| NATIONAL Assessment Centre | Services were being | MUHYGOGO | 141 |
|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date in: 1(10) 700 16;22 | Job description | Date & Time Completed | Done by |
| REINO: NOA/LOC/90/2811/ | SAS e-filing | | |
| Veh No. GBF 68464 | E-mail (within 8hrs, AIC 2hrs | , | |
| DOA: 06/01/2019 08:00 | i-Motor Claim Form | | |
| | i-Mator W/O (Wilhin: OD | 2lors, TP 4lors) | |
| OD (TP) Reporting Only | i-Photo Uploaded | | - |
| TD | Assessment/Survey Repor | t | |
| TP Insurer: | Ass't Report by Fax / Har | od to Owner/Wksp | |
| Preferred Wksp / INC Assign Wksp / QW: (| | Tel: | Fax: |
| TP Particulars: Veh No: | 16553 1. INC | C()/Non-INC(), | |
| Owner / Driver: (| | T'el: |) |
| Policy No: () Pori | iod: (|) Cover Type: (|) |
| Confirmed by : (| Dates | Timer |) |
| Insured/Driver Liability: (%) [N | lote-Est. Status (WO): N: | 0-20%; P: 21-79%. P: 80- | 100%] |
| Year of Registration: () W | Varranty: YES () / NO (|) | |
| Excess: (\$) Londing: \$1,00 | 00 ()/\$2,000 () | | |
| General Remarks: | 。1770年中国共和国共和国 | ZZ TYPKY ALISALDI. | 1 |
| () Walk-In Chatomar : Customer's infor | | Strictly NO rafer of repairer | 1 |
| () Total Loss Case : to e-mail Insure | | | |
| Drive-In () / Towed-In (); Invoice | YES()/NO() | ; Towing Co. (| <u> </u> |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: | 000] () | | |
| Date Tune Actions | | PROFESSION STATES | E-17.90° |
| Division in Actions in Assistances as companies | SILVERTOR AND STREET | egolisi pedifika 1729 Half Aust 2 | SIEPSIL COL |
| | | | |
| | | | |
| | | | |
| | | | TO THE MAIN (S) |
| *1 | Invaice | Preparation Checklist | Anit (5) Anit (8 |
| luinaul's Particulars | | cident Reporting (\$30); | |
| A CHAIRMAN TO ANNO AND | 3) TF: To | wing Fee | (\$K0) \$40/\$45 |
| Driver/Owner; | 4) FT : Fal | low-Through Survey low-Through Survey (Resurvey) | 530 |
| Contact No: | Forslai | guing annibat INC Only (well to Jan ? | |
| Damilged Portion: | 7) N1 : Id | o DA + SMRT Survey | \$160 |
| | a) NTUC | Additional Services: | |
| C Checked by (Engr-In-Charge): | *NO: C | outlesy Cer / Tpt Allowance | \$5 |
| ASSAULTOS AND | nie is mair es a me Nr. Fo | opnic Co-ordination | 510 |
| Additors Comments: | 188. De de la Company | V / Collect Excess Coordination | \$5 |
| il.li | in manufacture in the second of the second o | 1): TP (Nota ING) against INC the Mobile | 30 |
| nt 2/3: | Invoice de | tiel Fee Char | THE PROPERTY OF THE PARTY OF TH |
| T NI .9 | 11 | Fire Charg | 01-HAY-2019 16:39 |
| | | | TALL MINN HAN T |

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 faise 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 | 11/07/2019 16:22 |
| Date Of Accident | 06/07/2019 08:00 |
| Exact Location Of Accident | BENOI PLACE KOPITIAM CARPARK |
| Country/State of Loss | SINGAPORE |
| | ETAILS OF OWN VEHICLE |
| Vehicle Registration Number | GBF6346H |
| Insured/Policyholder | |
| Name Of Registered Owner | CHENG MARINE SERVICES |
| Co Reg No | 53330352D |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-83330899 |
| Alternative Phone No | OFFICE-83330899 |
| Vehicle Particulars | |
| Manufacturer | PEUGEOT |
| Model | PARTNER |
| Exact Purpose for which vehicle was being used at time of accident | VAN WAS PARKED |
| 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 | Z19VC05001541 |
| Cover Note Number | |
| Driver | |
| Name of Driver | LEE BENG THONG |
| NRIC No | S2761909F |
| Date Of Birth | 03/07/1961 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 26/02/1992 |
| Driving Experience | 27 YEARS AND 4 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-83330899 |
| Fax Number | |
| Contact Number | OTHERS-83330899 |

NOEMAIL

Address

BLK 4 QUUEN'S ROAD

#07-105

Postcode

260004

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

2

NO

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO.

ambulance?

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)

0

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

YN6553L

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE

Vehicle Category Name of Driver

RABAILE BIN MADELI

NRIC/Passport Number

F1679773K

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 <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 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.

Driver's Signature

Date & Time 53 (If driver is not the policyholder)

Date & Time:

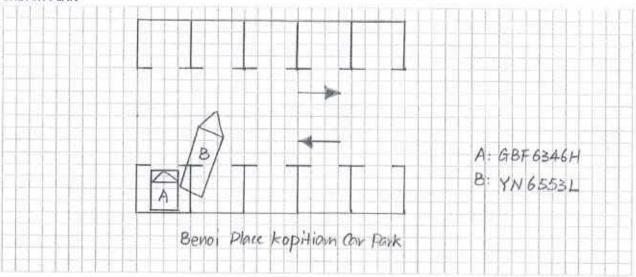
Reporting Centre Personnel's Signatu

Name:

NRIC/FIN No.:

Policyholde

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| On 06/07/201 | 19 at about 08:00. I was parked my van GBF 6346H at |
|--------------|-------------------------------------------------------------------------------------------------------------------|
| Benoi Place | 19 at about 08:00. I was parked my van GBF 6346H at Kopitiam Car Park, the whicle B. YN 6553L rewise onto my van. |
| and hitted a | into my lan. |
| 72 | |
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DECLARATION

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

Policyholder Siensk Date & Time.

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Business) of CHENG MARINE SERVICES (53330352D)

Date: 10/07/2019

| The Following Are The Brief Particu | ulars of : | | 美国的基础 | | TO ALLES | |
|-------------------------------------|------------|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------|------------------------|
| Name of Business | | CHENG MARINE SERVICES | | | | |
| Former Name(s) if any | 1 | | | | | |
| Date of Change of Name | 1 | | | | | |
| Registration No. | +1 | 53330352D | NII AND THE STATE OF THE STATE | | | |
| Registration Date | :[| 01/03/2016 | | | | |
| Commencement Date | | 01/03/2016 | | | | |
| Status of Business | :[| Live | | | | |
| Status Date | # | 10/07/2019 | | | | |
| Renewal Date | *[| 10/07/2019 | | | | |
| Expiry Date | :[| 01/03/2020 | | AT. | | |
| Renewal via GIRO | + | NO | | | | |
| Constitution of Business | * | Sole-Proprietor | | | | |
| Principal Place of Business | | 10 ANSON ROAD #05-16 INTERNATIONAL SINGAPORE (07) | PLAZA | | | |
| Date of Change of Address | *[| | | | | |
| Principal Activities | | | | | No Control | |
| Activities (I) | 3 | MANUFACTURE | AND REPAIR OF MARINE I | ENGINE (2811) | 2) | |
| Description | 1 | | | | | |
| Activities (II) | | BUILDING AND REPAIR OF PLEASURE CRAFTS, LIGHTERS AND BOATS (30120) | | | | |
| Description | a 8 | | | | Incomercial and | |
| Particulars of Authorised Represe | ntative(s) | | | | THE BOOK OF | |
| Name ID | | Nationality | Address | | Address Source | Date of Appointment |

Authentication No.: R19478640K



INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Business) of CHENG MARINE SERVICES (53330352D)

Date: 10/07/2019

| Name ID | ID | Nationality/Place of Incorporation/Origin | Address | Address Source | Date of Entry |
|----------------|------------|----------------------------------------------|-------------------------------------------------------------------|-------------------|---------------|
| | | | | Source | Position |
| LEE BENG THONG | \$2761909F | MALAYSIAN | 4 QUEEN'S ROAD #07-105 FARRER GARDENS SINGAPORE (260004) | OSCARS | 01/03/2016 |
| | | | | | Owner |

| Withdrawn Partner(s) | | | PER VEST | | | |
|----------------------|----|----------------------------------------------|----------|-------------------|---------------|-----------------------|
| Name | ID | Nationality/Place of incorporation/Origin | Address | Address Source | Date of Entry | Date of Withdrawal |
| | | | | Source | Position | vviinurawan |

Abbreviation

OSCARS - One Stop change of Address Reporting Service by Immigration & Checkpoint Authority.

Note:

- The information contained in this Business Profile is extracted from lodgements filed by this entity with ACRA.
- The list of officers for this entity is available for online authentication within 30 days from the date of purchase of this Business Profile. Please scan the QR code available on the last page of this profile to access the authentication page. For more information, please visit www.acra.gov.sg.

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES SINGAPORE

RECEIPT NO.

: ACRA190710190029

DATE

: 10/07/2019

This is computer generated. Hence no signature required.

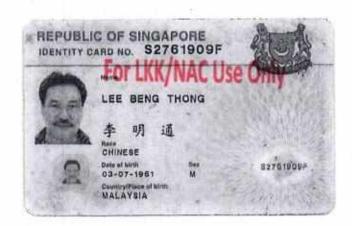


Authentication No.: R19478640K

Page 2 of 2

SINGAPORE ACCIDENT STATEMENT

| ACCIDENT DATE: 06/07/2019 TI | ME: 08:00 (hh:mm) 24 hrs Format |
|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LOCATION BENDI Place Kopitiam Car Park | |
| Taxan Ta | |
| VEHICLE NUMBER GBF 6346 H | |
| NSURED NAME Cheng Marine Services | The second secon |
| VRIC/FIN 533303520 | CONTACT: 83320899 |
| MAKE PEUGEOT MODEL PAR | |
| Are you claiming under your own insurance policy for repa | |
|) Yes, If No, Pls Select : (/) Third Party () | Reporting Only |
| NSURANCE COMPANY LON PAC | |
| TYPE OF POLICY (✓) COMPREHENSIVE () | THIRD PARTY () TPFT |
| POLICY NUMBER: 219 V C 0500 1541 | |
| | HAMPING TO THE PARTY OF THE PAR |
| NAME DRIVER: LEE BENG THONG | () SAME AS INSURED |
| | |
| NRIC/FIN \$276/909F | CONTACT: 73330899 |
| DATE OF BIRTH: 03-07-1961 | |
| DRIVING PASS DATE: 26-02-1992 | |
| OCCUPATION: () INDOOR (\checkmark) OUTDO | |
| GENDER: (✓) MALE () FEMA | |
| EMAIL ADDRESS: | (V) NO EMAIL |
| ADDRESS OF DRIVER: BIK 4 Queen's Road # | #07-105 Singapore 260004 |
| | 31 |
| Number Of Passenger Include Driver: | |
| | |
| | |
| Was driver an employee of the Insured's Company? (|) YES () NO |
| If No, Relationship Of The Driver With The Insured | |
| () Owner () Spouse () Friend () Relative | |
| Does The Driver Own Any Other Vehicle? : () YES (| (V) NO |
| If Yes, Vehicle Registration Number Of Driver's Own Ve | hicle: |
| Insurance Company Of Driver's Own Vehicle | |
| Weather Conditions: (//) Clear () Raining (| |
| Road Surface : (/) Dry (.) Wet (|) Others |
| Was Any Foreign Vehicle Involved In This Accident? | |
| 11.111.1113.1113 | YES (V) NO |
| If YES, Injured details : | N-10-1 |
| | |
| | |
| Convey By Ambulance: () YES (√) NO | 7.11. |
| Was There Any Video Capture By Car Camera? (|) YES (V) NO |
| Was There Accident Reported To The Police? () | YES (√) NO If Yes Attach Police Report |
| Police Report Number (if any) | |
| Details Of 3rd Party Name / NRIC | No.of Paxs (incl'driver) Contact |
| VehB YN6553L RABAILE BIN MADELI | () / Not Sure () |
| Veh C (F1679773K) | () / Not Sure () |
| Veh D | ()/Not Sure () |
| Veh E | () / Not Sure () |
| Vch F | () / Not Sure () |
| Veh G | ()/Not Sure () |











Singapore Office: 300, Beach Road #17-04/07, The Concourse; Singapore 199555 Tel; (65) 6250 7388 Fax: (65) 6296 3767 Website: www.tonpec.com.ag GST Rag No.: F9-9005635-C

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.: Z19VC05001541

Type of Cover: COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

PELICEOT PARTNER

2. Name of Policy Holder

CHENG MARINE SERVICES

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

18/01/2019

4. Date of Expiry of the Insurance

17/01/2020

5. Person To Drive

(A) THE POLICYHOLDER.

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

USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

USE FOR THE CARRIAGE OF PASSENCERS (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)

Condition

: ACCIDENT REPAIRS AT LONPAC'S AUTHORISED WORKSHOPS

* 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.

IWE 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: HL BANK SINGAPORE

CHIEF EXECUTIVE (Singapore Branch)

Quele.

User ID: ERNESTO Date Issued: 09/01/2019



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Reffles Quey \$18.00 Singapore 048580
Tel (65) 6224 0010 Fex (65) 6224 0030
Operating Hours 1 Monday to Friday, 09:00 - 17:00
UEN: \$865500200/ GST Ref. No. M400017733

IMPORTANT NOTE: Pleases ubmit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report. .: ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : 🔌 _Vehicle Registration No: Name(s) shownin NAIC) : . NRIC/FIN/Passport No : (*Vehicle Driver/Vehicle Owner) (*) Please deletess appropriate Address Singaporei Contact (Tel) Email Address Date of Accident Time of Accident: Place of Accident Insurance Company: URBINGH (B) ADDITIONALINFORMATION AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: LOUPAC & MOT Polityholder / Driver's Signature Reporting Centre Personnel's Date: Name: MRIC/FINNO.

Dote:

HARRY agarment . .