationship Of The Driver With The Insured (and the Insured (b) Owner (b) Spouse (b) Friend (b) Relationship Of The Driver With The Insured (b) Owner (b) Own Any Other Vehicle? (c) Own Insurance Company Of Driver's Own Vehicle (c) Own Vehicle (Price (/) YES () NO Bured elative () Children () Sibling () Others YES () NO bwn Vehicle: ning () Drizzling () Others t () Others ident? () YES () NO) YES (/) NO O Price () YES () NO O O Price () YES () NO O O O O O O O O O O O O
Was driver an employee of the Insured's Company? If No, Relationship Of The Driver With The Insured (and the Does The Driver Own Any Other Vehicle? (b) If Yes, Vehicle Registration Number Of Driver's Own Vehicle Weather Conditions: (b) Clear (b) Rain Road Surface (c) Dry (b) Wet Was Any Foreign Vehicle Involved In This Acci Was Anybody Injured In The Accident? (c) If YES, Injured details: MILL Convey By Ambulance: (c) YES (c) NO Was There Any Video Capture By Car Camera Was There Accident Reported To The Police? Police Report Number (if any) MILL Details Of 3rd Party Name / NRIC	P(/) YES () NO Bured elative () Children () Sibling () Others YES () NO Own Vehicle: Ining () Drizzling () Others It () Others Ident? () YES () NO OYES (/) NO OYES
Was driver an employee of the Insured's Company? If No, Relationship Of The Driver With The Inst () Owner () Spouse () Friend () Re Does The Driver Own Any Other Vehicle? : () If Yes, Vehicle Registration Number Of Driver's O Insurance Company Of Driver's Own Vehicle Weather Conditions: () Clear (/) Rain Road Surface : () Dry (/) Wet Was Any Foreign Vehicle Involved In This Acci Was Anybody Injured In The Accident? (If YES, Injured details: //// Convey By Ambulance: () YES (/) NO Was There Any Video Capture By Car Camera Was There Accident Reported To The Police? Police Report Number (if any)	P(/) YES () NO Foured Pelative () Children () Sibling () Others PYES () NO Pown Vehicle: Princip () Drizzling () Others It () Others It () Others Ident? () YES () NO INO PYES (/) NO O PYES (/) NO O No. of Paxs (incl'driver) No. of Paxs (incl'driver) () / Not Sure ()
Was driver an employee of the Insured's Company? If No, Relationship Of The Driver With The Insured (and the Does The Driver Own Any Other Vehicle? (b) If Yes, Vehicle Registration Number Of Driver's Own Vehicle Weather Company Of Driver's Own Vehicle Weather Conditions: (b) Clear (b) Rain Road Surface (c) Dry (c) Wet Was Any Foreign Vehicle Involved In This Acci Was Anybody Injured In The Accident? (c) If YES, Injured details: MILL Convey By Ambulance: (c) YES (c) NO Was There Any Video Capture By Car Camera Was There Accident Reported To The Police? Police Report Number (if any) Details Of 3rd Party Name / NRIC	P(/) YES () NO Bured elative () Children () Sibling () Others YES () NO Dwn Vehicle: ning () Drizzling () Others t () Others ident? () YES () NO) YES (/) NO O A? () YES () NO () YES (/) NO If Yes Attach Police Report No.of Paxs (incl'driver) Contact () / Not Sure () () / Not Sure ()
Was driver an employee of the Insured's Company? If No, Relationship Of The Driver With The Insured () Owner () Spouse () Friend () Red Does The Driver Own Any Other Vehicle? : () If Yes, Vehicle Registration Number Of Driver's Own Vehicle () Insurance Company Of Driver's Own Vehicle () Clear (/) Rain Road Surface () Dry (/) West Was Any Foreign Vehicle Involved In This Acci Was Any Foreign Vehicle Involved In This Acci Was Anybody Injured In The Accident? (If YES, Injured details : //// Convey By Ambulance: () YES (/) NOW Was There Any Video Capture By Car Camera Was There Accident Reported To The Police? Police Report Number (if any) //// Details Of 3rd Party Name / NRIC Veh B GBH 4336 P	Price (/) YES () NO Foured Clative () Children () Sibling () Others YES () NO Four Vehicle: Clative () Others Clative () Others Clative () Others Clative () Others Clative () YES () NO Clative () YES () YES () NO Clativ
Was driver an employee of the Insured's Company? If No, Relationship Of The Driver With The Ins. () Owner () Spouse () Friend () Red Does The Driver Own Any Other Vehicle?: () If Yes, Vehicle Registration Number Of Driver's Own Vehicle Weather Conditions: () Clear (/) Rain Road Surface : () Dry (/) Wet Was Any Foreign Vehicle Involved In This Accident? (If YES, Injured details: MILL. Convey By Ambulance: () YES (/) NOW Was There Any Video Capture By Car Camera Was There Accident Reported To The Police? Police Report Number (if any) MILL. Details Of 3rd Party Name / NRIC Veh B GBH 4336 P	Prize () YES () NO Sured elative () Children () Sibling () Others YES () NO Own Vehicle: ning () Drizzling () Others t () Others ident? () YES () NO) YES () NO One () YES () NO () YES () NO If Yes Attach Police Report No. of Paxs (incl'driver) Contact () / Not Sure ()
Was driver an employee of the Insured's Company? If No, Relationship Of The Driver With The Inst () Owner () Spouse () Friend () Ro Does The Driver Own Any Other Vehicle?: () If Yes, Vehicle Registration Number Of Driver's O Insurance Company Of Driver's Own Vehicle Weather Conditions: () Clear (/) Rain Road Surface : () Dry (/) Wet Was Any Foreign Vehicle Involved In This Acci Was Anybody Injured In The Accident? (If YES, Injured details: /// Convey By Ambulance: () YES (/) NO Was There Any Video Capture By Car Camera Was There Accident Reported To The Police? Police Report Number (if any) /// Details Of 3rd Party Name / NRIC Veh B GBH 4336 P Veh C Veh D	Price (/) YES () NO Foured Clative () Children () Sibling () Others YES () NO Four Vehicle: Clative () Others Clative () Others Clative () Others Clative () Others Clative () YES () NO Clative () YES () YES () NO Clativ



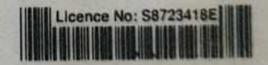




EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 14 Jan 2010 of the driver; and other motor vehicles =< 2500kg

NP 428A







CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CAP 189) REPUBLIC OF SINGAPORE. MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES 1960 (REPUBLIC OF SINGAPORE). ROAD TRANSPORT ACT 1987 (MALAYSIA). MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No.: Z19VC05001924

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

FIAT DOBLO CARGO MAXI 1,6 MTJ AMT

- GBF8359H

2. Name of Policy Holder

RYE & PINT BREWERY PTE, LTD.

3. Effective Date of the Commencement of Insurance for the purpose of the Act

21/03/2019

4. Date of Expiry of the Insurance

20/03/2020

5. Person To Drive

(A) THE POLICYHOLDER.

(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS/THEIR 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

USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES.

THE POLICY DOES NOT COVER-

USE FOR HIRE OR REWARD OR FOR RACING, PACEMAKING, RELIABILITY TRIALOR SPEED TESTING.
USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

Excess

: S\$ 500.00 (SECTION 1)

S\$ 2,500.00 (SECTION 1) ADDITIONAL EXCESS FOR YOUNG AND/OR INEXPERIENCED DRIVERS

S\$ 100,00 WINDSCREEN EXCESS (EXCESS WILL BE DOUBLED ON SUBSEQUENT CLAIMS)

: ACCIDENT REPAIRS AT LONPAC'S AUTHORISED WORKSHOPS OR DISTRIBUTOR-OWNED MOTOR WORKSHOP

* Limitations rendered inoperative by Section 95 of the Road Transport Act 1987 (Malaysia) or Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore are not included under heading.

IME hereby certify that this covering Note is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia) and Motor Vehicles (Third-Party Risks and Compensation) Act (Cap 189) Republic of Singapore.

H.P. Owner: MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD

mele.

CHEE EXECUTIVE (Singapore Branch)

User ID: ANDREWTAN Date Issued: 05/03/2019

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID: Vehicle Details	0606G
Vehicle No.:	GBF8359H
Vehicle to be Exported:	Yes
Intended Deregistration Date:	12 Apr 2019
Vehicle Make:	FIAT
Vehicle Model:	DOBLO CARGO MAXI 1.6 MTJ AMT GLAZE
Primary Colour:	Grey
Manufacturing Year:	2016
Engine No.:	263A50007662558
Chassis No.:	ZFA26300006D16851
Maximum Power Output:	·
Open Market Value:	\$19,169.00
Original Registration Date:	21 Mar 2017
First Registration Date:	21 Mar 2017
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$959.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	
PARF Rebate Amount: Intended COE Rebate Details	\$0.00
COE Expiry Date:	20 Mar 2027
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$45,476.00
COE Rebate Amount:	\$36,099.00
Total Rebate Amount:	\$36,099.00

The information contained herein is correct as at 11 Apr 2019



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 05:00 - 17:00 UEN: 5665500200 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report. .:

)#	ADDENDU	м ,	: :	
(A)	PARTICULARS OF F	PERSONMAKINGTHEA	7503	Vehicle Registrati	ion No: GBF	8359H
	Name(as shownin NRI	or: Golf MINGW	MI, ROSS	NRIC/FIN/Passpo	rtNo: SP	123418E
0		/ehicle Owner) (*) Plea	/			
	Address	1			Sing	gapore()
	Contact (Tel)	1		Mobile No.:	128/384	
	Email Address	1		E ACCORDED AND AND AND AND AND AND AND AND AND AN		
	Date of Accident	: 10/04/201	X	Time of Accident	13:4	0 .
	Place of Accident	: Timeria	OF WAXY"	760 AVENEU	A PHANE	o GHCK A
	Insurance Compar	1 PALPAR			71	
	DRIVIL A	MMK GOAN	Imer WAI	, Ross		

				9,	<u> </u>	
					In Il	ouloos
	Policyholder / Driv Date:	er's Signature	=:	Reporting Car Name: NRIC/FIN No.:	ntre Personnel's	Signature



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffles Quay #18-00 Singapore 048550 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 - 17:00 UEN: \$66550230d / GST Reg. No.: M400017733

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report. .:

			90	ADDEND	UM	11		
()	PARTICULARS OF PER	RSONM	AKING THE A	MENDMENT	'S:			1.20
	Original Report No :		A Im.	503-01	Vehicle Regi	rtration No	GBF	8359H
	Name(asshownin NRIC) :	Gall	mugwa	1,8085	NRIC/FIN/Pa		00	123418
	(*Vehicle Driver/Vel	nicle Ow	rner) (*) Plea	se delete as a	ppropriate		1//	
	Address :						Singa	apore()
	Contact (Tel) :		¥====		Mobile No.	9126.	1384	
	Email Address :		- , _					
	Date of Accident :	10/0	rpors		Time of Acci	dent:	15:40	24
	Place of Accident :	TUNE	alon e	f Wow	740 AVK	mun f	PHANE	GACK AVI
	Insurance Company:	lc	MPAC					
1)	ADDITIONALINFORM	*****					203111-01-30-22	-
4	I have made a report		77		t and would like	to Include	additional	information or
	make the following a	mendme	ents:			101110100	o do reionor.	in on the contract of
	Whiticher mu	MAHA	70 G	1BF 9356	14			
			7					
		2540						A STATE OF THE STA
	***************************************							-
					-	-		
	TO STATE OF THE ST				W. 4			
	<u> </u>			ora (IIII 1856) v (III 1860)				
							12/2/2	2/8
	Policyholder / Driver	1- 61-		ő	1-111	1/1	2/04/0	001
	WALLAND OLD BY A TOPING F	C NICHTS			/ Dalland	a Carter F	rsonnel's S	Innatura

Date: