Claim Handling Accident MT/1108218 Policy No. 5112207767-01 Vehicle No. GB18366R GST Registration No. Certificate No. Policyholder Name SUN LIM GARDEN FOODSTUFFS PTE LTD Policyholder NRIC Product Code COMMERCIAL VEHICLE INSURAL Cover Type Comprehensive Loading Contact No.(Mobile) 67480362 Contact No.(Office) Contact No.(Home) Email Address Special Remark eCode KFK No ○ Yes TCA No ○Yes eCode Reason NCD Protection NCD Entitlement(%) 20 Private Hire Accident Details 28/10/2020 17:19 Accident Report Within 24 hrs Accident Type 27/10/2020 Time of Accident hh:mm Country of Accident Date of Accident 17:00 Reporting Centre Orange Force ICM No. Accident Location LEMBU RD **▽** Total Excess Applicable 100.00 Excess Type Per Accident Windscreen Excess 600.00 0.00 OD Standard Excess TP Standard Excess YIED OD Excess 0.00 YIED TP Excess Driver is Covered? Additional Excess Total OD Excess Applicable 600.00 Total TP Excess Applicable Benefits GST Registered Information GST Registered GST Registration Date 01/04/1994 Yes GST Registration No. M200707397 GST Status Verified 28/10/2020 17:21:56 System changed GST Registration Date from 01/01/2015 to 01/04/1994 28/10/2020 17:21:56 System changed GST Status Verified from No to Yes Modification History ▼ Policyholder Mailing Address Address 1 53 UBI AVENUE 1 Address 2 #05-04 PAYA UBI IND PK Address 3 Address 4 Address Type Singapore address Post Code Unit No Related Policy Number 5112207767-01 OI Driver Info Driver Name Unnamed Driver Driver Type Unnamed Driver Unnamed driver Name HUSIN BIN JAMIL Driver NRIC S1138603B Driver DOB Register Date of Driver License 18/12/1975 Driver Age Driving Experience Contact No.(Office) Contact No.(Mobile) 98272646 Contact No.(Home) Address 1 BLK 530 #05-630 Address 2 BEDOK NORTH STREET 3 Address 3 Address 4 Address Type Singapore address Post Code Unit No. 05-630 Does he own a Singapore O Yes No Driver Vehicle No. Driver Insurer Company Registered car Breathalyser or Blood Test 0 mg Any injury? O Yes No Modification History Claim 001 New OD-MX ~ Insured NRIC Claim Type * Insured Name SUN LIM GARDEN FOODSTUFFS Contact No.(Mobile) Contact No.(Home) Contact No.(Office) Email Address OI Vehicle Number GBJ8366R TP Vehicle Number Claimant Type Claimant Type * Please Select **V** Type of Benefit * Please Select ~ Claimant Name * Claimant NRIC * <u>>></u> Claimant Address Name of Preferred Workshop GBJ8366R / SML9700L ON 27 Oct 2020 Preferred Workshop Contact Insured Liability * Partially at Fault ~ Require Finalisation Yes ~ Preferered Repair Option Preferred Workshop, Name unknown GIA report 28/10/2020 17:23 Claim Close Date Date Received Date Registered Report Taken By SHAN HUI Print AK letter

