| NATIONAL Assessment Contre Servi | ces (not a savel) | | | |
|--|---------------------------------|--|---|---------|
| Date In: 16/63/24 Jeb do | scription | Date & Time Completed | Done by | |
| Ref No 119 /101021003953/13 SAS | e-filing | 1 | | |
| Veh No. GBC8/477 E-m. | ail (widen Stas. AIC 2brs) | | | |
| | tor Claim Form | : mT/1115878-061 | | |
| i-Mc | tor W/O (Within: OD 2hr | s, TP 4hrs) | | |
| OD TP (Reporting Only) i-Pho | oto Uploaded | | | |
| TP Insurer: | sment/Survey Report | | | |
| Ass't | Report by Fax / Hand | o Owner/Wksp | | |
| Preferred Wksp / INC Assign Wksp / QW: (| | Tel: Fax | c; | |
| TP Particulars: Veh No: SCF/A | :/67 INC(|)/Non-INC() | | |
| Owner / Driver: (| | Tel: |) | |
| Policy No: () Period: (|) | Cover Type: (|) | |
| Confirmed by : (| Date: | Time: |) | |
| | | 0%; P: 21-79%. F: 80-10 | 0%] | |
| Year of Registration: () Warranty | |) | | |
| Excess: (\$) Loading: \$1,000 () | /\$2,000() | COLUMN TO THE RESERVE OF THE PARTY OF THE PA | | |
| General Remarks:- | | ACM STREET | jii - | |
| () Walk-In Customer: Customer's information s | trictly Confidential & S | trictly NO refer of repairer. | | |
| () Total Loss Case : to e-mail Insurer URGE | | | The same of the state of | |
| Drive-In ()/ Towed-In (); Invoice: YES (| | Towing Co. (| |) |
| | r english of State of State of | Date&Time Completed | Done l | v |
| Remarks:- (INC horline: 6788 6616) | Cor() | Data and a me | | - |
| 1) Apply for Transport Allowance () / Courtesy | car () | | | |
| QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$3000] | () | | | |
| | | | | |
| Injury: | | · VIII | | |
| Date/Time Actions | | up Seed State Factories | | |
| | | | | |
| | | 4 | | |
| | | | | |
| | | | V=_3/1/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/ | |
| | Paranta ser | G. 131 | Amt (\$) | Amt (\$ |
| NAD-102263 | 77.44.00.44.00.50 | eparation Checklist | 1st Bill | Add Bi |
| Claimant's Particulars :- | 1) AR : Accide 2) DA : Dames | ent Reporting (\$30); ge Assessment (\$100); INC (\$80 | 0) | |
| Driver/Owner: | 3) TF : Towing | Fee \$40/ | /\$45 3120 | |
| | 5) FT : Follow | -Through Survey (Resurvey) | \$30 | |
| Contact No: | For claiming 6) TR: Re-ins | r against INC Only (wef 10 Jan 2005) pection | \$75 | |
| Damaged Portion: | 7) N1 : Idac D | A + SMRT Survey | \$160 | |
| | OD* | itional Services;- | | |
| QC Checked by (Engr-In-Charge): | *N5: Courte | esy Car / Tpt Allowance | \$5 \$10i | |
| 10 A 23 A426 C REQUEST US. 10 | *N7: Post P | r Co-ordination Lepair Inspection | \$25 | |
| Auditors' Comments :- | *N8: DV / 0 | Collect Excess Coordination | \$5 \$20 | - |
| at. 1: | TP (N11): 9) N12: Idac ! | | 30 | |
| at. 2 / 3; | Invoice dated | Fee Charged | 阿里 什么 | in and |
| resource of conversions | Invoice dated | Fee Charged | STREET, STREET, | |

SN09213Q000E / National Assessment Centre Services [408933] ENTRY DATE & TIME: 26/03/2021 15:43 (SGT) SUBMITTED BY: Roslinda Binte A. Wahab VERSION: 1 (26/03/2021 15:43 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process.

 This Form must be completed by the Policyholder and/or the Authorised Driver
 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.

This control will be forwarded by the linearous of the CIA Proceed Management Control established by the Control Insurance Association of Six 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

26/03/2021 15:43 (SGT) Date of Submission 19/03/2021 18:25 (SGT) Date of Accident Loyang Way, Singapore **Exact Location of Accident** SLIP RD TO LOYANG AVE Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

GBC8147T Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? LINK GENERAL SUPPLIES Name Of Registered Owner Company Reg No 5XXXX761C LINKAPL@SINGNET.COM.SG Email Address (Phone) +65-90660566 Mobile Phone No +65-90660566 Alternative Phone No

VEHICLE PARTICULARS

Toyota Manufacturer Dyna 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?

Transmission CC

Vehicle Category

Employment

No - Reporting only Commercial vehicle

Manual 2982

INSURANCE COMPANY

NTUC Income Insurance Co-operative Ltd Name of Insurance Company ThirdParty Type of Coverage No Fleet Policy 5075744567-05 Policy Number Cover Note Number

DRIVER

LIM KIAN PENG Name of Driver SXXXX044J NRIC No



Date Of Birth 12/12/1966 Occupation Outdoor Date Of Driving Pass 03/08/1990 Driving experience 30 YEARS AND 7 MONTHS Gender Male Mobile Number (Phone) +65-96267759 Alt. Phone Number **Email Address** LINKAPL@SINGNET.COM.SG Address BLK 181 PASIR RIS ST 11 Address complement #08-26 Postcode 510181 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Employee Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collision - Head to Rear Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE ATTACHED 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 | SLF1616T |
|-----------------------------|----------------------|
| Vehicle Manufacturer | E STANDARD STANDARD |
| Vehicle Model | * |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | LIM CHOON KIAT |
| NRIC No | SXXXX674J |
| Contact Number | (Phone) +65-96485075 |
| Address | |
| | |

| Address complement | |
|---|----|
| Postcode | 27 |
| Insurance Company Name | |
| Nature Of Damage | |
| Details of property damaged in accident | · |
| No. Of Passenger (Including Driver) | 85 |

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust 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
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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 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)

- (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' law yers/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.

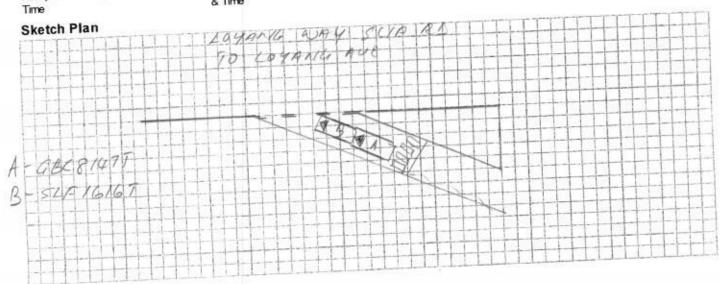
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

ym 26/03/21



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Declaration

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

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

| | · LOCATION | Thing way s | UP RA TO COYANG AVE |
|-------------------------|--|---|--|
| | | S OF VEHICLE | *** |
| | | CLE NUMBER: CBCS1 | 477 |
| | | RANCE COMPANY: | |
| | • N CONTROL OF THE PARTY OF THE | CYNUMBER: 507574 | |
| | dipouc | CYTYPE: (COLIDERIE IN) | 1301-03 |
| | 0)1000 | TITE: [COMPREHENSIV | E / THIRD PARTY / THIRD PARTY FIRE &THEF |
| | e)MAKE | & MODEL: 10 4 00 H | 134NA /M |
| | 9/ 11/10 | CLE CATEGORY: (PRIVATE / DSE OF USING AT ACCIDE | /VAN/LORRY/MOTORCYCLE/OTHERS) / COMMERCIAL / MOTORCYCLE) |
| | I) ARE YO | U CLAIMING UNDER YOU | JP OWN INSURANCE (YES/NO) |
| | IF NO, P | PLEASE STATE (THIRD PART | Y CLAIM / REPORTING ONLY) |
| | Z. INSURED | / POLICY HOLDER | |
| | A)NAME: | : GT LINK CENEL | RAL SUPPLIES (MALE / FEMALE) |
| | b) NRIC/F | FIN/PASSPORT: | CONTACT: 7066056 |
| | c)ADDRE | ESS: | CONTACT DE POST |
| 25 25 | 36 C-100/10 | | |
| Clinduding | | LIM ICIAN PENG IN/PASSPORT: S/7 430 | CONTACT: 96 1/32 5 |
| () | c) ADDRES | SS: BUC 181 PASIR | RIC ST 11 |
| (| c)ADDRES | 7708-26 /510 | RIS ST 11 |
| (| c)ADDRES | F BIRTH: (12) 12 / 12 | 2 RIS ST 11 |
| () | *d)DATE C | # 108-26 / 610 DF BIRTH: (12 / 12 / 12 / 12 / 12 / 12 / 12 / 12 | 2 RIC ST 11 266)(DD/MM/YYYY) OORD |
| () | *d)DATE O | OF BIRTH: (12) 12) (ATION: (INDOOR / OUTDO | 2 (S (S ())))))))))))))) |
| () | *d)DATE C e)OCCUP, f)YEARS OF 4. WAS DRIV | PF BIRTH: (12 / 12 / 12 / 12 / 12 / 12 / 12 / 12 | OOR) THE INSURED'S COMPANY? (VES./ NO.) |
| () | *d)DATE O e)OCCUP, f)YEARS OF 4. WAS DRIV IF NO, REI | PF BIRTH: (12) 12) (ATION: (INDOOR / OUTDOOF DRIVING EXPRERIENCE: VER AN EMPLOYEE OF TELATIONSHIP OF THE DE | OORD THE INSURED'S COMPANY? (YES / NO) RIVER WITH INSURED: |
| () | *d)DATE O e)OCCUP, f)YEARS OF 4. WAS DRIV IF NO, REI 5. a)WEATHER b)ROAD SU | OF BIRTH: (_///// | CARC ST // 966)(DD/MM/YYYY) OOR) O2/GE/1990 THE INSURED'S COMPANY? (YES'/ NO) RIVER WITH INSURED: RAINING / OTHERS |
| () | *d)DATE O e)OCCUP, f)YEARS OF 4. WAS DRIV IF NO, REI 5. a)WEATHER b)ROAD SU | OF BIRTH: (| CALCE ST // 266)(DD/MM/YYYY) OOR) THE INSURED'S COMPANY? (YES / NO) RIVER WITH INSURED: RAINING / OTHERS THERS |
| () | *d)DATE O e)OCCUP, f)YEARS OF 4. WAS DRIV IF NO, REI 5. a)WEATHER b)ROAD SU 6. WAS ANYBO 7. a)REPORTE | PRINTH: (12 / 12 / 12 / 12 / 12 / 12 / 12 / 12 | OOR) OOR) HE INSURED'S COMPANY? (YES / NO) RIVER WITH INSURED: RAINING / OTHERS HERS |
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| (_) | d) DATE O e) OCCUP, f) YEARS OF 4. WAS DRIV IF NO, REI 5. a) WEATHER b) ROAD SU 6. WAS ANYBE 7. a) REPORTER IF YES, PLE 8. THIRD PARTY C) NRIC/FI 9. THIRD PARTY d) VEHICLE 9. THIRD PARTY d) VEHICLE 1. OF ORIVER 1 | DF BIRTH: (| CE STATION: MODEL: MODEL: |

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fax =

VIDEO = 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: 5075744567-05

Cover : Third Party

Index mark and Registration Number of Vehicle

: GBC8147T

Chassis Number

: JTFAT35Y50K202632

2. Name of Policyholder

: LINK GENERAL SUPPLIES

3. Effective Date of Insurance

12 Dec 2020

4. Expiry Date of Insurance

11 Dec 2021

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 business or profession.
- (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)

: N/A

EXCESS (SECTION 2)

: N/A

INSURE WITH COE

: N/A

HIRE PURCHASE COMPANY

: N/A

SUM INSURED

: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

: NLE INSURANCE AGENCIES PTE LTD (00000614580)

Date of Issue

: 05 Dec 2020 23:00 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

Claim Handling Accident MT/1125878

| Policy No. | | | | | | |
|--|--|--|---|--------------|---|--------------------------------------|
| | 5075744567-05 | Vehicle No. | GBC8147T | | GST Registration No. | |
| Certificate No. | | | | | | |
| Policyholder Name | LINK GENERAL SUPPLIES | | | | Policyholder NRIC | FALFARA |
| Product Code | COMMERCIAL VEHICLE INSURA | Cover Type | Third Party | | Loading | 53156761C |
| Contact No.(Mobile) | 90660566 | Contact No.(Office) | 0 | | Contact No.(Home) | 0 |
| mail Address | | Special Remark | | | | 0 |
| FK | No Yes | TCA | n No Yes | | eCode | No V |
| NCD Protection | No | NCD Entitlement(%) | | | eCode Reason | |
| ♥ Accident Details | | the emocation wy | 20 | | Private Hire | No |
| Report Date | 26/03/2021 18:41 | Accident Report Within 24 h | rs Yes | | 20.02002.000 | |
| late of Accident | 19/03/2021 | Time of Accident hh:mm | | | Accident Type | Collision - Head to Rea |
| eporting Centre | 200 620 520 52 | Orange Force | 18:25 | | Country of Accident | Singapore |
| ccident Location | LOYANG WAY SLIP RD TO LOYANG AVE | Grange Force | | | ICM No. | |
| ▼ Total Excess Applicable | | | | | | |
| xcess Type | Per Accident | Windscreen Excess | | 0.00.07 | | |
| | | Windscreen Excess | | 0,00 | | |
| D Standard Excess | 0.00 | TP Standard Excess | | 0.00 | | |
| ED OD Excess | 0.00 | YIED TP Excess | | 0.00 | Debug to Co | 2000 |
| iditional Excess | | | | 0.00 | Driver is Covered? | Covered |
| tal OD Excess Applicable | 0.00 | Total TP Excess Applicable | | 0.44 | | |
| ₹ Benefits | 0.55754 | The state of the s | | 0.00 | | |
| GST Registered Inform | ation | | | | | |
| T Registered | No | | APP & COLUMN | Davis . | | |
| T Registration No. | (2108) | | GST Registration GST Status Verific | | | |
| dification History | | | GOT SIZEUS VERTIL | | Yes | |
| | | | | | | |
| Policyholder Mailing Ad | dress | | | | | |
| ldress 1 | BLK 181 #08-26 | Address 2 | PASIR RIS STREET 11 | | Address 3 | SINCAPORE FLAVO |
| idress 4 | | Address Type | Singapore address | | Post Code | SINGAPORE 510181 |
| nit No. | 08-26 | Related Policy Number | 5075744567-05 | | Total Standill | 510181 |
| OI Driver Info | | | | | | |
| iver Name | Unnamed Driver | Driver Type | Unnamed Driver | | | |
| named driver Name | LIM KIAN PENG | Driver NRIC | \$17430443 | | Driver DOB | 12/12/12 |
| gister Date of Driver License | 03/08/1990 | Driver Age | 54 | | | 12/12/1966 |
| ntact No.(Mobile) | 96267759 | Contact No.(Office) | 0 | | Driving Experience | 30 |
| idress 1 | BLK 161 | Address 2 | | | Contact No.(Home) | 0 |
| idress 4 | \$100 PM | Address Type | PASIR RIS STREET 11 | | Address 3 | SINGAPORE 510181 |
| nit No. | #08-26 | makes type | Singapore address | | Post Code | 510181 |
| TOTAL STATE OF THE PARTY OF THE | T WWTEN | | | | | |
| es he own a Singapore | Was - No | 40.000.000.000.000 | | | | |
| es he own a Singapore gistered car? | Yes ii No | Driver Vehicle No. | | | Driver Insurer Company | |
| gistered car? | Yes ii No | Driver Vehicle No. | | | Driver Insurer Company | |
| gistered car? | es e | | | | Driver Insurer Company | |
| egistered car? | Yes No | Driver Vehicle No. Any Injury? | Yes : No | | Driver Insurer Company | |
| ces he own a Singapore opistered car? sclaration reathalyser or Blood Test eeding? | es e | | ⊖ Yes ⊛ No | | Driver Insurer Company | |
| egistered car? sclaration reathelyser or Blood Test | es e | | ∵Yes ⊛ No | | Driver Insurer Company | |
| ogistered car? Inclaration eathwayser or Blood Test and the standard of the | 0 mg | | _ Yes ⊛ No | | Driver Insurer Company | |
| gistered car? Claration patholyser or Blood Test ading? Iffication History | 0 mg | | ∵Yes ⊚ No | | Driver Insurer Company | |
| potered car? Caration Pathalyser or Blood Test sding? Initiation History Claim 001 OD-MX | 0 mg | Any injury? | | | Driver Insurer Company | |
| potered car? Caration Lathalyser or Blood Test sding? Iffication History Claim 001 OD-MX New Type * | 0 mg | | UYes ⊚ No | | Driver Insurer Company Insured NRIC | 53156761C |
| gistered car? Claration Lathalyser or Blood Test sding? Iffication History Claim 001 OD-MX New Im Type * Ract No. (Mobile) | 0 mg | Any injury? | | | | 53156761C |
| claration autholyser or Blood Test sding? Iffication History Claim 001 OD-MX New Type * Ract No. (Mobile) all Address | 0 mg | Any injury? Insured Name | | | Insured NRIC | 53156761C |
| Jaration Jar | 0 mg | Any injury? Insured Name Contact No.(Home) | LINK GENERAL SUPPLIES | | Insured NRIC Contact No.(Office) | SLF1616T |
| gistered car? Claration hathalyser or Blood Test sding? Iffication History Claim 001 OD-MX New Im Type * Ract No.(Mobile) all Address Im Description | 0 mg | Any injury? Insured Name Contact No.(Home) | LINK GENERAL SUPPLIES | | Insured NRIC Contact No.(Office) TP Vehicle Number | SLF1616T |
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