| NATIONAL Assessment Centre | Services parison | 101 MNA 120017 | | 01 |
|--|--|--|--|--|
| (Life lii 7/2/20 10:18 | Job description | Date &Time Con | pleted | Done by |
| Earlin MA/IMC 2000 2147 144. | SAS c-filing | | | |
| Ven No. SGR 929 T | E-mail (white this, AlC | The second secon | | |
| 6/2/20 16:30. | I-Motor Cluba Form | MT/108336 | 5001 7 | 2/20 10:45 |
| | 1-Motor W/O (within: | | | |
| (ii) Pepering Only | I-Photo Uplonded | | | |
| | Assessment/Survey Rep | port | | |
| 11º Insarci | Ass't Report by Fax / I | land to Owner/Wksp | | The state of the s |
| Proform! Wksp / INC Assign Wksp / QW: (| III | Tol: | Face: | |
| the state of the s | SD 7658 L I | MC(,)/Non-INC(|) | |
| (None) / Driver: (| the three business of the control of | Tel: | | |
| Policy No: () Pcr | ind: (|) Cover Type: (| | |
| Confirmed by : (| Dates | The second secon | 12 00 1000 |) |
| Insured/Driver Liability: (%) [N | Tote-Est. Status (WO): 1 | V: 0-20%; P: 21-79%. | P; 80-1009 | 1] |
| Year of Registration: () W | /arranty: YES ()/NC |)(_) | | |
| Execus: (5) Londing: \$1,00 | | CONSTRUCTION OF THE TOTAL CO | 7277725 | 111 |
| General Keinheiter 25 F. S. S. W. College | | | Andrew Street | 1311. 2 |
| () Walk-In Customer : Customer's Infor | | & Strictly NO refer of re | poiter. | |
| () Total Loss Case : to e-mail Insure | The second secon | | ·/ | ·) |
| Drive-In () / Towed-In (); Invoice: | YES()/NO(|); Towing Co: (| Verviere a | disharanian- |
| remarks: Filise todas counte con | | The planer musichy | de la la constante de la const | legitons by |
| 1) Apply for Transport Allowance ()/Co | ourtesy Car () | | | |
| 2) QC Check/Post Repair Inspection | .(·) | | | |
| 1) Upload Resurvey Photo [Repair Cost> \$30 | 000] () . | •• | | |
| | | | | |
| Injury: | over male transportation of the Colored | eranymi mysteneralis | NEWSTREET, | A STATE OF THE STA |
| Datimes CACHOLES - Sec. 2015 Sec. 2015 | gyldi.Dichiya.bzg/accade | | EECONATIONS | (20.715), 50.7 |
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| en e | liver. | e přeparadon Checuli | | Althoration Always |
| . MA | TALLA | onident Reporting (530); | 12.14.11111111 | 30.00 |
| Hammids Particulars to 1985 of a successful | 3) TP 1 To | lamege Assessment (\$100); | 240/245 240/245 | |
| Privor/Owner: | 4) 177 , 17 | sllow-Through Survey | \$120 | |
| onlact No: | Forch | illow-Through Survey (Resurve Indus against INC Only (wef I | | |
| | 6) TR: R | e-Inspection lao DA + SMRT Survey | . 5160 | |
| amäged Portion: | 3) NTUC | Additional Services:- | 100 | |
| er car a la la como la Changa | OD. | Courtosy Car / Tpt Allowense | 23 | |
| C Checked by (Engr-In-Charge): | • NG: I | Inputs Co-ordination | 510 525 | |
| arditory Comments: | WALLDAY EREEL TIME I | ost Repair Inspection DV / Collect Excess Coordination | 33 | |
| Control of the contro | 25 x 25 colo 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 11): TP (Non INC) against INC | 30 | |
| 11.1 | nvalor o | lated Fac | Charged | MARY IN |
| 7.73 | lavolence | lated Fac | Charged | PARTICIPATE |

211 11 1 1

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.
- 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 archi-

| | ACCIDENT STATEMENT | |
|-----------------------------|-----------------------------|------|
| Date Of Report | 07/02/2020 10:18 | |
| Date Of Accident | 06/02/2020 16:30 | |
| Exact Location Of Accident | PIE TWDS TUAS | |
| Country/State of Loss | SINGAPORE | |
| | DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | SGR929T | |
| Insured/Policyholder | | PAST |
| Name Of Registered Owner | PAUL HOE ENTERPRISE PTE LTD | |
| Co Reg No | 2XXXXX503C | |
| Email Address | NOEMAIL | |
| Mobile Phone No | | |

| Alternative Phone | No |
|-------------------|----|
| Vehicle Particula | rs |

Manufacturer TOYOTA Model AXIO

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE USE

OFFICE-67419686

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 CAR

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

Type Of Coverage THIRD PARTY

Fleet Policy NO

Policy Number 5097695867-02

Cover Note Number

Driver

Name of Driver LAI CHONG MENG

NRIC No SXXXX621B Date Of Birth 03/12/1976 Occupation OUTDOOR Date Of Driving Pass 05/08/1997

Driving Experience 22 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90674099

Fax Number

Contact Number

EMail Address NOEMAIL Address BLK 453C FERNVALE RD #07-535

Postcode 793453

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 Vehicle

. .

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident SIDE SWIPE
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

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

YES

3

NO

NO

2

YES

NAME: : UNKNOWN

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

Police Station Name EUNOS NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE:

470629 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-4439999 - FAX NO: 62444376

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT T/20200206/2136 & T/20200207/2103.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

NO

Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

NO

Details of Witness 1

Name

LAU

Phone Number

82333566

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

FBD7658L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLZ5822H

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

- 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:

- 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
- 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.

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

| | A = 36R 929 T |
|---|-----------------|
| A B B B B B B B B B B B B B B B B B B B | B = FED 7658 L |
| 1 10 | C = SLZ S822 H. |
| | PIE twds Tuas |

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| Refer | 4. | Police | Report | 7/20200206/2136 |
|-------|--------|--------|--------|-----------------|
| | | | | |
| | | | _/ | |
| | | | | |
| | | | | |
| | | | | |
| | 1-1-21 | | | |

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 .:





1 of 3

Report No. T/20200206/2136

Police Station Of Origin: Serangoon North NPP 108 Serangoon North Ave 1 #01-709 SINGAPORE 550108 Tel No: 1800-2849999

REPORT OF A TRAFFIC ACCIDENT

| Date/Time Report Made: 06/02/2020 19:11 | | | Vide Report No.: E/20200206/0086 | Station Diary No.: | |
|--|-----------------------------------|---------------------------|---|----------------------------|--|
| Informa | nt's Partic | ulars | | | |
| LAI CHO | f Informant: DNG MENG | | Address: APT BLK 453C FERNVALE F 793453 | ROAD #07-535 SINGAPORE | |
| ID Type / ID No.: NRIC NO / S7670621B | | | Contact No.: Home/Office: | Mobile: 90674099 | |
| | Nationality: SINGAPORE CITIZEN | | Email: | | |
| Sex: Male | Age: 43 | Date of Birth: 03/12/1976 | Type of Informant: | | |
| Race: Chinese | | | Language: English | Institution / School Name: | |
| Occupation: TECHNICIAN | | | Driving Licence Information: Class: | Date of Expiry: | |

| General Infor | mation of the Accident | The State of the S | | | |
|--------------------------------|-----------------------------------|--|---|-------------------------------|--|
| Type of Accident: | Non-Injury Attended by Police | 2 2 2 | | | |
| | JAS) at mark 8.5km | | | | |
| Weather: | | Road Surface: | | Road Speed Limit: | |
| Traffic Flow: Traffic Control: | | | | Traffic Volume: | |
| Type of Collis Between Mov | ion: ing Vehicles - Head To Re | ear | 1 | Anyone conveyed by ambulance: | |

| Vehicle No. | Туре | Make | Model | Color | Condition | No of Passenger |
|-------------|------|------|-------|-------|-----------|-----------------|
| FBD7658L | | | | | | 0 |
| SBR929T | | | | | | 1 |
| SLZ5822H | | | | | | 0 |





Police Station Of Origin: Serangoon North NPP 108 Serangoon North Ave 1 #01-709 SINGAPORE 550108 Tel No: 1800-2849999

Report No. T/20200206/21.

CONTINUATION OF REPORT

| Details of Perso | on Involved | | | | | |
|-------------------|-------------------|-----------|-------------------|-------------------------------------|---------|--|
| Any Pedestrian I | | | | SHIPP STATE | | |
| No. of Pedestria | ns Injured: NIL | | Use of Pe | edestria | n Cross | sing: NA |
| Driver | | 401-040 | | | 11 0100 | Siling. NA |
| Name | LAI CHONG MENG | | | ID No | D. | S7670621B |
| Related Vehicle | SBR929T | | | Cont | act No. | 90674099 |
| Hospital/Clinic | NIL | | | Class Drivir Licen | ng | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL . | | Date Disc | Discharge NIL | | |
| No. of Days gran | ted Medical Leave | NIL | Degree o | | | |
| Driver | | | The second second | - Harris | | The state of the s |
| Name | TAN GUO YUAN | | | ID No | | S8429304J |
| Related Vehicle | SLZ5822H | SLZ:5822H | | | ct No. | 88766960 |
| Hospital/Clinic | NIL | | | Class Drivin Licens Expire | g | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | | Date Disc | | NIL | |
| No. of Days grant | ed Medical Leave | NIL | Degree of | | NIL | |

Brief Details.

On 06.02.2020 at around 1630hrs, I was driving my workshop vehicle SBR929T travelling along PIE towards TUAS on the middle lane. As I was driving, there was a vehicle SLZ5822H on my right which was quite close to my vehicle and suddenly I felt a collision from my rear portion. I then parked at extreme right lane and alighted from my vehicle. I saw there was a rider lying on the road. A while later, ambulance came and conveyed the rider. I was not injured at that time. Traffic police advised me to lodge an accident report. I do not have the particulars of the rider.





Serangoon North NPP 108 Serangoon North Ave 1 #01-709 SINGAPORE 550108 Tel No: 1800-2849999

3 of 3 Report No. T/20200206/2136

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

| Signature Of Officer Recording The Report: | Signature Of Informant: |
|--|--------------------------------|
| Sgt 3 MUHAMMAD ASYRAF BIN ARIS | Jul Jul |
| Signature Of Interpreter: Not applicable | Date/Time: 06/02/2020 19:11 |
| Officer In Charge Of Case: TP / GIT / | Classification Of Case: |
| Staff Sgt NUR ADELINA BINTE MOHAMMAD | SN 154 |
| Contact No.: 65476066 | |
| authentication Stamp P168 | |





/20200207/2103

1 of 3

Report No. T/20200207/2103

Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

REPORT OF A TRAFFIC ACCIDENT

| 07/02/2020 17:10 | | | Vide Report No.: T/20200206/2136 | Station Diary No.: 24 | |
|--|----------------------------------|---------------------------|--|--------------------------|--|
| Informa | nt's Particul | ars | Marie Co. P. Co. Co. | | |
| LAI CHO | f Informant: ONG MENG | ē. | Address: APT BLK 453C FERNVALE 793453 | ROAD #07-535 SINGAPORE | |
| ID Type / ID No.: NRIC NO / S7670621B | | | Contact No.: Home/Office: | Mobile: 90674099 | |
| | Nationality: . SINGAPORE CITIZEN | | Email: | | |
| Sex: Male | Age: 43 | Date of Birth: 03/12/1976 | Type of Informant: | | |
| Race: Chinese | | | Language: Institution / School Name: English | | |
| Occupation: TECHNICIAN | | | Driving Licence Information: Class: | Date of Expiry: | |

| General Inform | nation of the Accident | | | |
|---------------------------------|---|-----------------------|---|-----------------------------------|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 06/02/2020 16:30 | Type of Location |
| ALONG PIE(T | EXPRESSWAY UAS) AT MARK 8.5KM NUMBER: 901 | | | i NA Prof. |
| Weather: | | Road Surface: | · | Road Speed Limit: |
| Traffic Flow: | Traffic Volume: | | | |
| Type of Collisi Between Movi | on: ng Vehicles - Head To Re | ear | | Anyone conveyed by ambulance: Yes |

| Vehicle No. | Туре | Make | Model | Color | Condition | No of Passenge |
|-------------|------|------|--------------------------------------|--|-----------|----------------|
| FBD7658L | | | 15400 10 STATE OF THE REAL PROPERTY. | The state of the s | Condition | 0 |
| SGR929T | · | | | | | 0 |
| SLZ5822H |) | | | | | 0 |





T/20200207/2103

2 of 3

Report No. T/20200207/2103

Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

CONTINUATION OF REPORT

Brief Details.

I am lodging this report due to amendment of my vehicle. Facts as followed:

On 6/2/2020 at around 1630hrs. I was driving my workshop vehicle SGR929T along PIE towards Tuas on the middle lane. As I was dirving, there was a vehicle SLZ5822H on my right which was quite close to my vehicle and suddenly I felt a collision from my rear portion. I then parked at extreme right lane and alighted from my vehicle. I saw there was a rider lying on the road. A while later, ambulance came and conveyed the rider. I was not injured at that time. Traffic police advised me to lodge an accident report, I do not have the particulars of the rider.





3 of 3

Report No. T/20200207/2103

Police Station Of Origin: **Eunos NPP** 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

CONTINUATION OF REPORT

Sketch Plan

NP168

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

| Signature Of Officer Recording The Report: G / Sgt 1 TAN LI JIE | Signature Of Informant: |
|---|--------------------------------|
| Signature Of Interpreter: Not applicable | Date/Time: 07/02/2020 17:10 |
| Officer In Charge Of Case: TP / GIT / Staff Sgt NUR ADELINA BINTE MOHAMMAD FUAT Contact No.: 65476066 | Classification Of Case: |



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: \$66550020G / GST Reg. No.: M400017735

 $\underline{\textbf{IMPORTANT NOTE}} : \ \ \text{Please submit the completed Addendum form to the } \underline{\textbf{same}} \ \ \text{Authorised Reporting Centre}$ with whom you submitted the Original Report.

| | | | AD | DEND | UM | | | |
|------------|---------------------------|----------------|---------------|-----------|--|---------|-----------------|----|
| | PARTICULARS OF PER | SONMAKING | THEAMEN | DMENT | S: | | | |
| | Original Report No : | MINIA 1 | 2001702 | 38 | Vehicle Registratio | n No: _ | SGR 929 | 7 |
| 1 | Name(as shownin NRIC): | Paul Ho | e Enter | prise | Ptc Ud NRIC/FIN/Passport | No: | 2 XX XXX 5 0 | 30 |
| (| *Vehicle Driver/Vehi | icle Owner) (* |) Please dele | ete as ap | ppropriate | | 2 1 . 3 . | 36 |
| | Address :_ | | | | | | Singapore/ | 1 |
| (| Contact (Tel) :_ | 6741 | 9686 | | Mobile No. : | | | , |
| E | mail Address :_ | | | | | | | |
| C | ate of Accident :_ | 6/2/2 | 00 | | _Time of Accident : | | 16:30. | |
| P | lace of Accident :_ | PIE | twos | Tue | ıs | | | |
| | surance Company : _ | | | | | | | |
| _ | Amend | Add | In Ne | W | Police Repo | rt | 7/2020020 | 71 |
| | | | | | | | | |
| () de () | ENTERON LU | <u></u> | | | - Lander of the control of the contr | | | _ |
| Po | licyholder / Driver's Sig | gnature | _ | | Reporting Centre F | Personr | nel's Signature | |

NRIC/FINNo.:

Date: 7/2/22



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)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5097695867-02

Cover : Third Party

1. Index mark and Registration Number of Vehicle

: SGR929T

Chassis Number

: NZE1416008288

2. Name of Policyholder

: PAUL HOE ENTERPRISE PTE LTD

3. Effective Date of Insurance

: 30 Jan 2020

4. Expiry Date of Insurance

: 29 Jan 2021

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 or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for the carriage of passengers for reward purposes.
- (d) Use for any purpose in connection with the Motor Trade.
 - # 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) | : | N/A |
|--------------------------------------|-----|-----------|
| EXCESS (SECTION 2) | 7.2 | \$\$1,500 |
| ADDITIONAL EXCESS | | N/A |
| UNNAMED DRIVER EXCESS | - 4 | N/A |
| REPAIR AT OWNER'S PREFERRED WORKSHOP | : | NO |
| INSURE WITH COE | : | N/A |
| NCD PROTECTION | : | NO |
| PRIMARY DRIVER | | N/A |
| NAMED DRIVER (1) | : | N/A |
| NAMED DRIVER (2) | 13 | N/A |
| HIRE PURCHASE COMPANY | 12 | N/A |
| SUM INSURED | - 4 | N/A |

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

: JG MOTOR AGENCY (00000613374)

Date of Issue

: 10 Jan 2020 15:42 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

| Applicant SET Communica | | | | | | |
|--|---|---|--|--|--|--|
| Accident MT/1083365 Policy No. | | | | | | |
| Certificate No. | 5097695867-02 | Vehicle No. | 5GR9291 | | GST Registration No. | |
| Policyholder Name | PAUL HOE ENTERPRISE PTE LTD | | | | | |
| Product Code | PRIVATE CAR INSURANCE | A420A00 Library | | | Policyholder NRIC | 201713503C |
| Contact No.(Module) | 67419686 | Cover Type | Third Party | | Loading | 0 |
| Email Address | 6,413080 | Contact No.(Office) | | | Contact No.(Home) | |
| KEK | - No Yes | Special Remark | | | eCode | No T |
| NCD Protection | No | TCA | » No Yes | | eCode Reason | - Francisco I |
| Accident Details | 190 | NCD Entitlement(%). | 30 | | Private Hire | No |
| Report Date | 07/02/2020 10:41 | | | | | |
| Date of Accident | 96/02/2020 | Accident Report Within 24 hrs | Yes | | Accident Type | Side Swipe |
| Reporting Centre | 56/42/2000 | Time of Accident his min | 16:30 | | Country of Accident | Singapore |
| Accident Location | MIE TWOS TUAS | Orange Forse | | | ICM No. | 100000000000000000000000000000000000000 |
| ▼ Total Excess Applicab | | | | | | |
| Excess Type | Per Accident | | | | | |
| | The Management | Windscreen Excess | | 0.00 | | |
| OD Standard Excess | 0.00 | TP Standard Excess | | | | |
| TED OD Excess | 0.00 | YIED TP Extress | | 1,500,00 | | |
| dditional Excess | 0 | 775-277 1-40000 | | 0.00 | Driver is Covered? | Covered |
| otal OD Excess Applicable | 0.00 | Total TP Excess Applicable | | | | |
| - Benefits | 9100 | посан ту сиссым яррагарае | | 1,500,00 | | |
| GST Registered Inform | nation | | | | | |
| ST Registered | No | | 2.1 | | | |
| ST Registration No. | | | | tration Date | | |
| odification History | 07/02/2020 10:43:37 59 | stem changed GST Status Verified from No | GST Statu | s Ventied | res | |
| | | 30 20 20 CO VIII 40 HON NO | to res | | | |
| Policyholder Mailing Ad | idress | | | | | |
| ddress 1 | 1 KAKI BUKIT AVENUE 6 | Address 2 | #01-107 AUTOBAY | W MANERON | W4500000 | |
| ddress 4 | | Address Type | Singapore address | A VALLETING | Address 3 | SINGAPORE 41788 |
| nit Np. | 11-02 | Related Policy Number | 5105448534-01 | | Post Code | 417683 |
| OI Driver Info | | TANGO SILEM SUTTON | 3703446334-01 | | | |
| river Name | Unnamed Griver | Driver Type | Unnamed Driver | | | |
| named driver Name | LAI CHONG MENG | Driver NRIC | SXXXX6218 | | | |
| igister Date of Driver License | 05/08/1997 | Driver Age | 43 | | Driver DOB | 03/12/1976 |
| intact No.(Mobile) | 90674099 | Contact No.(Office) | 200 | | Driving Experience | 22 |
| idress 1 | BLK 459C #07-535 | Address 2 | THE RESIDENCE OF THE PARTY OF T | | Contact No.(Home) | |
| idress 4 | SINGAPORE 793453 | Address Type | FERNVALE ROAD | | Address 3 | FERNVALE FLORA |
| rit No. | 07-535 | 1,00 | Singapore address | | Post Code | 793453 |
| oes he own a Singapore | | | | | | |
| occatored car? | Yes - No | Photograph Library and Allertain | | | | |
| egistered car? | Yes + No | Oriver Vehicle No. | | | Driver Insurer Company | |
| | Yes + No | Oriver Vehicle No. | | | Driver Insurer Company | |
| ciaration nathalyser or Blood Test | Yes + No | | | | Driver Insurer Company | |
| claration | | Oriver Vehicle No. Any injury? | Yes - No | | Driver Insurer Company | |
| ciaration mathalyser or Blood Test lading? | | | Yes - No | | Driver Insurer Company | |
| claration mathalyser or Blood Test ading? | | | Yes - No | | Driver Insurer Company | |
| claration | | | Yes: = No | | Driver Insurer Company | |
| claration mathabyser or Blood Test ading? diffication History | | | Yes: + No | | Driver Insurer Company | |
| claration netholyser or Blood Test ading? Iffication History Claim 001 New | | | Yes = No | | Driver Insurer Company | |
| claration netholyser or Blood Test ading? Iffication History Claim 001 New | | | Yes = No | ОО-МХ | | PRISE PTE LTD Insured |
| claration natholyser or Blood Test ading? Idication History Claim 991 New Im Type * | | | Yes: = No | ОО-МХ | Driver Insurer Company Insured PAUL HOE ENTER | ANJE |
| claration Inthibyser or Blood Test siding? Infraction History Claim 901 New Im Type * | | | Yes: - No | OD-MX | Insured PAUL HOE ENTER! Contact No. | Contact No. |
| cigration nathalyser or Blood Test ading? Infrication History Italiam 001 New Im Type * Lact No.(Mobile) | | | Yes - No | оо-мх | Insured PAUL HOE ENTER! Contact | Contact No. (Office) |
| claration netholyser or Blood Test ading? Offication History Claim 001 New Im Type * Itact No.(Mobile) | | | Yes - No | ОО-МХ | Insured NAUL HOE ENTER! Contact No. (Home) OI vehicle Screager | Contact No. (Office) TP Vehicle |
| ideration inthickser or Blood Test adding? Infraction History Italian OO1 New In Type * Lact No.(Mobile) | | | Yes - No | | Insured Name Contact No. (Home) OI Vehicle Number | Contact No. (Office) |
| claration unthalpser or Blood Test adding? Infraction History Claim 901 New In Type * tact No. (Mobile) Hi Address In Description erred | 0 mg | Any injury? | Yes - No | 00-MX SGR929T / PBD7658L 0 | Insured Name Contact No. (Home) OI Vehicle Number | Contact No. (Office) TP Vehicle Number Name of Preferred |
| cigration nathalyser or Blood Test ading? Infrication History Claim 991 New In Type = Itact Ne.(Mobile) sell Address In Description Forced Sistop 10 | 0 mg | Any injury? | Yek - No | | Insured Name Contact No. (Home) OI Vehicle Number | Contact No. (Office) TP Vehicle Number Name of |
| isration initially ser or Blood Test ading? Initiation History Italiam 001 New Im Type * Italiam (Mobile) Initiation History Initiation Hist | 0 mg | Any injury? | Yes - No | | Insured Name Contact No. (Home) OI Vehicle Number No 6 Feb 2020 | Contact No. (Office) 12 Vehicle Number Name of Preferred |
| isration initially ser or Blood Test ading? Initiation History Italiam 001 New Im Type * Italiam (Mobile) Initiation History Initiation Hist | Proferenced Repair Repair Repair Repair Repair | Any injury? | V | | Insured Name PAUL HOE ENTER! Contact No. (Home) OI Vehicle Surpey Number Number Claim | Contact No. (Office) TP Vehicle Number Asme of Preferred Workshop |
| cigration Instruction Plantory Instruction | Proferenced Repair Repair Repair Repair Repair | Any injury? | 7 | SGR929T / PBD7658K 0 | Insured Name Contact No. (Home) OI Vehicle Number No 6 Feb 2020 | Contact No. (Defice) TP Vehicle Number Name of Preferred Workshop |
| cigration Instruction Plantory Instruction | Proferenced Repair Repair Repair Repair Repair | Any injury? | 7 | \$689291 / PBD7658t. D | Insured Name Contact No. (Home) OI vehicle Number N 6 Feb 2020 Claim Close | Contact No. (Office) TP Vehicle Number Asme of Preferred Workshop |
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Claim Handling(accident reporting Claim Task)

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