

| | | | |
|---------------------------|--|------------------------|----------|
| Date In: 31/10/19 17:44 | Job description: SAS e-illing | Date & Time Completed: | Done by: |
| Ref No: MA1LIP19019293/64 | E-mail (person 2hrs, AIC 2hrs) | | |
| Veh No: GBB 6P25M | I-Motor Claim Form | | |
| Date: 30/10/19 13:55 | I-Motor W/O (Whole: OD 2hrs, TP 4hrs) | | |
| 0 Reporting Only | I-Photo Uploaded | | |
| TP Issues: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Whsp | | |

Production Work / INC Assign Work / QW: () Tel: () Fax: ()

TP Particulars: Veh No: **SFW 2943Z** 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: (INC/Non-INC: 6/98/616)

| | | |
|---|--|--|
| 1) Apply for Transport Allowance () / Courtesy Car () | | |
| 2) QC Check / Post Repair Inspection () | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | | |

Injury: _____

| Date/Time | Action |
|-----------|--------|
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|--|-------------|----------|
| MA1908178 | Invoice Preparation Checklist | Am. (\$) | Am. (\$) |
| Claimants Particulars: | 1) ALT: Accident Reporting (\$30) | 30.00 | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100) INC (\$40) | | |
| Contact No: | 3) TF: Towing Fee \$40/\$45 | | |
| Damaged Portion: | 4) FT: Follow-Through Survey \$120 | | |
| QC Checked by (Bugs-In-Charge): | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| | 6) TR: Re-inspection \$75 | | |
| | 7) NI: Idas DA + EMRT Survey \$160 | | |
| | 8) NIUC Additional Services: | | |
| | ON: | | |
| | *NG: Courtesy Car / Tpt Allowance \$5 | | |
| | *NG: Repair Co-ordination \$10 | | |
| | *NI: Post Repair Inspection \$25 | | |
| | *NI: DV / Collect Excess Coordination \$5 | | |
| | TP (NIU): TP (Non-INC) against INC \$20 | | |
| | 2) NIU: Idas Mobile \$0 | | |
| | 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 | 31/10/2019 17:44 |
| Date Of Accident | 30/10/2019 13:55 |
| Exact Location Of Accident | KAKI BUKIT AVE 3 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------|
| Vehicle Registration Number | GBB6825M |
| Insured/Policyholder | |
| Name Of Registered Owner | HONG HOCK GLOBAL PTE LTD |
| Co Reg No | 201333837H |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-64815414 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | MITSUBISHI |
| Model | FB70BB1SRDEA |
| Exact Purpose for which vehicle was being used at time of accident | COMMERCIAL |
| 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 | LIBERTY INSURANCE PTE LTD |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | NO |
| Policy Number | - |
| Cover Note Number | C0100208 |

Driver

| | |
|----------------------|---------------------------|
| Name of Driver | PANNEER SELVAM NANDAKUMAR |
| Passport No/FIN | G7366271R |
| Date Of Birth | 05/01/1975 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 30/08/2012 |
| Driving Experience | 7 YEARS AND 2 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91623195 |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |

| | |
|---|-----------------------|
| Address | 1 YISHUN ST 23 #03-32 |
| Postcode | 768441 |
| 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 - MAJOR/MINOR RD |
| 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) | 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 | SFW2943Z |
| 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) | |

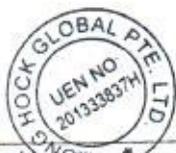
SKETCH PLAN

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.

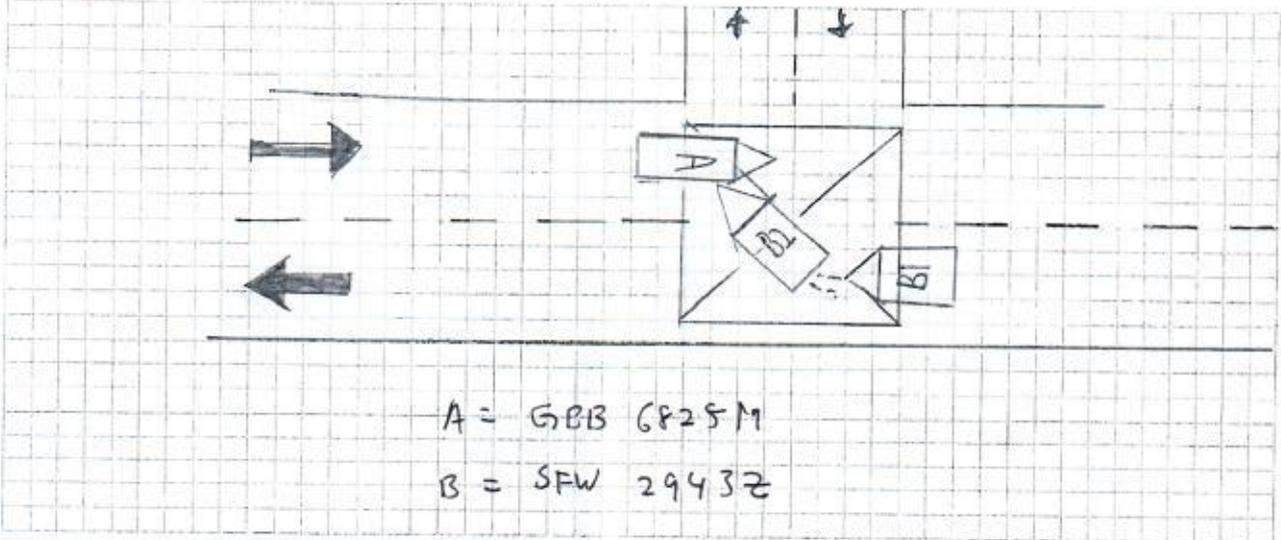


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30.10.2019 at about 13.58, I was travelling along Kaki Bukit Avenue 3, I was travelling straight. Suddenly vehicle B turn right and hit my vehicle.

DECLARATION

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

Policyholder's Signature
Date & Time



← drop

P. Intan

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

[Handwritten Signature]

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

Date of Accident : 30.10.2019 Accident Time: 13.58 (24-HR-Format)
 Accident Place : Kaki Bukit Avenue 3
 Vehicle No. (Car Plate No.) : GBB 6825M Make/Model: Mitsubishi FB70BB1 SRDEA
 Insurace Company : Liberty Policy No: C 0100208
 Owner or Company Name /IC No. : Hong Hock Global Pte Ltd. (201333837H)
 Owner or Company Contact No. : 6481 5414 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : Panneer Selvam Nandakumar (G7366271R)
 DRIVER'S Date Of Birth : 05.01.1975 DRIVER'S License Pass Date 30.08.2012
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : 1 Yishun Street 23 #03-32 Ys One Singapore 768441
 DRIVER'S Contact No./ Alt No. : 1) 9162 3195 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : _____
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 1 Driver Only
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
 Any Injury (If YES, Pls state): NO

Other Party Driver's Particular (if any)

| | |
|------------------------------|------------------------------|
| Vehicle No: <u>SFW 2943Z</u> | Vehicle No: _____ |
| Vehicle Make/Model: _____ | Vehicle Make/Model: _____ |
| Name Driver: _____ | Name Driver: _____ |
| IC No. Driver/Contact: _____ | IC No. Driver/Contact: _____ |

* NEW - Passenger's name & gender:



P. Int... x

Motor Cover Note

| | |
|--|---|
| Name of Producer: VIRTUAL INSURANCE AGENCIES PTE LTD (A1193) | Cover Note No.: C0100208 |
| Date of Issue: 24 Oct 2019 | Quotation/ Proposal/ Policy No.: |

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium payable for such insurance will be charged for the time the Company has been on risk.

Details of Schedule

| | | |
|--|-------------------------------------|-----------------------|
| Name of Insured: | HONG HOCK GLOBAL PTE LTD | |
| Period of Insurance: | From: 25 Oct 2019 00:00 | To: 24 Oct 2020 23:59 |
| Registration No.: | GBB6825M | |
| Make and Model: | MITSUBISHI FB70BB1SRDEA | |
| Type of Body: | REFRIGERATED VEHICLE WVA | |
| Capacity/Tonnage: | 94 1.5G | |
| Year of Manufacture/Registration: | 2009/2009 | |
| Chassis No.: | FB70BBA20100 | |
| Engine No.: | 4M42A74266 | |
| Sum Insured: | MARKET VALUE AT TIME OF LOSS | |
| Name of Finance Company: | NA | |
| Type of Plan: | Third Party, Fire and Theft (TPFT) | |
| Excess: | AS AGREED | |

The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189), Motor Vehicles (Third Party Risks and Compensation) Rules, 1960, Road Transport Act, 1987 (Malaysia), Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia), and any subsequent revisions to the above Acts and Agreements.

I/We hereby certify that this Cover Note 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).

Not valid unless countersigned by authorized person.



Date: 24 Oct 2019 17:19



For and on behalf of
LIBERTY INSURANCE PTE LTD

達高企業
TATCO ENTERPRISE
250/252 JALAN KAYU
SINGAPORE 799475/78
TEL: 6482 0153 FAX: 6481 1903

IMPORTANT NOTICE

Administrative Charge is payable for Cover Note issued and Policy not taken up.

Subject to Premium Payment Warranty Clause.

This Cover Note is issued for TEMPORARY USE only and is valid for 30 days from the date of issue, unless replaced by a Certificate of Insurance issued by the Company.