| Day to the the | Services twel Jan'05 | Date &Time Completed | Done by |
|---|---|--|--|
| Date In: 6/4/20- 18.04 | Jcb description | Date to Time Completes | |
| Ref No: HATING 20 4985 Pry | SAS e-filing | | |
| Veh No: SUJISWIS | E-mail (within Shrs, AIC 2ht | | .5 |
| D.O.A: 4/4/20 - 72:45 | i-Motor Claim Form | M7/10909-1-221 | 6/4/20 18:23 |
| | i-Motor W/O (Within: Of | 2hrs, TP 4hrs) | |
| OD The Reporting Only | i-Photo Uploaded | | |
| 1000 | Assessment/Survey Repo | rt j | |
| TP Insurer: | Ass't Report by Fax / Ha | nd to Owner/Wksp | |
| Preferred Wksp / INC Assign Wksp / QW: (| | Tel: | Fax: |
| TP Particulars: Veh No: 56492 | ζος IN | C()/Non-INC() | |
| Owner / Driver: (| | Tel: |) |
| | od: (|) Cover Type: (|) |
| Confirmed by : (| Date: | Time: |) |
| Insured/Driver Liability: (%) [N | ote-Est. Status (WO): N: | 0-20%; P: 21-79%. P: 80- | 100%] |
| Year of Registration: () W | arranty: YES ()/NO | () | |
| Excess: (\$) Loading: \$1,00 | | | PARK CITY WATER |
| General Remarks:- | | | Sept Section 1 |
| () Walk-In Customer: Customer's inform | mation strictly Confidential | & Strictly NO refer of repairer | |
| () Total Loss Case : to e-mail Insurer | | | |
| Drive-In ()/ Towed-In (); Invoice: | YES()/NO() | ; Towing Co: (| ,) |
| Remarks;- (INC hotline: 6788 6616) | | Date&Time Completed | Done by |
| 1) Apply for Transport Allowance ()/Co | | | |
| 2) QC Check / Post Repair Inspection | () | | |
| 3) Upload Resurvey Photo [Repair Cost > \$30 | 000] () | 714 | |
| c) opiona resource) | | | THE STATE OF THE S |
| | CONTRACTOR | | |
| Injury: | | | STEERS NO. 1 TO THE RES |
| Injury: Date/Time Actions | | | Series Control |
| | | | Session - |
| | | | |
| | | | |
| | 1 | | |
| | lavore | | Anit (5) Amit (|
| | | Preparation Checklist | |
| NAMO VSG6 | 1) AR : Ad 2) DA : Da | Preparation Checklist: cident Reporting (\$30); amage Assessment (\$100); INC | Ant (S) Amt (S) Add B |
| Nations Actions Nations Laimant's Particulars: | 1) AR : Ad 2) DA : Dd 3) TF : To 4) FT : Fo | Preparation Checklist: cident Reporting (\$30); nrage Assessment (\$100); INC wing Fee llow-Through Survey | Ant (5) Amt (5 |
| Date/Time Actions NAMO VOL Claimant's Particulars: | 1) AR : As 2) DA : Ds 3) TF : Ts 4) FT : Fs | Preparation Checklist. cident Reporting (\$30); amage Assessment (\$100); INC wing Fee How-Through Survey Row-Through Survey (Resurvey) | Anit (\$) Amit (\$) Fit Bill Add B (\$80) 40/\$45 \$120 \$30 |
| Date/Time Actions Name Contact No: | 1) AR : Ac 2) DA : Dc 3) TF : To 4) FT : Fo 5) FT : Fo For clei | Preparation Checklist. cident Reporting (\$30); amage Assessment (\$100); INC (wing Fee (\$100); INC (\$100); wing Fee (\$100); INC (\$100); Inches against INC Only (wef 10 Jan 20) inspection | Ant (S) Amt (S |
| Date/Time Actions Name Contact No: | 1) AR : Ac 2) DA : Dc 3) TF : To 4) FT : Fo 5) FT : Fo For clei 6) TR : Re 7) N1 : Id | Preparation Checklist, inident Reporting (\$30); impage Assessment (\$100); INC (wing Fee) Illow-Through Survey (Resurvey) Ining seainst INC Only (wef 10 Jan 20) inspection to DA + SMRT Survey | Ant (S) Amt (SS) Amt (SSO) Add B (SSO) 40/S45 S120 S30 (05) |
| Date/Time Actions NAMOVOL Claimant's Particulars: Oriver/Owner: Contact No: camaged Portion: | 1) AR: As 2) DA: Ds 3) TF: To 4) FT: Fo 5) FT: Fo For clei 6) TR: Re 7) N1: Ids 8) NTUC OD* | Preparation Checklist. cident Reporting (\$30); amage Assessment (\$100); INC (wing Fee) llow-Through Survey (Resurvey) roing against INC Only (wef 10 Jan 20) -inspection to DA + SMRT Survey Additional Services:- | Ant (S) Amt (S) Amt (SS) Amt (SS) Amt (SS) Amt (SS) Add B (SS) S120 S30 (O5) S75 S160 |
| Date/Time Actions Actions Claimant's Particulars: Oriver/Owner: Contact No: Damaged Portion: | 1) AR: As 2) DA: Ds 3) TF: To 4) FT: Fo 5) FT: Fo For elsi 6) TR: Rs 7) N1: Ids 8) NTUC OD!* *NS: Cs | Preparation Checklist. cident Reporting (\$30); amage Assessment (\$100); INC (\$100); INC (\$100); wing Fee (\$100-Through Survey) Illow-Through Survey (Resurvey) ming seainst INC Only (wef 10 Jan 20) in spection are DA + SMRT Survey Additional Services:- | Ant (S) Amt (S |
| Namaged Portion: C. Checked by (Engr-In-Charge): | 1) AR: As 2) DA: Ds 3) TF: To 4) FT: Fo 5) FT: Fo For clai 6) TR: Rs 7) N1: Ids 8) NTUC OD!* *N5: C *N6: R | Preparation Checklist. cident Reporting (\$30); amage Assessment (\$100); INC (wing Fee (\$100); INC (\$100); construction Survey (Resurvey) conspection (\$100); (wef 10 Jan 20) cinspection (\$100 | Anit (\$). Amit (\$). Amit (\$). Amit (\$). Add B (\$80) 40/\$45 \$120 \$30 05) \$75 \$160 \$5 \$10 \$25 |
| NAMOVOL Claimant's Particulars: Oriver/Owner: Contact No: Oamaged Portion: C. Checked by (Engr-In-Charge): | 1) AR: As 2) DA: Ds 3) TF: To 4) FT: Fo 5) FT: Fo For elsi 6) TR: Rs 7) N1: Ids 8) NTUC OD!* *N5: Cs *N6: Rs *N7: F6 *N8: D | Preparation Checklist. cident Reporting (\$30); amage Assessment (\$100); INC (wing Fee Illow-Through Survey (Resurvey) reing seainst INC Only (wef 10 Jan 20 inspection are DA + SMRT Survey Additional Services:- courtesy Car / Tpt Allowance epair Co-ordination but Repair Inspection V / Collect Excess Coordination | Ant (S) Amt (S |
| Date/Time Actions | 1) AR: As 2) DA: De 3) TF: To 4) FT: Fo 5) FT: Fo For elei 6) TR: Re 7) N1: Id 3) NTUC OD* *N5: Co *N6: Re *N7: Fo *N8: D TP (N1 | Preparation Checklist, cident Reporting (\$30); amage Assessment (\$100); INC wing Fee How-Through Survey How-Through Survey (Resurvey) raing seainst INC Only (wef 10 Jan 20 ring seainst INC only (w | Anit (\$) Amt (\$) Fit Bill Add B (\$80) 40/\$45 \$120 \$30 05) \$75 \$160 \$55 \$10 \$25 \$50 \$30 \$30 \$30 \$30 \$30 |

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number

Contact Number EMail Address

- 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.
- 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 | 06/04/2020 18:04 |
| Date Of Accident | 04/04/2020 22:45 |
| Exact Location Of Accident | 397 BUKIT BATOK WEST AVE 8 |
| Country/State of Loss | SINGAPORE |
| DI | ETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SLJ5545S |
| Insured/Policyholder | |
| Name Of Registered Owner | KENCHONG CONSTRUCTION & LOGISTIC |
| Co Reg No | 5XXXX923W |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-89999999 |
| Vehicle Particulars | |
| Manufacturer | HONDA |
| Model | VEZEL HYBRID 1.5X AUTO |
| Exact Purpose for which vehicle was being used at time of accident | COMMERCIAL USE |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | PRIVATE HIRE |
| Insurance Company | |
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5086708326-03 |
| Cover Note Number | |
| Driver | |
| Name of Driver | FRANCIS TAN THUAN HENG |
| NRIC No | SXXXX741J |
| Date Of Birth | 04/01/1994 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 29/05/2013 |
| | |
| Driving Experience | 6 YEARS AND 10 MONTHS |
| | |

OFFICE-90180668

NOEMAIL

BLK 569 HOUGANG STREET 51 Address

#13-97

Postcode 530569

Was driver an employee of the Insured's Company NO

FRIEND 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

COLLISION - CHANGE/CROSS LANE Type Of Accident

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

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

4 Number of Passengers (Including Driver)

Passenger 1

NAME:

: NG SIEW TENG

GENDER: : FEMALE

Passenger 2

NAME:

: CALLURN LIM YUAN JIN

GENDER: : MALE

Passenger 3

NAME:

: DARIEN NG EN LE

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes.Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200406/7031.

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

SGY9260S

Vehicle Make/Model/Colour

Page 2 of 19

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)

DETAILS OF INJURED PERSON 1

Name FRANCIS TAN THUAN HENG

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SLJ5545S

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 2

Name NG SIEW TENG

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SLJ5545S

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 3

Name CALLURN LIM YUAN JIN

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SLJ5545S

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 4

Name DARIEN NG EN LE

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SLJ5545S

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly on the details of the accident to speed up the claims process.
- This form must be completed by the policy holder and/or the authorised driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 4) The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the police for investigation.
- 6) 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.
- 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as police), for the purpose(s) of:
 - Processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (II) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (II) For complying with requirements under my regulations, laws or court orders.

Co. Reg. No. 55 53343923W

Policy holder's signature Date / time: Oriver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature Date / time: SKETCH PLAN

Ven A: SLJ 5545S

Ven B: SGY 9260S

B

A

| DESCRIBE CIRCUN | ISTANCES OF THE ACCIDENT | |
|-----------------|---------------------------|--|
| | | |
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| | Refer to police Report | |
| | police Report | |
| | Torice Note: | |
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DECLARATION

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

Policy holder's signature
Date & time:

Driver's signature (if driver is not policy holder) Date & time:

reporting centre personnel's Signature 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 of accident | 04/04/2020 | (DD/MM/YY) |
| Time of accident | 10:45 pm | (HH:MM) |
| Exact location of accident | Along 397 Bukit Batok West Ave 8 | |

| 2 may though the last the control of the | DI | ETAILS OF | VEHICLE |
|--|--------------------|----------------|---|
| Vehicle registration number | SLJ 55 | 455 | |
| Vehicle make and model | Honda | Vezel | |
| Type of vehicle | Saloon Lorry | MPV 🗆 Bus 🗆 | CRV D Van D Others: |
| Vehicle category | Private 🗆 | Comm | ercial Motorcycle |
| Purpose of using at said time | | | |
| Are you claiming under your own insurance company? | Yes Third part cl | No.≇ aim.≇ | if no, please select: Reporting only □ |

| | INSURANCE IN | FORMATION | | |
|-------------------|--|-----------|--|--|
| Insurance company | NTUC | | | |
| Policy number | 5086708326 | - 03 | | |
| Type of policy | Comprehensive □ Third party fire & theft □ TP only | | | |

| INSURED / POLICY HOLDER | | | | | | |
|------------------------------|----------|--------------|---|----------|----------|----------|
| Name | Kenchong | construction | 8 | Logistic | Male 🗆 | Female 🗆 |
| NRIC / Fin / Passport number | | | | | | |
| Contact | | | | | | |
| Address | BIK 428 | Woodland | 5 | + 41 #0 | 5-242 31 | 730428) |

| DRIVER | SAME AS INSURED ABOVE □ (SKIP TO D.O.B) | | | | | | |
|------------------------------|--|--|--|--|--|--|--|
| Name | Francis Tan Thuan Heng Male & Female 11 | | | | | | |
| NRIC / Fin / Passport number | S940074IJ | | | | | | |
| Contact | 9018 0668 | | | | | | |
| Address | BIK 569 Hougang Street 51 #13-97 5(530569) | | | | | | |
| Email address | | | | | | | |
| Date of birth | 04/01/1994 | | | | | | |
| Occupation | Indoor Outdoor | | | | | | |
| Driving date pass | 29 May 2013 | | | | | | |

| 建筑6万分。在1000年,1000年 | GENERAL | INFORMATION (| OF THE ACCIDENT | |
|--|---------------------------------|---|--|-----------------------------|
| Was driver an employee of | Yes 🗆 | No D | | 0 |
| the insured's company? | If no, rela | ationship of the | driver and insured: _ | drien d |
| Accident captured by camera? | Yes 🗆 | No 🗷 | | |
| Weather condition | Clear 🗹 | Raining | Others: | |
| Road surface | Dry.Z | Wet □ | | |
| No of passenger | 4 | | | (Inclusive of drive |
| | | | | |
| (1772) (在2007年) 经外汇的 | | PASSENGER | 11 | Charles are since the ar |
| Name | | | | |
| Gender | Male 🗆 | Female | | |
| | | | | |
| (2005年) 10 10 10 10 10 10 10 10 10 10 10 10 10 | 有一种属的 | PASSENGER | 2 | |
| Name | | | MICHAEL CONTRACTOR | |
| Gender | Male | Female | | |
| | X- | | | |
| | SHOWING THE STATE OF | PASSENGER | 33 | |
| Name | | | | |
| Gender | Male | Female | | |
| and the state of t | | | | |
| | | PASSENGER | 84 | |
| Name | The second second second second | | | |
| Gender | Male | Female | | |
| | | | | |
| | | PASSENGER | 5 | |
| Name | | PASSENGE | | |
| Gender | Male 🗆 | Female | | |
| | I Widie E | , cindic L | | |
| Secretary Company | | PASSENGER | 6 | Consideration of the second |
| Name | Maria Alakara | TASSENGE | ` | |
| Gender | Male 🗆 | Female | | |
| | Widte E | i cittale L | | |
| | AN INCHES | OTHER INFORM | ATION | |
| Was anybody injured? | Yesa | No 🗆 | ATION | |
| Was other vehicle damaged? | Yes | No 🗆 | | |
| Trus other remere damaged. | 1000 | 110 2 | | |
| A STATE OF THE STA | DETAIL | S OF POLICE STA | TION ACTION | |
| Reported to police? | Yes | NAME OF TAXABLE PARTY OF TAXABLE PARTY. | s, please state which | nolice station |
| Police station name | 10 Wbi | A | s, piease state willen | police station. |
| . Once station name | 10 410 | .100 0 | | |
| | A Societies | WITNESS | THE PARTY OF THE PARTY. | |
| Name | | WITNESS | A) NO SI CHI CAN THE REAL PROPERTY. | Manager Williams |
| Name | | | | |
| | IS NOT THE | | | |
| NOTE THE REAL PROPERTY AND ADDRESS. | 2216 | WITNESS | 40000000000000000000000000000000000000 | BEAUTY OF THE STATE OF |
| Name | | | | |

| | THIRD PARTY VEHICLE 1 |
|--|-----------------------|
| Vehicle registration number | SGY 9260S |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |
| | |
| BOOK AND REAL PROPERTY. | THIRD PARTY VEHICLE 2 |
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |
| | |
| | THIRD PARTY VEHICLE 3 |
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |
| | |
| 是立场的特别的 | THIRD PARTY VEHICLE 4 |
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |
| | |
| PARTY OF THE PROPERTY OF THE PARTY OF THE PA | THIRD PARTY VEHICLE 5 |
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |
| | |
| | THIRD PARTY VEHICLE 6 |
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |
| | |
| 经济总统的国际过去。这种国际政治 | THIRD PARTY VEHICLE 7 |
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |

Contact

| | INJURED PERSON 1 |
|--|------------------------|
| Name | Francis Tan Thuan Heng |
| njuries sustained | Neck & Back |
| Which vehicle person in? | Driver |
| Were seat belts worn? | Yes 🗹 No 🗆 |
| Was injured conveyed to nospital by ambulance? | Yes No |
| | |
| 2000年1月1日 日本中央 | INJURED PERSON 2 |
| Name | Ng Siew Teng |
| njuries sustained | Neck 4 Back |
| Which vehicle person in? | Passenger |
| Were seat belts worn? | Yes No 🗆 |
| Vas injured conveyed to nospital by ambulance? | Yes D No D |
| | INJURED PERSON 3 |
| Name | Callurn Lim Yuan Jin |
| njuries sustained | Neck & Back |
| Which vehicle person in? | Passenger |
| Vere seat belts worn? | Yes No D |
| Was injured conveyed to | Yes 🗆 No 🗹 |
| nospital by ambulance? | |
| | INJURED PERSON 4 |
| Name | Davien Ng En Le |
| njuries sustained | Neck 4 Back |
| Which vehicle person in? | Passenger |
| Vere seat belts worn? | Yes > No a |
| Nas injured conveyed to nospital by ambulance? | Yes D No. |
| | |
| 联系 联络联络特别 发统计划 | INJURED PERSON 5 |
| Vame | |
| njuries sustained | |
| Which vehicle person in? | V W |
| Vere seat belts worn? | Yes No D |
| Nas injured conveyed to nospital by ambulance? | Yes D No D |
| | INJURED PERSON 6 |
| lame | |
| | |
| | |
| Vere seat belts worn? | Yes D No D |
| Vas injured conveyed to | Yes No |
| Name njuries sustained Which vehicle person in? Were seat belts worn? | |





1 of 4

Report No. T/20200406/7031

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

| Date/Time Report Made: 06/04/2020 17:09 | | | Vide Report No.: | Station Diary No.: | |
|--|-------------------------|---------------------------|---|--------------------------|--|
| Informa | nt's Particu | ulars | | | |
| | Informant: S TAN THU | JAN HENG | Address: APT BLK 569 HOUGANG ST 530569 | REET 51 #13-97 SINGAPORE | |
| ID Type / ID No.; NRIC NO / S9400741J | | | Contact No.: Home/Office: | | |
| Nationality: SINGAPORE CITIZEN | | EN | Email: Francistan.x@gmail.com | | |
| Sex: Male | Age: 26 | Date of Birth: 04/01/1994 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: Institution / School National English | | |
| Occupation: GENERAL SALESPERSON | | PERSON | Driving Licence Information: Class: 3 | Date of Expiry: | |

| General Inform | mation of the Acci | dent | | |
|-------------------------------|-----------------------------|--|---|------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 04/04/2020 00:00 | Type of Location: Straight Road |
| Location: BUKIT BATO | K WEST AVENUE | 8 | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Traffic Light - Wo | orking | Traffic Volume: Light |
| Type of Collis Between Mov | ion: ing Vehicles - Head | I To Side | | Anyone conveyed by ambulance: |

| Details of Vehicle Involved | | | | | | | | | |
|-----------------------------|------|-------|-------|-------|-----------|-----------------|--|--|--|
| Vehicle No. | Туре | Make | Model | Color | Condition | No of Passenger | | | |
| SGY9260S | Car | HONDA | | | | 0 | | | |
| SLJ5545S | Car | HONDA | Vezel | | | 4 | | | |

| Details of Person Involved | | CE Y |
|---------------------------------|--------------------------------|------|
| Any Pedestrian Involved: No | | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA | |





2 of 4

Report No. T/20200406/7031

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

| Driver | | | | | 7 7 | | |
|------------------|----------------------|--|---|---|-----------------------------------|---------------------------------|--|
| Name | FRANCIS TAN THUAN H | IENG | | ID No. | | S9400741J | |
| Related Vehicle | SLJ5545S (Car) | | | Contact No. | | 90180668 | |
| Hospital/Clinic | NIL | | | Class of Driving Licence & Expiry Date | | Class: 3 Date of Expiry: NIL | |
| Date Treatment | NIL | | Date Disch | narge | NIL | | |
| No. of Days gran | ted Medical Leave 03 | | Degree of | | | | |
| Passenger | | Service of the servic | | ,,,, | | | |
| Name | DARIEN NG EN LE | | | ID No | | T1626794A | |
| Related Vehicle | SLJ5545S (Car) | | | Conta | ct No. | 86000826 | |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date | | Class: 3 Date of Expiry: NIL | | |
| Date Treatment | NIL | | Date Disch | narge | NIL | | |
| No. of Days gran | ted Medical Leave 03 | | Degree of | | | | |
| Passenger | | | | Halle. | | | |
| Name | NG SIEW TENG | | | ID No. | | S9743806D | |
| Related Vehicle | SLJ5545S (Car) | | | Contact No. | | 86000826 | |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date | | Class: 3 Date of Expiry: NIL | | |
| Date Treatment | NIL | | Date Disch | narge | NIL | | |
| | ted Medical Leave 03 | | Degree of | | Slight | | |
| Passenger | | | 7 | | 3 | | |
| Name | CALLURN LIM YUAN JIN | | | ID No | | S9140600D | |
| Related Vehicle | SLJ5545S (Car) | | | Contact No. | | 98782341 | |
| Hospital/Clinic | NIL | | Class Drivin Licent Expiry | g ce & | Class: NIL Date of Expiry: NIL | | |
| Date Treatment | NIL | | Date Disch | narge | NIL | | |
| | red Medical Leave 03 | | Degree of | | Slight | | |





Police Station Of Origin; Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 4 Report No. T/20200406/7031

CONTINUATION OF REPORT

Brief Details.

On 4/4/2020 at 1045hrs, I was driving my vehicle SLJ5545S travelling straight along Bukit Batok West Ave 8. Suddenly a vehicle SGY9260S swerved into my lane abruptly and collided onto the front of my vehicle.

I sustained injuries from the above mentioned accident and was granted 3 days of Mc.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 4 of 4 Report No. T/20200406/7031

CONTINUATION OF REPORT

| Sketch Plan | | | | | | |
|--------------|-----|------|----|---------|--------|------|
| Informant is | not | able | to | provide | sketch | plan |

| Signature Of Officer Recording The Report: Not applicable | Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required. |
|---|---|
| Signature Of Interpreter: Not applicable | Date/Time: 06/04/2020 17:09 |
| Officer In Charge Of Case: TP / TPHQ / JUREMAH BINTE AHMAD Contact No.: 65476219 | Classification Of Case: |

Authentication Stamp

NP168



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: 5086708326-03

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SU5545S

Chassis Number

: RU3129213

2. Name of Policyholder

: KENCHONG CONSTRUCTION & LOGISTIC

3. Effective Date of Insurance

: 15 Dec 2019

4. Expiry Date of Insurance

: 14 Dec 2020

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 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.

: SS2.000 EXCESS (SECTION 1) . \$\$1.500 EXCESS (SECTION 2) : 5\$100 WINDSCREEN EXCESS : N/A ADDITIONAL EXCESS

UNNAMED DRIVER EXCESS

: PLEASE REFER OVERLEAF TINO

REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE NCD PROTECTION

: YES : NO : NO : NO

TRANSPORT ALLOWANCE EXCESS WAIVER

: N/A : N/A

PRIMARY DRIVER NAMED DRIVER (1)

: N/A

NAMED DRIVER (2)

: SKYWAY CREDIT & LEASING PTE LTD

HIRE PURCHASE COMPANY 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

: IVAN INSURANCE AGENCY PTE. LTD. (00000614519)

Date of Issue Reprint

: 12 Dec 2019 13:51 hrs : 12 Dec 2019 13:51 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

| eBao Tech | | | | | | | | Genera | alClaim | | |
|-------------------------|----------|-------------------|-----------------------|--|----------------------|----------|------------------|----------------|-------------------|------------------|-------------|
| Hello, NAC_PAYA_UBI_800 | 0601 | | | THE REAL PROPERTY. | | | · Change | e Languag | e • Chan | ge Password | · Log Out |
| My Desktop | Poli | cy Query | | | | | | | | | ¥ |
| Notice of Loss | Policy N | No. | | | | | Date of Accident | | | 04/04/2020 22:45 | |
| | Vehicle | No.(For Motor) | SL2554 | SS | | Certific | cate Number | 1 | | | |
| | | | | | 13 | Search | | | | | |
| | Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| | 0 | 5086708326- 03 | | KENCHONG CONSTRUCTION & LOGISTIC | 53343923W | GPC | drivo CLASSIC | SLJ55455 | SLJ5545S | 15/12/2019 | 14/12/2020 |
| | | | | SAMOLICAVAC | C | ontinue | | | | | |

| Policy No. | 5086708326-03 | Policyholder Name | KENCHONG | CONSTRUCTION & L | Policyholder NRIC | 53343923W | |
|--|----------------------------|-----------------------------------|------------|---|----------------------|--------------|-----------------------------|
| Certificate No. | | | | | | | |
| Address | BLK 428 #05-242 WOODLANDS | STREET 41 ST | NGAPORE 7 | 30428 | | | |
| Product Name | PRIVATE CAR INSURANCE | Plan | | | Group Policy Flag | N | |
| Policy issue Date | 12/12/2019 | Effective Date | 15/12/2019 | 00:00 | Expiry Date | 14/12/2020 2 | 3:59 |
| Excess Type | Per Accident | All Claims Excess | | | | | |
| Third Party Excess | 1500 | Own damage Excess | 2000 | | Windscreen Excess | 100 | |
| Additional Excess | 0 | OS Premium | 0 | | | | |
| Outside Singapore OD Excess | 2000 | Outside Singapore TP Excess | 1500 | | | Young | /Inexperience Driver Excess |
| Agent | IVAN INSURANCE AGENCY PTE. | Agent Tel. | 64400220 | | GST Flag | Υ | |
| Co- insurance Flag | No | | | | | | |
| Open Policy Info | | | | | | | |
| Certificate Info | | | | | | | |
| Policyh | nolder Mailing Address | | | | | | |
| | BLK 428 #05-242 | Addre | 55 2 | WOODLANDS STRE | ET 41 | Address 3 | SINGAPORE 730428 |
| Address 1 | DER 420 #03 242 | | | | | | |
| Visital (also Vice | DEN 720 TOS 272 | Addre | ss Type | Singapore address | | Post Code | 730428 |
| Address 4 | DEN 420 403 242 | | d Policy | Singapore address 5115056539 | | Post Code | 730428 |
| Address 4 Unit No. | d Object: SLJ5545S | Relate | d Policy | 40.000000000000000000000000000000000000 | | Post Code | 730428 |
| Address 1 Address 4 Unit No. Insure Endors | d Object: SL)5545S | Relate | d Policy | 40.000000000000000000000000000000000000 | | Post Code | 730428 |

| Claim Handling | | | | | |
|--------------------------------------|---|------------------------------------|--|---|---------------------------------|
| Accident MT/1090901 | | | | | |
| Policy No. | 5086708326-03 | Vehicle No. | SL15545S | GST Registration No. | |
| Certificate No. | | | | 170-5000 CO. 30-150-150-1 | |
| Policyholder Name | KENCHONG CONSTRUCTION & LOGISTIC | | | Policyholder NRIC | 53343923W |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Loading | 0 |
| Contact No.(Mobile) | 0 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| Email Address | | Special Remark | | | |
| KPK | ® No ⊜ Yes | TCA TCA | 2 | eCode | N: Y |
| | | | ® No. ○Yes | eCode Reason | |
| VCD Protection | No | NCD Entitlement(%) | 20 | Private Hire | Yes |
| Accident Details | | | | | |
| Report Date | 06/04/2020 18:20 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Change / Cross lane |
| Date of Accident | 04/04/2020 | Time of Accident hitchmin | 22:45 | Country of Accident | Singapore |
| eporting Centre | | Orange Force | | ICM No. | 802 |
| ccident Location | 397 BUKIT BATOK WEST AVE 8 | 15300181330500 | | 1307.740 | |
| Total Excess Applicable | | | | | |
| ecess Type | Per Accident | Windscreen Excess | 100.00 | | |
| Series Marie | 1.35.713331818. | minderselv Excess | 100.00 | | |
| O Standard Excess | 2,000.00 | TP Standard Excess | 1,500.00 | | |
| IED OD Excess | 0.00 | VIED TP Excess | | Driver is Covered? | |
| dditional Excess | 0 | | | | |
| otal OD Excess Applicable | 2000.00 | Total TP Excess Applicable | | | |
| ♥ Benefits | | AND IT SAMES PROFILED | | | |
| ♥ GST Registered Inform | ation | | | | |
| ST Registered | W. C. | | | | |
| 5T Registered No. | No | | GST Registration Date GST Status Verified | W22 | |
| todification History | 06/04/2020 18:21:18 Syste | m changed GST Status Verified from | | Yes | |
| | | | | | |
| Policyholder Halling Ad | Idress | | | | |
| ddress 1 | SLK 428 #05-242 | Address 2 | WOODLANDS STREET 41 | | |
| odress 4 | 100 000 000 | | | Address 3 | SINGAPORE 730428 |
| | | Address Type | Singapore address | Post Code | 730428 |
| nit No. | | Related Policy Number | 5115056539 | | |
| OI Driver Info | | | | | |
| river Name | Unnamed Driver | Driver Type | Unnamed Onver | | |
| named driver Name | FRANCIS TAN THUAN HENG | Driver NR3C | SXXXX741J | Driver DDS | 04/01/1994 |
| rgister Date of Driver License | 29/05/2013 | Driver Age | 26 | Driving Experience | 6 |
| ontact No. (Mobile) | 90180668 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| ddress 1 | BLK 569 | Address 2 | HOUGANG STREET 51 | Address 3 | SINGAPORE 530569 |
| idress 4 | | Address Type | | Post Code | |
| nit No. | (2.02 | Hadran Iyye | Singapore address | Post Code | 530569 |
| oes he own a Singapore | 13-97 | | | | |
| egistered car? | ○ Yes ® No | Driver Vehicle No. | | Driver Insurer Company | |
| | | | | | |
| edaration | | | | | |
| reathalyser or Blood Test eading? | 0 mg | Any injury? | ⊕ Yes ○ No | | |
| | | | | | |
| odification History | | | | | |
| | | | | | |
| Claim 001 New | | | | | |
| | | | | | |
| tim France 1 | foo yes | | | 0.0000000000000000000000000000000000000 | |
| aim Type * | 00-MX | Insured Name | KENCHONG CONSTRUCTION & (| Insured NRIC | 53343923W |
| ntact No.(Mobile) | | Contact No.(Home) | Barrier and Francisco | Contact No.(Office) | 63447667 |
| nal Address | | Of Vehicle Number | SL/55455 | TP Vehicle Number | SGV9260S |
| aimant Type Owmant Type • | Please Select | Type of Benefit * | Please Select | | |
| simant Name * | >> | Claimant NRIC + | | | |
| almant Address | | | | | |
| sim Description | SLISS4SS / SGY9280S ON 4 Apr 2020 | | | Name of Preferred Workshop | |
| ferred Workshop Contact | | Insured Liability * | Not at East 1971 | _ | No. |
| e des Francestos | No. | | Not at Fault | M02275-2000 | |
| quire Finalisation | Yes 💟 | Preferered Repair Option | Preferred Workshop, Name unknown | GIA report | Received |
| de Registered | 06/04/2020 18:23 | Claim Close Date | | Date Received | 06/04/2020 00:00 |
| port Taken By | 3ackson | | | | |
| Print AK letter | | | | | |
| | | 6 | | | |
| 16.0 | | 1 | Save Submit | | |
| Attachment | | | | | |
| , | | | | | |
| | | | | | |
| cident No. | MT/1090901 | Claim No. | 001 | | |
| st Doc. Received | ● Yes ○ No | Upload Date | 06/04/2020 18:24 | | |
| | Path * | | Cabagory * | Confidential Urgen | Cy * Description * |
| | 0.3 MM - 7 | Browse | The second secon | | |
| | | | | | |
| Williams Joseph Co. | | Browse | Cear Please Select | Normal | |
| | | Browse | Clear Please Select | NCI V Normal | <u> </u> |
| | | Browse | . Cear Please Select | V Normai | V |
| SITE OF THE REAL PROPERTY. | | Browse | | V Normal | - V |
| | | Er orratio | | - Inversion | |

