

| Order # | Date                | Time   | Job description                            | Date & Time Completed     | Done by         |
|---------|---------------------|--------|--|---------------------------|-----------------|
| Ref No: | 21/10/19            | 14:03  | SAS e-Milling                              |                           |                 |
| Ref No: | NA/IMC 19018557/64. |        | E-mail (within 2hrs, A/C 2hrs)             |                           |                 |
| Ref No: | GBF 4695M.          |        | I-Motor Claim Form                         | MT/1067784 <sup>001</sup> | 21/10/19 16:16. |
| Ref No: | 20/10/19            | 12:40. | I-Motor W/O (within OD 2hrs, TP 4hrs)      |                           |                 |
| Ref No: |                     |        | I-Photo Uploaded                           |                           |                 |
| Ref No: |                     |        | Assessment/Survey Report                   |                           |                 |
| Ref No: |                     |        | Ass't Report by Fax / Hand to Owner / Wksp |                           |                 |

|  |  |  |  |                 |  |
|--|--|--|--|-----------------|--|
| Preferred Wksp / INC Assign Wksp / QW: ( ) |  | Tel: ( )   |  | Fax: ( )        |  |
| IP Particulars:                            |  | Veh No: <u>SG2 2608P.</u> 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 repaler.

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

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

| Remarks   | INQ Hotline (67886016) | Date | Completed | Done by |
|---|------------------------|------|-----------|---------|
| 1) Apply for Transport Allowance ( ) / Courtesy Car ( ) |                        |      |           |         |
| 2) QC Check / Post Repair Inspection ( )                |                        |      |           |         |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )     |                        |      |           |         |

[illegible]

| MA 1907912             |  | Invoice Preparation Checklist                   | Amr (1)     | Amr (2) |
|------------------------|--|---|-------------|---------|
| Insurance Particulars: |  | 1) AR: Accident Reporting (330)                 | 30.00       |         |
| Driver/Owner:          |  | 2) DA: Damage Assessment (\$100) INC (330)      |             |         |
| Contact No:            |  | 3) TP: Towing Fee \$40/243                      |             |         |
| Damaged Portion:       |  | 4) PT: Follow-Through Survey \$120              |             |         |
|                        |  | 5) PT: Follow-Through Survey (Re-survey) \$30   |             |         |
|                        |  | For claiming against INC Only (waived Jan 2003) |             |         |
|                        |  | 6) TR: Re-Inspection \$75                       |             |         |
|                        |  | 7) NI: Idao DA + SMRT Survey \$160              |             |         |
|                        |  | 8) NTUC Additional Services:                    |             |         |
|                        |  | ON*   |             |         |
|                        |  | *N5: Courtesy Car / Tpt Allowance \$5           |             |         |
|                        |  | *N6: Rental Co-ordination \$10                  |             |         |
|                        |  | *N7: Post Repair Inspection \$25                |             |         |
|                        |  | *N8: DV / Collect Excess Coordination \$5       |             |         |
|                        |  | TP (N11): TP (Non INC) against INC \$20         |             |         |
|                        |  | 9) N12: Idao 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             | 21/10/2019 14:03           |
| Date Of Accident           | 20/10/2019 12:40           |
| Exact Location Of Accident | BLK 449 AMK AVE 10 CARPARK |
| Country/State of Loss      | SINGAPORE                  |

### DETAILS OF OWN VEHICLE

|                             |                             |
|-----------------------------|-----------------------------|
| Vehicle Registration Number | GBF4695M                    |
| <b>Insured/Policyholder</b> |                             |
| Name Of Registered Owner    | BEST INTERNATIONAL SERVICES |
| Co Reg No                   | 53205905X                   |
| Email Address               | NOEMAIL                     |
| Mobile Phone No             |                             |
| Alternative Phone No        | OFFICE-91248588             |

### Vehicle Particulars

|  |                    |
|--|--------------------|
| Manufacturer   | MERCEDES-BENZ      |
| Model  | VITO               |
| Exact Purpose for which vehicle was being used at time of accident           | AFTER WORK         |
| 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 | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage          | COMPREHENSIVE                          |
| Fleet Policy              | NO                                     |
| Policy Number             | 5095318938-01                          |
| Cover Note Number         |  |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | NG HIAN CHUAN         |
| NRIC No              | S1373182I             |
| Date Of Birth        | 16/05/1959            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 02/01/1979            |
| Driving Experience   | 40 YEARS AND 9 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-91248588  |
| Fax Number           |                       |
| Contact Number       |                       |
| Email Address        | NOEMAIL               |

|   |                                |
|---|--------------------------------|
| Address   | BLK 98 LOR 1 TOA PAYOH #10-301 |
| Postcode  | 310098                         |
| Was driver an employee of the Insured's Company     | NO                             |
| If No, Relationship of the Driver with the Insured  | SPOUSE                         |
| Vehicle Registration Number of Driver's Own Vehicle | -                              |
|   | -                              |
|   | -                              |
| Insurance Company of Driver's Own Vehicle           | -                              |
|   | -                              |
|   | -                              |

#### General Information of the Accident

|                    |                              |
|--------------------|------------------------------|
| Type Of Accident   | COLLIDED INTO PARKED VEHICLE |
| 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 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)   | 2                                   |
| Passenger 1   | NAME: : UNKNOWN<br>GENDER: : FEMALE |

#### 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

MY VEH WAS PARKED AT THE BLK 449 AMK AVE 10 OPEN CARPARK. WHEN I MOVING OUT FROM THE LOT, MY VEH LEFT HAND SIDE ACCIDENTALLY GRAZED ONTO A PARKED VEH B RIGHT FRONT PORTION.

#### 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 | SGZ2608P    |
| 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

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. 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

A = GBF 4695 M.  
B = SGZ 2608 P.

185 185

B1K 449 AMK Ave 10 Carpark

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement

## 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.:



## Certificate of Insurance

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)

**Certificate Number :** 5095318938-01

**Cover :** Preferred Workshop Plan

1. Index mark and Registration Number of Vehicle

: **GBF4695M**

Chassis Number

: WDF44760323203648

2. Name of Policyholder

: BEST INTERNATIONAL SERVICES

3. Effective Date of Insurance

: 16 Nov 2018

4. Expiry Date of Insurance

: 15 Nov 2019

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her 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#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

(b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

(a) Use for hire or reward.

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

(c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

EXCESS (SECTION 1)

: S\$600

EXCESS (SECTION 2)

: N/A

INSURE WITH COE

: YES

HIRE PURCHASE COMPANY

: DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD

SUM INSURED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency : CYCLE & CARRIAGE AUTOMOTIVE PTE LTD (00000573702)

Date of Issue : 02 Nov 2018 13:10 hrs

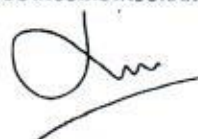
Reprint : 02 Nov 2018 13:11 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

## Claim Handling

Accident MT/1067784

|   |   |                               |   |                        |                              |
|---|---|-------------------------------|---|------------------------|------------------------------|
| Policy No.                              | 5095318938-01   | Vehicle No.                   | GBF4695M  | GST Registration No.   |                              |
| Certificate No.                         |   |                               |   |                        |                              |
| Policyholder Name                       | BEST INTERNATIONAL SERVICES                                   | Cover Type                    | Preferred Workshop Plan                                       | Policyholder NRIC      | 53205905X                    |
| Product Code                            | COMMERCIAL VEHICLE INSURANCE                                  | Contact No.(Office)           |   | Loading                | 0                            |
| Contact No.(Mobile)                     | 91248588  | Special Remark                |   | Contact No.(Home)      |                              |
| Email Address                           |   | TCA                           | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode                  | No                           |
| KFK                                     | <input checked="" type="radio"/> No <input type="radio"/> Yes | NCD Entitlement(%)            | 0   | eCode Reason           |                              |
| NCD Protection                          | No  |                               |   | Private Hire           | No                           |
| <b>Accident Details</b>                 |   |                               |   |                        |                              |
| Report Date                             | 21/10/2019 16:12  | Accident Report Within 24 hrs | Yes   | Accident Type          | Collided into Parked Vehicle |
| Date of Accident                        | 20/10/2019  | Time of Accident hh:mm        | 12:40   | Country of Accident    | Singapore                    |
| Reporting Centre                        |   | Orange Force                  |   | ICM No.                |                              |
| Accident Location                       | BLK 449 AMK AVE 10 CARPARK                                    |                               |   |                        |                              |
| <b>Excess</b>                           |   |                               |   |                        |                              |
| Own Damage Excess                       | 500.00  | Additional Excess             |   | Windscreen Excess      | 0.00                         |
| Unnamed Driver Excess                   |   | Outside Singapore OD Excess   |   |                        |                              |
| Third Party Excess                      | 0.00  | Outside Singapore TP Excess   |   |                        |                              |
| <b>Benefits</b>                         |   |                               |   |                        |                              |
| <b>GST Registered Information</b>       |   |                               |   |                        |                              |
| GST Registered                          | No  | GST Registration Date         |   | GST Status Verified    | Yes                          |
| GST Registration No.                    |   |                               |   |                        |                              |
| Modification History                    |   |                               |   |                        |                              |
| <b>Policyholder Mailing Address</b>     |   |                               |   |                        |                              |
| Address 1                               | 37 SUNGEI KADUT STREET 1                                      | Address 2                     | SUNGEI KADUT INDUSTRIAL ES                                    | Address 3              | SINGAPORE 729342             |
| Address 4                               |   | Address Type                  | Singapore address   | Post Code              | 729342                       |
| Unit No.                                |   | Related Policy Number         | 5095318938-01   |                        |                              |
| <b>OT Driver Info</b>                   |   |                               |   |                        |                              |
| Driver Name                             | Unnamed Driver  | Driver Type                   | Unnamed Driver  | Driver DOB             | 16/05/1959                   |
| Unnamed driver Name                     | NG HIAN CHUAN   | Driver NRIC                   | S13731821   | Driving Experience     | 40                           |
| Register Date of Driver License         | 02/01/1979  | Driver Age                    | 60  | Contact No.(Home)      |                              |
| Contact No.(Mobile)                     | 91248588  | Contact No.(Office)           |   | Address 3              | TOA PAYOH PALM SPRING        |
| Address 1                               | BLK 98 #10-301  | Address 2                     | LORDONG 1 TOA PAYOH   | Post Code              | 310098                       |
| Address 4                               | SINGAPORE 310098  | Address Type                  | Singapore address   |                        |                              |
| Unit No.                                | 10-301  | Driver Vehicle No.            |   | Driver Insurer Company |                              |
| Does he own a Singapore Registered car? | <input checked="" type="radio"/> Yes <input type="radio"/> No |                               |   |                        |                              |
| Declaration                             |   |                               |   |                        |                              |
| Breathalyser or Blood Test Reading?     | 0 mg  | Any injury?                   | <input checked="" type="radio"/> Yes <input type="radio"/> No |                        |                              |

Modification History

Claim 001 **New**

|   |       |                                    |                                  |                            |                  |
|---|-------|------------------------------------|----------------------------------|----------------------------|------------------|
| Claim Type *  | OD-MX | Insured Name                       | BEST INTERNATIONAL SERVICE       | Insured NRIC               | 53205905X        |
| Contact No.(Mobile)                                 |       | Contact No.(Home)                  |                                  | Contact No.(Office)        |                  |
| Email Address                                       |       | OT                                 |                                  | TP                         |                  |
| Claim Description                                   |       | Vehicle Number                     | GBF4695M                         | Vehicle Number             | SG226            |
| Preferred Workshop                                  | 0     | GBF4695M / SG2260RP ON 20 Oct 2019 |                                  | Name of Preferred Workshop | 0                |
| Preferred Workshop                                  | 0     | Insured Liability                  | Fully at Fault                   |                            |                  |
| GAIA No.  | Yes   | Repair Option                      | Preferred Workshop, Name unknown | GAIA report                | Received         |
| Date Registered                                     |       |                                    |                                  | Claim Close Date           | 21/10/2019 16:15 |
| Report Taken By                                     |       |                                    |                                  | Date Received              | 21/10/2019       |
|   |       |                                    |                                  |                            | LEW SHAN HUI     |
| <input checked="" type="checkbox"/> Print AK letter |       |                                    |                                  |                            |                  |

Save Submit

## Attachment

|                    |   |             |                  |
|--------------------|---|-------------|------------------|
| Accident No.       | MT/1067784  | Claim No.   | 001              |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 21/10/2019 16:16 |
| Path *             |   |             |                  |
| Choose File        | No file chosen  | Category *  | Confidential     |
| Choose File        | No file chosen  | Urgency *   | Normal           |
| Choose File        | No file chosen  |             |                  |
| Choose File        | No file chosen  |             |                  |
| Choose File        | No file chosen  |             |                  |
| Choose File        | No file chosen  |             |                  |
| Choose File        | No file chosen  |             |                  |
| Message Read       |   |             |                  |

## Attachment List

| Attachment  | Uploaded By/Date      | Category | Urgency | Description                      | M |
|---|-----------------------|----------|---------|----------------------------------|---|
| NAC_PAYA_UBL_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o | NRIC/ Driving License | Y        | Normal  | NRIC/ Driving License 2019-10-21 |   |
|   | 21 Oct 2019 16:16     |          |         |                                  |   |





Video List

|  |        |        |                   |
|--|--------|--------|-------------------|
| NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>21 Oct 2019 16:16 | SAS    | Normal | SAS 2019-10-21    |
| NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>21 Oct 2019 16:16 | Photos | Normal | Photos 2019-10-21 |
| NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>21 Oct 2019 16:15 | Photos | Normal | Photos 2019-10-21 |
| NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>21 Oct 2019 16:15 | Photos | Normal | Photos 2019-10-21 |
| NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>21 Oct 2019 16:15 | Photos | Normal | Photos 2019-10-21 |
| NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>21 Oct 2019 16:15 | Photos | Normal | Photos 2019-10-21 |
| NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>21 Oct 2019 16:15 | Photos | Normal | Photos 2019-10-21 |
| NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>21 Oct 2019 16:15 | Photos | Normal | Photos 2019-10-21 |

| Uploaded By/Date | Folder Date | File Name             | Source             |
|------------------|-------------|-----------------------|--------------------|
|                  |             | Display in New Window | Scan and uploading |