2) QC Check / Post Reprir Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Dufaction ANADIA* Stational Laborated In Oriver/Owner: Contact No: Oamaged Portion: C Checked by (Engr-In-Charge):		1) AR; Accident 2) DA; Accident 2) DA; Desmaye 4) FT; Follow-Ti 5) FT; Follow-Ti 6) TR; Re-Inspec 7) NI; Idau DA 6) NTUC Addition OI) *NS; Courlesy *NG; Ilapsir C *NT; Fost Rep *NI; DV / Col *NI; DV	rough Survey rough Survey rough Survey (Resu sinst INC Only (We sit Inc six Tot Allowania six Inspection leat Excess Coordina (Non INC) against 1 site	\$75 \$10 \$23 \$10 \$23 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10	3°	Swants).
Injury: Dufaction Cost > \$30 Injury:		1) AR; Accident 2) DA; Accident 2) DA; Desmaye 4) FT; Follow-Ti 5) FT; Follow-Ti 6) TR; Re-Inspec 7) NI; Idau DA 6) NTUC Addition OI) *NS; Courlesy *NG; Ilapsir C *NT; Fost Rep *NI; DV / Col *NI; DV	rough Survey rough Survey rough Survey (Resu sinst INC Only (We sinst	INC (310) 240/343 \$120 10 Jan 2003) 375 5160 523 510 523	30	
Injury: Injury: Dufaction Application Ap		1) AR 1 Accident 2) DA 1 Damage 3) TF 1 Follow-Ti 5) FT 1 Follow-Ti For claiming as 6) TR: Re-inspec 7) NI 1 Idau DA 8) NTUG Addition OD *NS: Courlosy *NS: Courlosy *NS: Usuair C	rough Survey rough Survey (Resu singt INC Only (We tion - SMRT Survey nal Services:- Cer / Tpt Allowania serdination	TNC (350) \$120 \$	30	
Injury: Injury: Dufaction Application Ap		1) AR 1 Accident 2) DA 1 Damage 3) TF 1 Towing F 4) FT 1 Vollow-Ti 5) FT 1 Vollow-Ti 6) TR: Re-Inspec 7) NI 1 Idau DA 8) NTUC Addition	rough Survey rough Survey rough Survey (Resu clust INC Only (We clust INC Only (We clust INC Only (Me clust	INC (550) 540/543 \$120 Every) \$30 573 \$73	30	
Injury: Onfection Agricult Annual 778 Univer/Owner: Contact No:		1) AR; Accident 2) DA; Damage 3) TF; Follow-Ti 5) FT; Follow-Ti Forolaiming as 6) TR; Re-inspec	rough Survey rough Survey rough Survey (Resu alust INC Only (We alust	Tro (250) 240/24/2 \$120 \$120 \$120 \$120 \$20/24/2 \$120 \$20/24/2 \$20/2	30	
Injury: Oniverious Particular NAMBIA* Structure: Oriver/Owner:		1) All 1 Accident 2) DA 1 Damage 3) TF 1 Towing P 4) FT 1 Follow-Ti For glaiming and	rough Survey (Itesus alusting Only (West	Tro (250) 240/24/2 \$120 \$120 \$120 \$120 \$20/24/2 \$120 \$20/24/2 \$20/2	30	
Injury: Oniversity Styling NATOITE Lutinoids Reciteula		1) AL; Accident 2) DA: Damage 3) TF: Towing F	rough Survey (Resu	TMC (230) 240/24/2 2120 240/24/2	3°	
Injury: Oniversity Styling NATOITE Lutinoids Reciteula		1) All 1 Acoldent 1) DA 1 Damage 3) Tr 1 Towing P	(2100);	INC (210)		
Injury: Dufatring Triples (Repair Cost > \$30) Injury: NAMBITAR		1) Alt Anoident	Raporting (330);			
1) Upload Resurvey Photo [Repair Cost> \$30 Injury:				~ 000 YE YEYE 7 12 Y 12		
Upload Resurvey Photo [Repair Cost> \$30 Injury:				~ 000 YE YEYE 7 12 Y 12		TO THE PARTY OF TH
Upload Resurvey Photo [Repair Cost> \$30 Injury:				~ 000 YE YEYE 7 12 Y 12	THE THE	र सम् ४
Upload Resurvey Photo [Repair Cost> \$30 Injury:)		~ 000 YE YEYE 7 12 Y 12	# 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	· · · · · · · · · · · · · · · · · · ·
Upload Resurvey Photo [Repair Cost> \$30 Injury:				~ 000 YE YEYE 7 12 Y 12	Trogos	1,111, 2,1
Upload Resurvey Photo [Repair Cost> \$30 Injury:				~ 000 YE YEYE 7 12 Y 12	Michael March	· · · · · · · · · · · · · · · · · · ·
3) Upload Resurvey Photo [Repair Cost> \$30)		Samorewer.rsva	Military Triban	1, Mg, 2, 1, 1
)		ŧ		
			· -	tt	- 	
	.(·).					
1) Apply for Transfort Allowance ()/C	ourtesy Car ()	· · · · · ·			
itaninakakakaking pinggatin panggatin panggatin panggatin panggatin panggatin panggatin panggatin panggatin pa			BITTER	tilling: 1527 Free	Ac Arkento'r	.,,
Drive-In ()/ Towad-In (); Invoice:	TY () Out x	TE CONTROLLED TO	THE COLUMN THE PROPERTY OF THE	CIP COMESTA		
() Total Loss Case : to e-mail Insure		0().T	wing Co: (#	. , , , ,	,)
() Walk-In Customar : Customor's Infor		ilidential & Str	cily NO rater of	reporter.		
in manual managaran da kanagaran	ATHER CONTROL		PARTIES SALES	Mariet Navila	131 2	· · · ·
Excess: (\$) Loading: \$1,00	00 () / \$2,000		January & July 1	त्यार गुरुक्त मा	A TOTAL TOTAL	
	Varranty: YES ()/NO()			
Insured/Driver Liability: (%) [1	Note-Est. Status (W	70): N: 0-20	%; P: 21-79%	. P; 8d-100%	i] I	
Confirmed by : (Dater.	Time)	
	iod; ()	Cover Type: ()	
Owner/Driver: (KX 5326X		Tel:)	
	V× 5726V	. INC()/Non-INC	(')		
Profured Wksp / INC Assign Wksp / QW: (A STATE OF THE PARTY OF THE PAR		Tol:	Fux:)
TP Insurer:			Owner/Wksn			.,
	Assessment/Sur	rvey Report				The second second
(11) (11) Reporting Only	I-Photo Uplon	ided	1			
	I-Motor W/O				: .	
DOM: 25/2/21 09:15	I-Motor Cinin	n Porm	MT/11224	99 002 26	12121	18:00
	E-mail (white 3					
Vch No SGJ 5026H	SAS c-filing					
Ref Ha MAI INC 2100 2667/14						
Ref No MAI IMC 2100 2667 144	Jeb description	*	Dute se Time de	111111010111		•
Ref Ha MAI INC 2100 2667/14	Jeb description	wei i Janoaj	Date & Time Co	mpleted	Done,b	Ž.

SN09212Q000B / National Assessment Centre Services [408933] ENTRY DATE & TIME: 26/02/2021 16:28 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (26/02/2021 16:28 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
 2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
 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.

- A. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

 5. Any false reporting may be referred to the Police for investigation.

 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.

 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	26/02/2021 16:28 (SGT)
Date of Accident	25/02/2021 09:15 (SGT)
Exact Location of Accident	Boon Teck Rd, Singapore
Additional Location Information	Ē.
Country/State of Loss	Singapore

osami, osas or 2000	oniguporo -
DETAILS O	F OWN VEHICLE
Vehicle Registration Number	SGJ5026H
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No	Yes PAUL HOE ENTERPRISE PTE LTD 2XXXXX503C PHBMS@YAHOO.COM (Phone) +65-67419686 +65-67419686
VEHICLE PARTICULARS	
Manufacturer Model Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category	Honda Airwave - Private use No - Claiming third party Private car

Vehicle Category

INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage **ThirdParty** Fleet Policy 5101767903-02 Policy Number Cover Note Number

DRIVER

Name of Driver LIM CHER TONG ROGER NRIC No SXXXX075F Date Of Birth 07/08/1964 Occupation Outdoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	24/01/1983 38 YEARS AND 1 MONTH Male (Phone) +65-97515811 - PHBMS@YAHOO.COM BLK 679 WOODLANDS AVE 6 #13-702 - 730679 No Hirer No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Side Swipe Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 No - Yes 1 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
REFER TO STATEMENT.	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No

Vehicle Registration Number	SKX5326X
Vehicle Manufacturer	-
Vehicle Model	=
Vehicle Variant	_
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	FELICIA
Contact Number	(Phone) +65-90931818
Address	-
Address complement	-
Postcode	e <u>-</u>
Insurance Company Name	_

Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful</u> and <u>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.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7 By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

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

Date & Time:

H

Reporting Centre Personnel's Signature Name.

NRIC/FIN No

SKETCH PLAN Corpave in a out -> Born Teck Rd SGJSODLH Ra Site Pally bot DESCRIBE CIRCUMSTANCES OF THE ACCIDENT AT 09:15 qm on the 25/02/2021 at Boom teck Rd, when I reversed my vehicle into the Parking lot, the other Vehicle no SKX 5326X reversed From the the Condo Carpule but the bay c of My Vehicle no SGJ 5026 H. DECLARATION I/We destread foregoing particulars are true in every respect. Policyholder's Signature Reporting Centre Porsonnal's Signature Name

Date & Time:

(If driver is not the policyholder) Date & Time:

NRIC/FIN No .



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: 5101767903-02

Cover : Third Party

1. Index mark and Registration Number of Vehicle

: SGJ5026H

Chassis Number

: GJ11105401

2. Name of Policyholder

: PAUL HOE ENTERPRISE PTE LTD

3. Effective Date of Insurance

: 13 Jul 2020

4. Expiry Date of Insurance

: 30 Jun 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 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 : S\$1,500 **EXCESS (SECTION 2)** ADDITIONAL EXCESS : N/A : N/A UNNAMED DRIVER EXCESS : NO REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE : N/A : NO NCD PROTECTION : N/A PRIMARY DRIVER : N/A NAMED DRIVER (1) NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : N/A : N/A SUM INSURED

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

: TONG HIN INSURANCE AGENCY PTE. LTD. (00000614661)

Date of Issue

: 06 Jul 2020 12:10 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

ACCIDENT STATEMENT

ACCI	DENT DATE: (35 / 02 / 3021)(DD/MM/YTT),	TIME: (09 : ISAM) (HH:MM)
LOCA	TION: Boon Teck Rd	
	DETAILS OF VEHICLE a) VEHICLE NUMBER: SGJ 5026 H b) INSURANCE COMPANY: NTUC c) POLICY NUMBER: 5101767903 - 02 d) POLICY TYPE: (COMPREHENSIVE / THIRD PART e) MAKE & MODEL: HOD HUNDA AIRWAVE / f) TYPE: (8ALOON) / COUPE / MPV /V AN / LORRY , g) VEHICLE CATEGORY: (PRIVATE / COMMERCIA h) PURPOSE OF USING AT ACCIDENT TIME: VK i) ARE YOU CLAIMING UNDER YOUR OWN INSUR , IF NO, PLEASE STATE (THIRD PARTY CLAIM / REP INSURED / POLICY HOLDER A) NAME: PAUL HOE ENTER PRISE PTE LID b) NRIC/FIN/PASSPORT: 2017135034 c) ADDRESS: 1 (CG/4 BUIGH AVE 6 #01-10)	MOTORCYCLE / OTHERS) L / MOTORCYCLE) ANCE (YES/NO) ORTING ONLY) (MALE / FEMALE) CONTACT: 67419686
the of passenger (Including driver)	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLD DRIVER a) NAME: LIM CHERTONG RUGER b) NRIC/FIN/PASSPORT: 516410757 C) ADDRESS: BILL 679 #13-702 WOUDLANDS	(MALE / FEMALE) CONTACT: 97515811
5. 6.	*d) DATE OF BIRTH: () / 08 / 1964) (DD/M. e) OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: 38 WAS DRIVER AN EMPLOYEE OF THE INSURED IF NO, RELATIONSHIP OF THE DRIVER WITH a) WEATHER CONDITION: (CLEAR / RAINING / OT b) ROAD SURFACE: (DR) / WET / OTHERS WAS ANYBODY INJURED (YES / NO) a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION:	D'S COMPANY? (YES / NO) INSURED: Hirer THERS
No of passenger	THIRD PARTY VEHICLE a) VEHICLE NUMBER: SKX 5326X b) DRIVER'S NAME: Felicia	MODEL: CONTACT: 90931818 MODEL:

email: phbms@ yahoo. com fax: 67476918

VIDEO - NO