

NATIONAL Assessment Centre Services (wef 1 Jan'05) *NA 19129829*

| | | | |
|--|--|-----------------------|---------|
| Date In: <i>10/19/11:32</i> | Job description | Date & Time Completed | Done by |
| Ref No: <i>NA/PC219012231/24</i> | SAS e-filing | | |
| Veh No: <i>6B886052</i> | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: <i>30/9/19-06.15</i> | i-Motor Claim Form | | |
| OD: <i>TP</i> Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| TP Insurer: | i-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| Ass't Report by <u>Fax / Hand</u> to <u>Owner/Wksp</u> | | | |

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: *PC 6891A* INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

| Remarks: | Date & Time Completed | Done by |
|---|-----------------------|---------|
| (INC hotline: 6788 6616) | | |
| 1) Apply for Transport Allowance () / Courtesy Car () | | |
| 2) QC Check / Post Repair Inspection () | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | | |

Injury: _____

| Date/Time | Actions |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| | Invoice Preparation Checklist | Am't (\$) fit Bill | Am't (\$) Add Bill |
|---|--|--------------------|--------------------|
| <i>NA 19129829</i> Claimant's Particulars: | 1) AR: Accident Reporting (\$30); | | |
| | 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| Driver/Owner: | 3) TF: Towing Fee \$40/\$45 | | |
| Contact No: | 4) FT: Follow-Through Survey \$120 | | |
| Damaged Portion: | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| | <i>For claiming against INC Only (wef 10 Jan 2005)</i> | | |
| QC Checked by (Engr-In-Charge): | 6) TR: Re-inspection \$75 | | |
| | 7) N1: Idac DA + SMRT Survey \$160 | | |
| Auditors' Comments: | 8) NTUC Additional Services: | | |
| | QJ* | | |
| Dat 1: | *N5: Courtesy Car / Tpl Allowance \$5 | | |
| | *N6: Repair Co-ordination \$10 | | |
| Dat 2 / 3: | *N7: Post Repair Inspection \$25 | | |
| | *N8: DV / Collect Excess Coordination \$5 | | |
| | 9) TP (N11): TP (Non INC) against INC \$20 | | |
| | 9) N12: Idac Mobile 30 | | |
| | Invoice dated | Fee Charged | |
| | Invoice 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.
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. 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 | 01/10/2019 11:37 |
| Date Of Accident | 30/09/2019 06:15 |
| Exact Location Of Accident | TPE EXIT PUNGGOL WAY |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | GBA8605Z |
|-----------------------------|----------|

Insured/Policyholder

| | |
|--------------------------|----------------------------|
| Name Of Registered Owner | ENTIRE ENGINEERING PTE LTD |
| Co Reg No | 198306027H |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-89999999 |

Vehicle Particulars

| | |
|--|-----------------------------------|
| Manufacturer | NISSAN |
| Model | CABSTAR 3.0 5M/T ABS 2DR 2WD 3.4T |
| Exact Purpose for which vehicle was being used at time of accident | WORKING |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|--------------------------------|
| Name of Insurance Company | MS FIRST CAPITAL INSURANCE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | YES |
| Policy Number | D-19093027MFCV/7 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | KULANTHAISAMY LOUIS |
| Passport No/FIN | G7715954T |
| Date Of Birth | 19/05/1982 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 18/12/2014 |
| Driving Experience | 4 YEARS AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-82812157 |
| Fax Number | |
| Contact Number | OFFICE-82812157 |
| EEmail Address | NOEMAIL |

| | |
|---|------------------------|
| Address | 11 SIXTH LOK YANG ROAD |
| Postcode | 628109 |
| 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 |
| Weather Conditions | RAINING |
| Road Surface | WET |

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? | YES |
| Was any injured conveyed to hospital by ambulance? | NO |
| 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) | 1 |

Details of Police Action

| | |
|---|----|
| Was the accident reported to the police? | NO |
| If Yes, Please state which Police Station | |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

| | |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | NO |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|---------|
| Vehicle Registration Number | PC6891A |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | BUS |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

DETAILS OF INJURED PERSON 1

| | |
|------|---------------------|
| Name | KULANTHAISAMY LOUIS |
|------|---------------------|

| | |
|---|----------|
| Approximate Age | |
| Injuries Sustain | BODY |
| Injured person in which vehicle? | GBA8605Z |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

SKETCH PLAN

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 willful 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) of:
 - (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 "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:
 - (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.

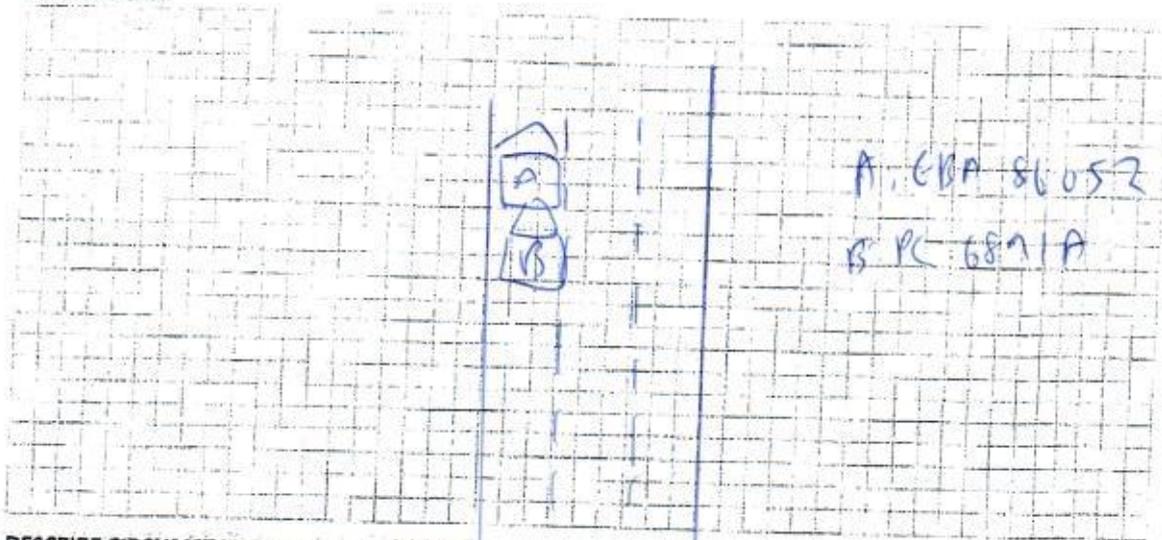


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle stationary at the traffic light. Suddenly I felt a huge impact from the rear. I got down & realized vehicle B hit onto the rear portion of my vehicle

DECLARATION

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



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.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ 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 traffic police department for investigation.

Accident details

| | |
|----------------------------|--|
| Date and time of accident | Date: 30/1/2014 (DD/MM/YY) Time: 6:15 am (HH:MM) |
| Exact location of accident | TPE Exit Punggol way |

Details of vehicle

| | | | |
|--|---|--|--|
| Vehicle registration number | GBA 8605Z | | |
| Vehicle make and model | NISSAN CABSTAR | | |
| Type of vehicle | Saloon <input type="checkbox"/> | MPV <input type="checkbox"/> | CRV <input type="checkbox"/> Van <input type="checkbox"/> |
| | Lorry <input checked="" type="checkbox"/> | Bus <input type="checkbox"/> | Motorcycle <input type="checkbox"/> Others: _____ |
| Vehicle category | Private <input type="checkbox"/> | Commercial <input checked="" type="checkbox"/> | Motorcycle <input type="checkbox"/> |
| Purpose of using at said time | | | |
| Are you claiming under your own insurance company? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | if no, please select: Third part claim <input type="checkbox"/> Reporting only <input type="checkbox"/> |

Insurance information

| | | | |
|-------------------|---|---|----------------------------------|
| Insurance company | Pioneer Engineering Pte Ltd First Capital | | |
| Policy number | | | |
| Type of policy | Comprehensive <input type="checkbox"/> | Third party fire & theft <input type="checkbox"/> | TP only <input type="checkbox"/> |

Insured / Policy holder

| | | | |
|------------------------------|---------------------------|-------------------------------|---------------------------------|
| Name | Entid Engineering Pte Ltd | Male <input type="checkbox"/> | Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | | | |
| Contact | | | |
| Address | | | |

Driver

Same as insured above (skip to D.O.B)

| | | | |
|------------------------------|---------------------------------|---|---------------------------------|
| Name | Kulvan Thaisamy Low | Male <input checked="" type="checkbox"/> | Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | G775954F | | |
| Contact | 8251 2157 | | |
| Address | Changi Lodge Dormitory | | |
| Email address | | | |
| Date of birth | 12/5/1982 | | |
| Occupation | Indoor <input type="checkbox"/> | Outdoor <input checked="" type="checkbox"/> | |
| Driving date pass | 18/12/14 | | |

General information of the accident

| | |
|--|--|
| Was driver an employee of the insured's company? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| | If no, relationship of the driver and insured: _____ |
| Accident captured by camera? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Weather condition | Clear <input type="checkbox"/> Raining <input checked="" type="checkbox"/> Others: _____ |
| Road surface | Dry <input type="checkbox"/> Wet <input checked="" type="checkbox"/> |
| No of passenger | 1 (Inclusive of driver) |

Passenger 1

| | |
|--------|--|
| Name | KULANTHASAMY LOUIS |
| Gender | Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> |

Passenger 2

| | |
|--------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

Passenger 3

| | |
|--------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

Passenger 4

| | |
|--------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

Passenger 5

| | |
|--------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

Passenger 6

| | |
|--------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

Other information

| | |
|----------------------------|--|
| Was anybody injured? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Was other vehicle damaged? | Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> |

Details of police action

| | |
|---------------------|---|
| Reported to police? | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station. |
| Police station name | |

Third party vehicle 1

| | |
|------------------------------|----------|
| Name | |
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | PC 6891A |
| Vehicle make model | |

Third party vehicle 2

| | |
|------------------------------|--|
| Name | |
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | |
| Vehicle make model | |

Third party vehicle 3

| | |
|------------------------------|--|
| Name | |
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | |
| Vehicle make model | |

Third party vehicle 4

| | |
|------------------------------|--|
| Name | |
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | |
| Vehicle make model | |

Third party vehicle 5

| | |
|------------------------------|--|
| Name | |
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | |
| Vehicle make model | |

Third party vehicle 6

| | |
|------------------------------|--|
| Name | |
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | |
| Vehicle make model | |

Witness 1

| | |
|------|--|
| Name | |
|------|--|

Witness 2

| | |
|------|--|
| Name | |
|------|--|

Injured person 1

| | |
|--|---|
| Name | Kulan Thei Samy Lewis |
| Injuries sustained | Body |
| Which vehicle person in? | FBA 86052 |
| Were seat belts worn? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

Injured person 2

| | |
|--|--|
| Name | |
| Injuries sustained | |
| Which vehicle person in? | |
| Were seat belts worn? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Injured person 3

| | |
|--|--|
| Name | |
| Injuries sustained | |
| Which vehicle person in? | |
| Were seat belts worn? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Injured person 4

| | |
|--|--|
| Name | |
| Injuries sustained | |
| Which vehicle person in? | |
| Were seat belts worn? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

RECEIVED
29 APR 2019
BY: _____

CERTIFICATE OF INSURANCE

ORIGINAL

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)

Type of Policy. : COMMERCIAL VEHICLE - FLEET
Type of Cover. : Comprehensive
Certificate No. : D-19093027MFCV/7
Vehicle No / Chassis No : GBA8605Z / JN1SC2F24Z0800125
Name of Insured : ENTIRE ENGINEERING PTE LTD
Period Of Insurance : 28.03.2019 To 27.03.2020
Insured Estimated Value : Market Value At Time Of Loss

Excess :

SGD600.00 SECTION I
SGD3,500.00 SECTION I & II SEPARATELY IS IMPOSED ON THOSE DRIVERS WHO ARE
BELOW 23 YEARS OLD AND/OR WHO HAVE LESS THAN 3 YEARS OF DRIVING EXPERIENCE

Authorised Driver*

ANY AUTHORISED DRIVERS

Persons or classes of persons entitled to drive*

Any person who is driving on the insured's order or with 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*

- (1) Use in connection with the insured's business.
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the insured's business.
- (3) Use for social, domestic or pleasure purposes.

The Policy does not cover:-

- (1) Use for hire or reward or for racing, pacemaking, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

* 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 included under these headings.

I/We HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

MS First Capital Insurance Limited
(Approved Insurers)

SUSAN/B0188/MZ300C

Issued at Singapore on 20.03.2019



Authorised Signature