2 . per et + er NATIONAL Assessment Centre Services. her I Jan'og . MMA 119065710 Done by Date In: Jeb description Date & Time Completed 2115/19 17:35 Ref No: SAS c-filing MAI TMI1900, 8920164. Veh No E-mail (while this, AIC this) GP 9860H [111A . I-Motor Claim Form 1015119 08:30. I-Motor W/O (Within: OD 2hts, Tr 4hrs) (1) TP / Reporting Only I-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wkap Proformed Wksp / INC Assign Wksp / QW: (Fax: TP Particulars: Veh No: INC ()/Non-INC (SKIY 9651 M Owner / Driver: (Tel: Policy No: (Period: (Cover Type: (Confirmed by: (Dates Time: Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. Year of Registration: (Warranty: YES ()/NO(Execus: (S Loading: \$1,000 ()/\$2,000 (Concolition holes of Consult) Walk-In Customer's Customer's Information strictly Confidential & Strictly NO refer of repairer,) Total Loss Case : to e-mail Insurer URGENTLY. Drive-In ()/Towed-In (); Invoice: YES () ; Towing Co: () / NO (1) Apply for Transfort Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury : Date Circle & Actions MA1903657 Chimanisanaricular 2) DA | Damege Assessment (5100); 3) TF : Towing Pee \$40/\$45 Driver/Owner: 4) PT : Follow-Through Burvey Contact No: 5) PT : Follow-Through Burvey (Resurvey) Por claiming against INC Only (wef 10 Jan 2005) 6) TR : Re-Inspection Damaged Portion: 7) NI 1 Idao DA + SMRT Survey 8) NTUC Additional Services:-QC Checked by (Engr-In-Charge): *NS: Courtery Car / Tpt Allowande 35 * Not Repair Co-prelination 510 Auditors Comments S * N/2 Post Repair Inspection *NS: DV / Collect Expess Coordination 33 TP (N11): TP (Non INC) against INC 9) N12: Idea Mobile at. 1: 1 2/3 Involve dated

Involce dated

Fee Charged

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.
- 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.
- 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 | 21/05/2019 17:35 | | | | |
| Date Of Accident | 10/05/2019 08:30 | | | | |
| Exact Location Of Accident | ALONG BRADDELL RD | | | | |
| Country/State of Loss | SINGAPORE | | | | |
| | DETAILS OF OWN VEHICLE | | | | |
| Vehicle Registration Number | GP9860H | | | | |
| Insured/Policyholder | | | | | |
| Name Of Registered Owner | WHITE HORSE MARKETING | | | | |
| Co Reg No | E | | | | |
| Email Address | NOEMAIL | | | | |
| Mobile Phone No | | | | | |
| Alternative Phone No | OFFICE-93397863 | | | | |
| Vehicle Particulars | | | | | |
| Manufacturer | NISSAN | | | | |
| Model | NV350 | | | | |
| 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 | REPORTING ONLY | | | | |
| Vehicle Category | COMMERCIAL VEHICLE | | | | |
| Insurance Company | | | | | |
| Name of Insurance Company | TOKIO MARINE INSURANCE SINGAPORE LTD | | | | |
| Type Of Coverage | COMPREHENSIVE | | | | |
| Fleet Policy | NO | | | | |
| Policy Number | MT102011 | | | | |
| Cover Note Number | | | | | |
| Driver | | | | | |
| Name of Driver | CHAN YIU CHEUNG CHARLES | | | | |
| NRIC No | S8870733H | | | | |
| Date Of Birth | 08/03/1988 | | | | |
| Occupation | OUTDOOR | | | | |
| Date Of Driving Pass | 26/06/2009 | | | | |
| Driving Experience | 9 YEARS AND 10 MONTHS | | | | |
| Gender | MALE | | | | |
| Mobile Number | (LOCAL) +65-93397863 | | | | |
| Fax Number | | | | | |
| Contact Number | | | | | |
| EMail Address | NOEMAIL | | | | |

Address BLK 124 TAMPINES ST 11 #08-402

Postcode 521124

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 - HEAD TO REAR

NO

NO

NO

Weather Conditions CLEAR Road Surface DRY

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

ambulance?

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?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKM9651M

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)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 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.

(Internal Control of the Control of

Policyholder's Signature Date & Time:

Driver's Signature

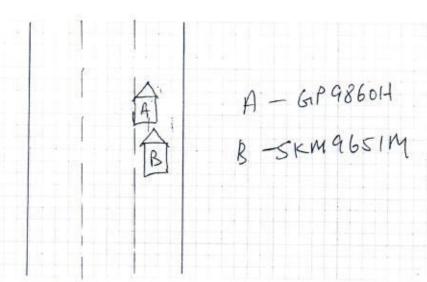
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| n | the | sta | ted | time | and | darte | , 1 | was | diving |
|-----|-----|-----|-----------|------|-------|-------|-----|-----|-----------|
| | | | | | | | | | vehille B |
| iit | 5M | m | new | put. | tion. | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | -11 | |
| | | | | | | | | | |
| | | | V 1922 12 | | | | | | |
| | | | | | | | | | |

DECLARATION OF STATE OF THE PROPERTY OF THE PR

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

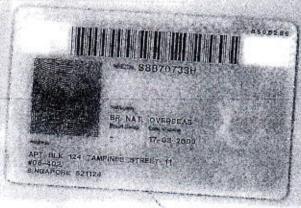
Reporting Centre Personnel's Signature Name:

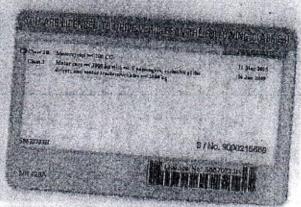
NRIC/FIN No.:

| Date of Accident | : 10/5/19 Accident Time: 8.30am (24-HR-Format) |
|---|--|
| Accident Place | : Along Braddle Road |
| Vehicle. No. (Car Plate No.) | : GP 9860H Make/Model: Nissan |
| Insurace Company | : |
| Owner or Company Name /IC No. | : white Horse Marketing |
| Owner or Company Contact No. | : 93397863 Owner's HpCompany Tel |
| DRIVER'S Name / IC No. | : Chan Y've Cheung Charles 58870733H |
| DRIVER'S Date Of Birth | : 8 3 1488 DRIVER'S License Pass Date 26/6/200 |
| Relationship of Owner & Driver | : Spouse \ Parents \ Children \ Sibling \ Employee\ Others: |
| DRIVER'S Address | : BIK 124 Tamping St 11. #08-402 5521129 |
| DRIVER'S Contact No./ Alt No. | :1)2) |
| DRIVER'S Occupation | : INDOOR \ OUTDOOR (e.g. working inside or outside office) |
| Email Address | : |
| Weather & Road Surface | : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET |
| | : Reporting Only \ Claim Other Party \ Claim Own Insurance |
| Number of Passengers (Including Dr | |
| Was there any video Captured by car Exact purpose for which vehicle was Any Injury (If YES, Pls state): | camera: (ES) (NO) being used at the time of accident: Private use \ Work purpose |
| Other Pa | rty Driver's Particular (if any) |
| Vehicle. No: SKM 9651 | |
| Vehicle Make\Model: | |
| Name Driver: | |
| IC No. Driver/Contact: | |
| * NEW - Passenger's name & g | |









Tokio Marine Insurance Singapore Ltd.

(Company Reg. No.: 192300014M) (GST Reg No.: M2-0000023-4) 20 McCallium Street #09-01 Tokio Marine Centre Singappre 059046

T: (85) 6221 5111 F: (65) 8221 4355 / (65) 8224 0895 E: tmis@toklomarine.com.sg W: www.toklomarine.com

A member of the Takin Marine Group



Certificate of Insurance

FORM MZ300

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)

Policy No.: MT102011 (Commercial Vehicle)

1. Index Mark and Registration Number of Vehicle

GP9860H

Chassis No.: JN1MC2E28Z0004278

2. Name of Policyholder

WHITE HORSE MARKETING

Effective date of the Commencement of insurance for the purposes of the Act

30/05/2018 (00:00:00)

Date of Expiry of Insurance

29/05/2019

Persons or Class of Persons entitled to drive*

Any person who is driving on the policyholder's order or with their permission.

Provided that the Person driving is permitted in accordance with the Sessing or other taxes or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Count of under the Road Traffic Act has not been cancelled at the fine of the accident loca or damage.

Limitations as to use*

Limitations as to use1) Use in connection with the policyholder's business.
2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholders' business.
3) Use for social domestic and pleasure purposes.

The policy does not cover:-

Use for hire or reward or for racing, pace-making, reliability trial or speed-testing.
 Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

Limitations rendered inspernitive by Section 8 of the Motor Vehicles (Third-Party Risks and Compressition) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Missyste), are not to be included under these headings.

We hereby earlify that the Policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 40) and Part IV of the

Please refer to the Policy Schiedule for full details, terms and conditions of the insutance.

IMPORTANT NOTICE

This Certificate is not transferrable. During its currency, if the insurance is carcelled for whatsoever reason, you must return the Certificate to Tokip Marine Insurance Singapore Ed. within 7 days thereof or, if the Certificate has been lost destroyed, you must make a stall doty desiration to that offset. Failure to comply with this duty is an offence under Motor Values (Tated Pary Research Compensation

ADDITIONAL INFORMATION

Insurance Plan:

Policy Excess:

Comprehensive Approved Workshop Plan

Limit for total loss or theft:

Prevailing Market Value

(Original Excess : SGD 750.00) (All Claims)

Account No: 2009DIN

Own-Damage Claims Additional Excess for Unnamed

Driver(s) Additional Excess for Young, Elderly SGD 3,000.00

SGD 750,00 SGD 1,500,00

(All Claims)

or Inexperience Driver(s) WindScreen Excess

SGD 100,00

Financial Interest:

TAN CHONG CREDIT PTE LTD

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature

User ID: 2009DDA-044

Page 1

Printed: 02-05-2018 14:30:13