| NATIONAL Assessment Cent   |  |  |   |   |          |
|--|--|--|---|---|----------|
| Date In: M/12-11:14  | Jeb description  | Date &1  | ime Completed   | Done  | : 0\     |
| Ref No: 44/14/02008305/74  | SAS e-filing   |  |   |   | MISSIE - |
| Veh No: SMR9533X   | E-mail (within Shrs, Af  | C 2hrs)  |   |   | 3        |
| D.O.A: 11870-15:40   | i-Motor Claim For  | m M  | 29965-02  | 1~ 1872   | 11:37    |
|  | i-Motor W/O (withi   | n: OD 2hrs, TP 4hrs)   |   |   |          |
| OD / TP / Reporting Only   | i-Photo Uploaded   |  |   |   |          |
| TP Insurer:  | Assessment/Survey F  | Report   |   |   | 255      |
| 17 Insurer.  | Ass't Report by Fax  | Hand to Owner/V  | Vksp  |   |          |
| Preferred Wksp / INC Assign Wksp / QW: (   |  | Tel:   | F   | Fax:  |          |
| TP Particulars: Veh No: JHC  | 700C   | INC( )/Nor   | ı-INC ( )   |   |          |
| Owner / Driver: (  | - www.white.wca  | Tel:   |   | )   |          |
| Policy No: ( ) F   | eriod: (   | ) Cover T  | уре: (  | )   |          |
| Confirmed by : (   | Dat  | e:   | Time:   | )   | -        |
| Insured/Driver Liability: ( %)   | [Note-Est. Status (WO):  | N: 0-20%; P: 2   | 1-79%. P: 80-1  | 100%]   |          |
| Year of Registration: ( )  | Warranty: YES ( )/N  | 10()   |   |   |          |
| Excess: (\$ ) Loading: \$1   | ,000 ( ) / \$2,000 ( )   |  |   |   |          |
| General Remarks:-  |  |  | Albania (A. A. A   |   |          |
| ( ) Walk-In Customer: Customer's inf   | formation strictly Confident   | ial & Strictly NO r  | efer of repairer.   |   |          |
| ( ) Total Loss Case : to e-mail Insu   | rer URGENTLY.  |  |   | or a three and  |          |
| 5 1 7 1 No. 11 2 No. 1   |  | 40 1011 1011   |   |   | 1        |
| Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/  2) QC Check / Post Repair Inspection   | Courtesy Car ( )   | ) ; Towing Co  Date&Ti   | mis Completed   | Done  | )<br>by  |
| Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/   | Courtesy Car ( )   |  |   | Done  | bby      |
| Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  | Courtesy Car ( )   |  |   | Done  |          |
| Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  | Courtesy Car ( )   |  |   |   |          |
| Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  | Courtesy Car ( )   |  |   |   |          |
| Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  | Courtesy Car ( )   |  |   |   |          |
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| Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions   | Courtesy Car ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )   |  | ens Completed   | Ant(5)  | ( Am)    |
| Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions   | Courtesy Car ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (   | Date&Ti  | mis Completed.  Shecklist.  (\$30);   | Ant (5)   | ( Ama (  |
| Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  MATRICAN  Inimant's Particulars:   | Courtesy Car ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (   | Date&Ti  | The cklist.  (\$30); (\$100); INC (\$50)  | Ant (5)   | ( Am)    |
| Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  MATRICAN  Inimant's Particulars:   | Courtesy Car ( ) ( ) (3000] ( )  Inve. 1) AR 2) DA 3) TF: 4) FT:   | Ce Preparation ( Accident Reporting Damage Assessment Towing Fee Follow-Through Surve  | Ehecklist<br>(330);<br>(5100); INC (5104)   | Anit (5)<br>/st Bill<br>80)<br>0/\$45<br>\$120  | ( Am)    |
| Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  MATOMAS  Inimant's Particulars::  Driver/Owner:  | Courtesy Car ( ) ( ) (3000] ( )  Inve. 1) AR 2) DA 3) TF: 4) FT: 5) FT:                                  | Ce Preparation ( Accident Reporting Damage Assessment Towing Fee Follow-Through Surve  | Ehecklist<br>(\$30);<br>(\$100); INC (\$1<br>y  | Anit (5)<br>(1st Bill<br>80)<br>(0/\$45<br>\$120<br>\$30  | ( Am)    |
| Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  MATRICAN  Claimant's Particulars::  Oriver/Owner:  Contact No:   | Courtesy Car ( ) ( ) (3000) ( )  Inve 1) AR 2) DA 3) TF: 4) FT: 5) FT: Fors 6) TR:                       | Date&Ti  Date&Ti  Ce Preparation ( Accident Reporting Damage Assessment Towing Fee Follow-Through Surve laiming against INC On Re-inspection   | Chrcklist:  (\$30); (\$100); INC (\$40); (\$100) (Resurvey) (\$100) Jan 2005  | Ant((5))<br>(15t Bill<br>80)<br>(7545<br>5120<br>530<br>(1)                                       | ( Amr.)  |
| Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  Actions  Inimant's Particulars::  Oriver/Owner:  Contact No:   | Courtesy Car ( ) ( ) (3000) ( )  Inve. 1) AR 2) DA 3) TF: 4) FT: 5) FT: Fors. 6) TR: 7) NI:              | Date&Ti  Date&Ti  Ce Preparation ( Accident Reporting Damage Assessment Towing Fee Follow-Through Surve Isiming against INC O  | Checklist  (\$30); (\$100); INC (\$40); (\$100 Jan 200); (\$100 Jan 200);   | Ant (5) (5) (5) (5) (5) (5) (5) (5) (5) (5)   | ( Am)    |
| Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  Claimant's Particulars:  Oriver/Owner:  Contact No:  | Courtesy Car ( ) ( ) (3000) ( )  Inve. 1) AR 2) DA 3) TF: 4) FT: 5) FT: Fors. 6) TR: 7) NI: 8) NTU       | Date&Ti  Ce Preparation ( Accident Reporting Damege Assessment Towing Fee Follow-Through Surve laiming against INC Of Re-inspection Idae DA + SMRT Surve IC Additional Services  | Checklist  (\$30); (\$100); INC (\$40); (\$100 Jan 200); (\$100 Jan 200);   | Ant (5)<br>1st Bill<br>80)<br>0/\$45<br>\$120<br>\$30<br>5)<br>\$75<br>\$160                      | ( Amr.)  |
| Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions   | Courtesy Car ( ) ( ) (3000) ( )  Inve 1) AR 2) DA 3) TF: 4) FT: 5) FT: Fors 6) TR: 7) N1: 8) NTU OD' *N5 | Ce Preparation ( Accident Reporting Damege Assessment Towing Fee Follow-Through Surve laiming against INC On Re-inspection Idae DA + SMRT Surv IC Additional Services Courtesy Cer / Tpt All Repair Co-ordination  | Checklist  (\$30); (\$100); INC (\$ | Ant (5)<br>1st Bill<br>80)<br>0/\$45<br>\$120<br>\$30<br>5)<br>\$75<br>\$160                      | ( Ama (  |
| Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  Claimant's Particulars:  Contact No:  Camaged Portion:  C Checked by (Engr-In-Charge):                         | Courtesy Car ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )   | Date&Ti  Ce Preparation ( Accident Reporting Damage Assessment Towing Fee Follow-Through Surve laiming against INC Of Re-inspection Idae DA + SMRT Surve IC Additional Services: Courtesy Cer / Tpt All Repair Co-ordination Fost Repair Inspection  | Checklist  (\$30); (\$100); INC (\$40); IV (Well 10 Jan 200);  cy   | Ant (5)  1st Bill  80) 0/\$45 \$120 \$30  5) \$75 \$160   | ( Amr.)  |
| Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Time Actions  Claimant's Particulars::  Contact No:  Camaged Portion:  C Checked by (Engr-In-Charge):  Enditors! Comments::- | Courtesy Car ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )   | Ce Preparation ( Accident Reporting Damage Assessment Towing Fee Follow-Through Surve laiming against INC On Re-inspection Idae DA + SMRT Surv IC Additional Services.  Courtesy Car / Tpt All Repair Co-ordination Post Repair Inspection DV / Collect Excess C N11): TP (Non INC) of             | Checklist  (\$30); (\$100); INC (\$40); (\$40) y (\$40 y (Resurvey) (\$40 y (Wef 10 Jan 2005)   approximation   | Ant (5) Tst Bill  80) 0/545 5120 530 5) 575 5160  535 510 525 55 520                              |          |
| Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  Claimant's Particulars:  Oriver/Owner:  Contact No:  | Courtesy Car ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )   | Ce Preparation ( Accident Reporting Damage Assessment Towing Fee Follow-Through Surve laiming against INC Or Re-inspection Idae DA + SMRT Surv IC Additional Services.  Courtesy Car / Tpt All Repair Co-ordination Fost Repair Inspection DV / Collect Excess C N11): TP (Non INC) of Idae Mobile | Checklist  (\$30); (\$100); INC (\$40); (\$40) y (\$40 y (Resurvey) (\$40 y (Wef 10 Jan 2005)   approximation   | Ant (5)<br>1st Bill<br>80)<br>0/545<br>5120<br>530<br>5)<br>575<br>5160<br>53<br>510<br>525<br>53 | Add E    |

#### 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 archiving of this report at the centre and to copies of the report being made available aforesaid.

| aforesaid.   | 00010000000000000000000000000000000000 |
|--|--|
| AND THE RESERVE OF THE PARTY OF | ACCIDENT STATEMENT                     |
| Date Of Report   | 12/08/2020 11:24                       |
| Date Of Accident   | 11/08/2020 15:40                       |
| Exact Location Of Accident   | BLK 722 AMK AVE 6 OPEN SPACE CARPARK   |
| Country/State of Loss  | SINGAPORE                              |
| D  | ETAILS OF OWN VEHICLE                  |
| Vehicle Registration Number  | SMR9533X                               |
| Insured/Policyholder   |  |
| Name Of Registered Owner   | LIM CHIN WEE                           |
| NRIC No  | SXXXX289A                              |
| Email Address  | NOEMAIL                                |
| Mobile Phone No  | (LOCAL) +65-97722791                   |
| Alternative Phone No   | OFFICE-97722791                        |
| Vehicle Particulars  |  |
| Manufacturer   | BMW                                    |
| Model  | 316I 1.6 AT D/AB 4DR ABS HID           |
| Exact Purpose for which vehicle was being used at time of accident   | PRIVATE USE                            |
| 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   | PRIVATE CAR                            |
| Insurance Company  |  |
| Name of Insurance Company  | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage   | COMPREHENSIVE                          |
| Fleet Policy   | NO                                     |
| Policy Number  | 5116784747                             |
| Cover Note Number  |  |
| Driver   |  |
| Name of Driver   | TOH WYE-LYNN, SAMANTHA (ZHUO WEILING)  |
| NRIC No  | SXXXX241G                              |
| Date Of Birth  | 30/09/1988                             |
| Occupation   | INDOOR                                 |
| Date Of Driving Pass   | 18/12/2007                             |
| Driving Experience   | 12 YEARS AND 7 MONTHS                  |
| Gender   | FEMALE                                 |
| Mobile Number  | (LOCAL) +65-90176690                   |
| Fax Number   |  |
| Contact Number   | OFFICE-90176690                        |
| EMail Address  |  |

BLK 9 BOON KENG ROAD Address #23-160 Postcode 330009 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 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? NO Was any injured conveyed to hospital by ambulance? YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 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 SHC700C Vehicle Make/Model/Colour **Details Of Properties** Vehicle Category TAXI Name of Driver NRIC/Passport Number Contact Number Address

1

Postcode

Insurance Company Name

No. Of Passenger (Including Driver)

Nature Of Damage

### 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:

- 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.

Policyholder's Signature Date & Time:

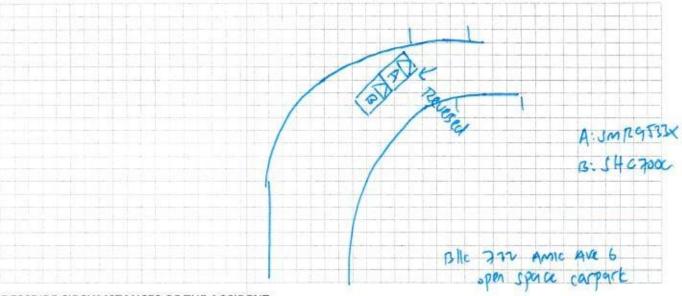
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| on Hated   | date and time, 1 | was travelling | along the H  | ated verye. |
|------------|------------------|----------------|--------------|-------------|
| as in two  | I was congested. | 1 wanted to    | make 3 pri   | nd tuin to  |
|            | checked my strat | incon          | nia G        | ngly        |
| my venicle | accidentally     | MH ONT? A VE   | (MC)E IS JAM | 14 ps 1.50. |
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|            |                  |                |              |             |
|            |                  |                |              |             |
|            |                  |                |              |             |
|            |                  |                |              |             |

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 .:

# ACCIDENT STATEMENT

| F. 1                 | OIIC AVE  | G(DD/MM/YYYY),   | TIME:( 15: 43)(HH:MM)        |
|----------------------|---|--|------------------------------|
| LOCA                 | TION: 722 AMICA O   | pen space  | curper 10                    |
| 1.                   | DETAILS OF VEHICLE  | MR 9533X   |                              |
|                      |   | The second secon |                              |
| (9)                  | b)INSURANCE COMPANY:  | KNOC   |                              |
|                      | C)POLICY NUMBER:  |  |                              |
|                      | e)MAKE & MODEL:   | NSIVE / THIRD PART   | Y / THÍRD PARTY FIRE &THEFT) |
|                      | f)TYPE:(SALOON / COUPE / N  | APV /VAN / LORRY   | / MOTORCYCLE / OTHERS)       |
|                      | g) VEHICLE CATEGORY: (PRIV.                                       |  |                              |
|                      | h)PURPOSE OF USING AT ACC   |  | privale                      |
|                      | IJ ARE YOU CLAIMING UNDER   |  | ANCE IVESINO                 |
|                      | IF NO, PLEASE STATE (THIRD I                                      |  |                              |
| 2                    | INSURED / POLICY HOLDER   | AKI COLANY KEI   | SKING CIVELY                 |
| 2.                   | A)NAME:   |  | (MALE / FEMALE)              |
|                      | b) NRIC/FIN/PASSPORT:   |  | CONTACT: 977 2291            |
|                      | c)ADDRESS:  |  |                              |
| 2 2 6                |   |  |                              |
|                      | * CONTINUE TO 3.d IF DRIVER                                       | ALSO POLICY HOL  | DER                          |
| *He of passion gas   | DRIVER  |  |                              |
| All harson get       | a)NAME:   |  | (MALE / FEMALE)              |
| (Including driver)   | b)NRIC/FIN/PASSPORT:  |  | CONTACT: 9017 6690.          |
| (T)                  | c)ADDRESS:  |  |                              |
|                      | * 115 175 55 515711 /   |  | LI BROOM                     |
| × 1                  | *d) DATE OF BIRTH: (  |  | M/YYYY)                      |
|                      | e OCCUPATION: (INDOOR / C   | 1 20   | 60                           |
| 202                  | f) YEARS OF DRIVING EXPRERIE                                      |  | ( COMPANY (VEC. / MO)        |
| 4.                   | WAS DRIVER AN EMPLOYEE  | OF THE INSURE  | THE COMPANY? (YES / NG)      |
| E                    | IF NO, RELATIONSHIP OF T  | HE DRIVER WITH   | INSURED:                     |
| ٥.                   | a) WEATHER CONDITION: (QLE  |  | IHEK3                        |
| 980                  | bJROAD SURFACE: (DR) / WE   |  |                              |
|                      | WAS ANYBODY INJURED (YES  |  |                              |
| /.                   | a) REPORTED TO POLICE (YES ,                                      |  | 班                            |
| 0                    | IF YES, PLEASE STATE WHICH  | POLICE STATION:_   |                              |
| its all by seemen    | THIRD PARTY VEHICLE  a) VEHICLE NUMBER: JH C                      | 300/4  | HODE!                        |
| 110 04 10 35 00 14   | b) DRIVER'S NAME:   | 1000   | _MODEL:                      |
| - Including driver 1 | <ul><li>b) DRIVER'S NAME:</li><li>c) NRIC/FIN/PASSPORT:</li></ul> |  | _CONTACT;                    |
| (1)                  | c) NRIC/FIN/PASSPORT:<br>THIRD PARTY VEHICLE                      |  | _CONTACT,                    |
| 2.0                  | d) VEHICLE NUMBER:  |  | MODEL:                       |
| a too of harmander   | -1 DOWEDICKIANE.  |  | _MODEL                       |
| [Induding driver]    | f) NRIC/FIN/PASSPORT:   |  | CONTACT:                     |
| 1 1                  | I) NRIC/FIN/FASSFORI  |  | _CONTACT.                    |
| ()                   | w 8   |  |                              |
| The same of          | 1/5   |  |                              |
|                      |   | . chir . we  | e e grain-com.               |
|                      | Cmatl =   | W. Car   | 1                            |
|                      | fax =   | - 6  | 8                            |
| . *                  | VIDEO =   |  |                              |
|                      | / IV  |  |                              |

| Hello, NAC_PAYA_UBI_80 | 0601     |                 |                       |                      |                      |         | * Chang          | e Languag      | e · Chan          | ge Password      | · Log Ou    |
|------------------------|----------|-----------------|-----------------------|----------------------|----------------------|---------|------------------|----------------|-------------------|------------------|-------------|
| My Desktop             | Poli     | cy Query        |                       |                      |                      |         |                  |                |                   |                  | 1953/5553   |
| Notice of Loss         | Policy N | vo.             |                       |                      |                      | Date    | of Accident      |                | 11/08/2020 1      | 15:40            |             |
|                        | Vehicle  | No. (For Motor) | SMR95                 | 33X                  |                      | Certif  | ficate Number    | 1              |                   |                  |             |
|                        |          |                 |                       |                      |                      | Search  |                  |                |                   |                  |             |
|                        | Select   | Policy No.      | Certificate<br>Number | Policyholder<br>Name | Policyholder<br>NRIC | Product | Cover Type       | Vehicle<br>No. | Insured<br>Object | Commence<br>Date | Expiry Date |
|                        | 0        | 5116784747      |                       | LIM CHIN<br>WEE      | 58870289A            | GPC     | drivo<br>CLASSIC | SMR9533X       | SMR9533X          | 18/03/2020       | 17/03/2021  |

| Sequenc                           | e Date of Endorsemen      | t E                               | ndorsemen | nt Type                                    | Endorsement S        | Status     | Endorsement Content          |
|-----------------------------------|---------------------------|-----------------------------------|-----------|--|----------------------|------------|------------------------------|
| ▼ Endorse                         | ments                     |                                   |           |  |                      |            |                              |
| Insured                           | Object: SMR9533X          |                                   |           |  |                      |            |                              |
| Init No.                          | 23-160                    | Related<br>Numbe                  |           | 5116784747                                 |                      |            |                              |
| ddress 4                          | SINGAPORE 330009          | Addres                            | s Type    | Singapore address                          | p                    | ost Code   | 330009                       |
| ddress 1                          | BLK 9 #23-160             | Addres                            | s 2       | BOON KENG ROAD                             | A                    | ddress 3   | CITY VIEW @ BOON KENG        |
| Policyh                           | older Mailing Address     |                                   |           |  |                      |            |                              |
| Certificate<br>nfo                |                           |                                   |           |  |                      |            |                              |
| Open<br>Policy Info               |                           |                                   |           |  |                      |            |                              |
| lag                               | NO.                       |                                   |           |  |                      |            |                              |
| Co-<br>nsurance                   | No                        |                                   |           |  |                      | 100        |                              |
| Agent                             | S & M ALLIANCE PTE LTD    | Agent Tel.                        | 96354288  | 3  | GST Flag             | Y          |                              |
| Outside<br>Singapore<br>OD Excess | 600                       | Outside<br>Singapore<br>TP Excess | 0         |  |                      | Youn       | g/Inexperience Driver Excess |
| Additional<br>Excess              | 0                         | OS<br>Premium                     | 0         |  |                      |            |                              |
| Excess                            | 0                         | damage<br>Excess                  | 600       |  | Windscreen<br>Excess | 100        |                              |
| Type<br>Third Party               |                           | Excess<br>Own                     |           |  |                      |            |                              |
| Excess                            | Per Accident              | All Claims                        |           | 07-00 0-10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | Expery Date          | 17/05/2021 | 23.39                        |
| Policy<br>issue Date              | 18/03/2020                | Effective<br>Date                 | 18/03/20  | 20 00:00                                   | Policy Flag          | 17/03/2021 | 22.50                        |
| Product<br>Name                   | PRIVATE CAR INSURANCE     | Plan                              |           |  | Group                | N          |                              |
| Address                           | BLK 9 #23-160 BOON KENG R | DAD CITY VIEW                     | @ BOON    | KENG SINGAPORE 330                         | 0009                 |            |                              |
| Certificate<br>No.                |                           | Name                              |           |  | NRIC                 | 30070209A  |                              |
| Policy No.                        | 5116784747                | Policyholder<br>Name              | LIM CHIN  | I WEE                                      | Policyholder         | S8870289A  |                              |

| Claim Handling   |  |                                   |   |                            |  |
|--|--|-----------------------------------|---|----------------------------|--|
| Accident MT/1099610  |  |                                   |   |                            |  |
| Policy No.   | 5116784747   | Vehicle No.                       | SMR9533X                                    | SST Registration No.       |  |
| Certificate No.  |  |                                   |   |                            |  |
| Policyholder Name  | LIM CHIN WEE   |                                   |   | Policyholder NRIC          | 58670289A  |
| Product Code   | PRIVATE CAR INSURANCE  | Cover Type                        | drivo CLASSIC                               | Loading                    | 0  |
| Contact No.(Motive)  | 97722791   | Contact No. (Office)              | g   | Contact No.(Home)          | 0  |
| Emeil Address  |  | Special Remark                    |   | eCode                      | THE SECOND SECON |
| KFK  | ® No ○ Yes   | TCA                               | ® No ⊜ Yes                                  | eCode Reason               | 7474200  |
| NCD Protection   | No   | NCD Entitlement(%)                | 10  | Private Hire               | No   |
| → Accident Details   |  |                                   |   |                            |  |
|  | Ch. (1) (1) (1) (1) (1)  | Shortest Barrier Hilbrig 74 has   | Marcol                                      | Acadent Type               | Side Swize   |
| Report Date  | 12/08/2020 11 31   | Academ Report Within 24 hrs       | Yes   |                            | 100000000000000000000000000000000000000  |
| Date of Accident   | 11/08/2020   | Time of Accident hh:mm            | 15:40                                       | Country of Accident        | Singapore  |
| Reporting Centre   |  | Grange Force                      |   | ICM No.                    |  |
| Accident Location  | BLK 722 AMK AVE 5 OPEN SPACE CARPARK   |                                   |   |                            |  |
| ▼ Total Excess Applicable  |  |                                   |   |                            |  |
| Excess Type  | Per Accident   | Windscreen Excess                 | 100.00                                      |                            |  |
| -  | 400.00   | The September September 1         | 0.00  |                            |  |
| OD Standard Excess VIED OD Excess  | 600.00   | TP Standard Excess VIED TP Excess | 0.00  | Driver is Covered?         | Covered  |
|  |  | TODO IP EXCESS                    | 0.00  | Driver is Covered.         | Covered  |
| Additional Excess  Years Ob Second Applicable  | 0.000.00   | Total TD Forces Applicable        | 200   |                            |  |
| Total OD Excess Applicable  Benefits   | 600,00   | Total TP Excess Applicable        | 0.00  |                            |  |
|  | A.V.   |                                   |   |                            |  |
| □ GST Registered Inform  |  |                                   | **********                                  |                            |  |
| GST Registered   | No   |                                   | GST Registration Date<br>GST Status Venfied | Yes                        |  |
| GST Registration No.<br>Modification History   |  |                                   | Was and Anthrea                             | 100                        |  |
| The state of the s |  |                                   |   |                            |  |
| Policyholder Hailing Ad  | deresa   |                                   |   |                            |  |
| Address 1  | BLX 9 #23-160  | Address 2                         | BOON KENG ROAD                              | Address 3                  | CITY VIEW @ BOON KENG  |
| Address 4  | SINGAPORE 330009   | Address Type                      | Singapore address                           | Post Code                  | 330009   |
| Unit No.   | 23-160   | Related Policy Number             | 5116784747                                  | CON COST                   | 3334407  |
| OI Driver Info   | 23-100   | western board and and             | 3110704747                                  |                            |  |
| Driver Name  | Urnamed Driver   | Oriver Type                       | Main Driver                                 |                            |  |
| Unnamed driver Name  | Unitarited Driver  | Driver NRIC                       | 58837241G                                   | Driver DOB                 | 30/09/1966   |
| Register Date of Driver License  | 18/12/2007   | Driver Age                        | 31  | Driving Experience         | 12   |
|  | 90176690   | Contact No.(Office)               | 0   | Contact No.(Home)          | 0  |
| Contact No.(Mobile)  |  |                                   | BOON KENG ROAD                              | Address 3                  | CITY VIEW @ BOON KENG  |
| Address 1  | BX 9   | Address 2                         |   | Post Code                  | 330009   |
| Address 4  | SINGAPORE 330009   | Address Type                      | Singapore address                           | Post Code                  | 330009   |
| Unit No.   | 23-160   |                                   |   |                            |  |
| Does he own a Singapore<br>Registered car?   | ○ Yes 	No  | Driver Vehicle No.                |   | Driver Insurer Company     |  |
|  |  |                                   |   |                            |  |
| Declaration  |  |                                   | 2233380                                     |                            |  |
| Breathalyser or Blood Test<br>Reading?   | 0 mg   | Any injury?                       | ○ Yes (® No                                 |                            |  |
|  |  |                                   |   |                            |  |
| Modification History:  |  |                                   |   |                            |  |
| and the second second  |  |                                   |   |                            |  |
| Claim 001 New  |  |                                   |   |                            |  |
|  |  |                                   |   |                            |  |
| Claim Type *   | OD-MX V  | Insured Name                      | LIM CHIN WEE                                | Insured NRIC               | 58870289A  |
| Contact No.(Mobile)  | 97722791   | Contact No.(Home)                 | 63565541                                    | Contact No.(Office)        |  |
| Email Address  |  | Of Vehicle Number                 | SMR9533x                                    | TP Vehicle Number          | SHC700C  |
| Claimant Type Claimant Type *  | Please Select  | Type of Benefit +                 | Please Select                               |                            | H-040110   |
| Claimant Name *  | >>   | Claimant NRJC *                   |   |                            |  |
| Claimant Address   | -  |                                   |   |                            |  |
| Claim Description  | SMR9533X / SHC700C ON 11 Aug 2020  |                                   |   | Name of Preferred Workshop |  |
| Preferred Workshop Contact   | and the same of th | ALL CANADA STATES                 | Subjection 197                              | 40                         |  |
| No.  |  | Insured Liability *               | Fully at Fault                              | Campana                    | Facilities .   |
| Require Finalisation   | Yes  | Preferend Repair Option           | Preferred Workshop, Name unknown            | GIA report                 | Received V   |
| Date Registered  | 12/08/2020 11:33   | Claim Close Date                  |   | Date Received              | 12/08/2020 00:00   |
| Report Taken By  | Jackson  |                                   |   |                            |  |
| Print AK letter  |  |                                   |   |                            |  |
|  |  |                                   | Save Submit                                 |                            |  |
| - market   |  |                                   | Comment School Comments                     |                            |  |
| Attachment   |  |                                   |   |                            |  |
| 9  |  |                                   |   |                            |  |
| Accident No.   | MT/1099510   | Claim No.                         | 001   |                            |  |
| Last Doc. Received   | ® Yes O No   | Upland Date                       | 12/08/2020 11:35                            |                            |  |
| LESS DOS. NECOVOR  |  | openio trate                      |   | Park down to               | mark.  |
| -  | Path *   | 300000                            | Category *                                  | Confidential Urgen         | 0.5411.5   |
|  |  | Browse                            |   | V Normal                   | <u> </u>   |
|  |  | Browse                            |   | V Normal                   | <u> </u>   |
|  |  | Browse                            | Clear Please Select                         | Normal V Normal            | <u> </u>   |
|  |  | Browse                            | Clear Please Select                         | V Normal                   | V  |
|  |  | Browse                            | Clear Please Select                         | V Normai                   | ▼  |
|  |  |                                   |   |                            |  |

