| NATIONAL Assessment Centre Service | CES (well) January | MNA1190999 | 16' | |
|--|---|---|---------------------------------|-------------------------------------|
| Date In: 200 50 17.31 / Job desc | ription | Date & Time Completed | Done by | j. |
| Ref No: 1/80/ TM 1/90/33851/ SAS 0 | -filing | | | sceniosomeros |
| Veli No: SIN 9226 R / E-mai | l (within 8hrs. AIC 2hrs) | | | orese sound |
| D.O.A: 28/01/200 191.30- 1-Moto | or Claim Form | | | |
| i Mat | or W/O (Within: OD 2hra | 'I'P +brs) | | |
| TOTAL TELEVISION CONTRACTOR CONTR | o Uploaded | | 1 | • • |
| TD [autor) Assess | ment/Survey Report | | | |
| TP Insurer: | teport by Fax / Hand to | Owner/Wksp | | |
| Preferred Wksp /4NC Assign Wksp / QW: (| | Tel: | Fax: |) |
| TP Particulars: Veh No: SME 400 | OP. INC |)/Non-INC(). | | |
| Owner / Driver: (| | 1'cl: |) | |
| Policy No: () Period: (|) | Cover Type: (|) | |
| Confirmed by : (| Dates | Time: |) | |
| | | 0%; P: 21-79%. F: 80 | -100%] | |
| Year of Registration: () Warranty; | |) | | |
| | \$2,000() | Constant to the second of | | |
| the state of the s | | | | |
| () Walk-In Casconar : Customer's information str | | rictly NO rater or repairs | r. | |
| () Total Loss Case : to c-mall Insurer URGEN | | auda Carl | | ``` |
| Drive-In () / Towed-In (); Invoice: YES (|)/NO();T | owing Co: (| | |
| Remarks: (19/3 horling: 6788[6616]) | | Date& Time Completed | Dona l | у : |
| 1) Apply for Transport Allowance () / Courtesy C | pr () | | | |
| 2) QC Check / Post Repair Inspection | () | | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] | () | | | |
| Injury: | | | | |
| Diterrine Actions | 12195517x1432512321 | | 3. 7. 30°. | |
| Pulsarpina / Delibiliste 1936 Service de Constantina de Constantin | 300 - 130 - 100 - 121 - 120 - | ST STANDERSON LECTRONIC PRODUCT | 20125 American | |
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| | | | on the William Establishment of | Ami (\$) |
| XIA19056/0 " | Invaige Pi | parution Checklist | Ancia in Bin | Med.Bill |
| Chumant's Particulars: | I) AR : Aedider | | | |
| The Day of the San A was a start of the sales of t | 3) TF : Towing | Fee . | \$40/\$45 | |
| Driver/Owner: | | Through Survey Through Survey (Resurvey) | 530 | |
| Contact No: | Egrelaimius | against INC Only (wel 10 Jan. | (400) | |
| Damaged Portion: | 6) TR: Re-lasp | ection | \$160 | |
| | 6) NTUC Addi | tional Servines: | | ··································· |
| QC Checked by (Engr-In-Charge): | 101! 100: Courte | y Car / Tpt Allowance | | |
| The contraction will ever the second contraction of the second contractions | *N6; Repair | Co-ordination pair inspection | \$10 | |
| Additions Comments : | · N8: DY / C | allust Excess Coordination | \$5 | |
| Calli | . 1'P (N11) : 1 9) N12: Idiou N | P (Non INC) against INC | \$20 30 | <u></u> |
| n. 2/3: | Invoice dated | Fen Char | red 2 | 海河 |
| 1 /1 '4 | t water dayed | Fee Char | ged · | |

07-MAY-2019 16:39

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.
- 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

| | ACCIDENT STATEMENT |
|--|--|
| Date Of Report | 30/07/2019 17:31 |
| Date Of Accident | 29/07/2019 19:30 |
| Exact Location Of Accident | 30 JALAN KEMAMAN (OUTSIDE NEEM TREE CONDO) |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SLN9226R |
| Insured/Policyholder | |
| Name Of Registered Owner | LIMOCARS & TRANSPORTATION PTE.LTD. |
| Co Reg No | 201721325E |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-91542153 |
| Alternative Phone No | OFFICE-91542153 |
| Vehicle Particulars | |
| Manufacturer | MERCEDES-BENZ |
| Model | E220D |
| Exact Purpose for which vehicle was being used at time of accident | WORKING PURPOSES |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | PRIVATE HIRE |
| Insurance Company | |
| Name of Insurance Company | TOKIO MARINE INSURANCE SINGAPORE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | MS006349 |
| Cover Note Number | |
| Driver | |
| Name of Driver | HAN LIANGCHOU |
| | 100000000000000000000000000000000000000 |

NRIC No S8730974F Date Of Birth 23/09/1987 Occupation OUTDOOR Date Of Driving Pass 23/09/1987

Driving Experience 31 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91542153

Fax Number

Contact Number OTHERS-91542153

EMail Address NOEMAIL Address

BLK 345 ANG MO KIO AVENUE 3

#08-2254

Postcode

560345

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

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

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle) involved in the accident

2

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

SME4010P

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

Contact Number

NRIC/Passport Number

90473619

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.
- 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 withholding 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. 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.
- 7. 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)
 - (i) 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
- (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:
 - (i) 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: 30 | 07 | 19

Reporting Centre Personnel

Name:

NRIC/FIN No.:

| Neem Tree Cond | 6 | |
|--|--|--------|
| | 30 Jalan Kemaman | |
| | (outside Neem Tree condo) | 144 |
| * - > (| | |
| डी ! | Vehicle A: SLN 9226R | |
| | velide B: SME 4010P | |
| V | | |
| | | |
| 82 | | |
| | | |
| H H | | |
| ESCRIBE CIRCUMSTANCES OF | THE ACCIDENT | |
| | | |
| On the stated date | and time, I Vehicle A was parked stationa | vy |
| | | |
| waiting for vehicle | B to pick up passenger. Vehicle B reversed to | owards |
| | The production of the producti | |
| my direction tales | vehicle B is too near me, I homed many tim | - ar |
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| my arreators when | vertice B is too near ma, I homed many the | 2000 |
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| | elide is still hit onto my vehicle front por | |
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| out to no avail Va | | |
| out to no avail Va | elide B still hit onto my vehicle front por | |
| ECLARATION INSTRUMENTAL THE FOREGOING PARTICULARS | elide B still hit onto my vehicle front por | |
| ECLARATION ANSAgine the foregoing particulars | elide B still hit onto my vehicle front por | |
| ECLARATION NSPONCE the foregoing particulars | elide B still hit onto my vehicle front por | tion. |

(If driver is not the policyholder)
Date & Time: 30/7/19
1307hrs

Email: sm@idac.com.sg Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

| Date of Accident: 29/07/2019 (dd/mm/yy) Time of Accident: | 19 :33 (24-HR-FORMAT) |
|--|--|
| Vehicle No. : SLN 9226 R Vehicle Make & Model: Merz I | |
| Viscot Legation of Agridant, 30 Jln Kemaman (Outside Neem | Tree Condo) |
| Policyholder's Name / IC No. : LIMOCARS & TRANSPORTA | TION PTE. LTD 201721325E |
| Driver's Name / IC No. : HAN LIANGCHOU | S8730947F (As Above) |
| Deliver's Control No. 9154 2153 Company Contact | et Nov |
| Driver's Address: 20 SIN MING LANE #06-51 MIDVIEW C | CITY SINGAPORE 573968 |
| P. Y | ny): |
| Relationship between Owner & Driver: Hirer | or Others specify: |
| What do you wish to claim? (Please TICK one only) | |
| Own Insurance / Other Vehicle (The one you want to claim age | ainst) / Reporting (For Record Purpose) |
| Exact purpose for which the vehicle Was being used at time of accident? Occupation (na | ature of job) 1ndoor/ Outdoor |
| Private use / Work purpose No. of Passeng | gers (Including Driver); 01 |
| Passenger Name : | Gender : |
| Weather condition & Road conditions? (On the day of accident) | |
| Clear & Dry / Raining & Wet / After-Rain & Wet / | Drizzling & Wet / Others: |
| Was there any video captured by your Car Camera? Yes / V | Nα |
| Anv Injuries: Yes / V No (If YES) Injured Person' Name: | |
| Injuries Sustain: Injure | ed Person in Which Vehicle: |
| Police Report filed: Yes / Vo (If YES) Which Police Sta | dion: |
| The Other Party(s |) Details: |
| Driver's Name / IC No: | Vehicle No: SME 4010 P |
| 2114 | npany (If any): |
| | Vehicle No: |
| Driver's Contact No:Insurance Com | 225 |
| | |
| *Independent Witness (If Any); | A COLOR OF THE COL |
| Preferred Workshop Name: | Contact No: |

^{*}If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.



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

Type 13 Description

Laura Date

PRIVATE HIRE CAR VL

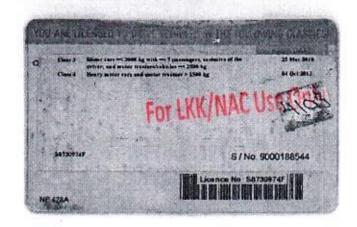
10/07/2018

For LKKINAL Use Unity











Tèkio Marine Insurance Singapore Ltd.

(Company Reg. No.: 192300014M) (GST Reg No.: M2-0000023-4) 20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046

T: (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0895 E: tmis@toklomarine.com.sg W: www.toklomarine.com

Tokio Marine Group



Certificate of Insurance

FORM MX1 H

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.: MS006349 (Private Car)

Index Mark and Registration Number of 1. Vehicle

SLN9226R

Chassis No.: WDD2130042A138325

Name of Policyholder

LIMOCARS & TRANSPORTATION PTE LTD

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

22/05/2019 (00:00:00)

Date of Expiry of Insurance

21/05/2020

Persons or Class of Persons entitled to drive*

Use for the carriage of passengers or goods in connection with the Policyholder's business or the hirer's business. Use for social domestic and pleasure purpose and business purposes of the Policyholder or of any person to whom the vehicle is hired. The Policy does not cover:-

1) Use for racing, pace-making, reliability trial or speed-testing.

2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

* 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. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be

We hereby certify 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 189) and Part IV of the

Please refer to the Policy Schedule for full details, terms and conditions of the insurance,

IMPORTANT NOTICE

Insurance Plan-

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatsoever reason, you must return the Certificate to Tokio. Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost destroyed, you must make a statutory declaration to that leffect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation)

| ADDITIONAL I | NFORMATION |
|--------------|------------|
| | |

Comprehensive

Limit for total loss or theft:

Prevailing Market Value

Policy Excess:

Own Damage Claims

Inexperience Driver(s) WindScreen Excess

Excess-Third Party (Sect II)

SGD 3,500.00 Additional Excess for Unnamed

SGD 500.00

(Original Excess : SGD 3,500.00)

Account No: 2417DDA

Driver(s)

Additional Excess for Young or

SGD 2.000.00

SGD 100.00 SGD 3.500.00

Financial Interest:

Additional Terms:

1. Unnamed Driver Excess is not applicable

2. Vehicle is licensed for private hire by LTA and can be used for private hire limousine services.

3. All drivers must have the necessary private hire licences when used for private hire.

YID excess applied on Section 1 & Section 2 separately.
 Notwithstanding anything to the contrary in the policy, MC19 Waiver of Excess is NOT applicable.

Private Hire Usage Vehicle Endorsement is applicable.

7. Approved workshop plan only

TECK WEI CREDIT PTE LTD

Co Reg No. 200512300K 210 Turf(C)ub Road The Grandstand, Lct A8

Singapare 287995 Tel: 6465 0820 Fax: 6465 0017

Email: info@teckwel.com.so

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature