Dute In E 2 Ox DOC TO CENTE	a Countral		the income		
Dule In: 63 05 708 15.42		(WIT 1 / HT60)	MAG18V5784	4	
HEI HO. X BO M84 5008133/Y	100, describiton		Date & Time Complet	ed . [	Jone by
Veli No: SKA 9720 A	SAS c-Illing	H i s		4	COCCHI CHOICE
O.O. O.O.O.O.O.O.O.O.O.O.O.O.O.O.O.O.O.	To Berriott (which a		40.4		
	100000000000000000000000000000000000000				
OD / TP Keponing Only	1.510101 1410	(IALIMITOD SYLV)	17 (1822)		
	I-Plieto Uples		,		
TP Injureh	Assessment/Sur				
Profested West INC Assign Wksp / OW: (	ATT REPORT BY	HAM/ Hand to	Owner/Wkie		
TP Parilleulard Yell Not BAR	OVER T		T + 11	Fax (	
Olyner / Drivery (	CARETC .	, IHC (	)\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	4	
Polley No: ( ) Per	lod: (		Teli		
Confirmed by 11	1	Dates	Cover Types (		<u> </u>
Insured/Driver Liabilitys ( %) In	Volei Bil Stanii (W		7(my) 71 P121.79%, P13	A LINARA	
Year of Registrations ( ) 4	Yarminiy: YES(	)/NO( )	(1) (1) 61-1779; (1)	0+11/03()	
Execusi(S ) Loading 181,00	00 ( ) / \$2,000 (				
Seneral Realitical Callynday (1997)		Assa Vandesia		X 1997 S	77.
1 M/210 la China	mation strictly Con	Moeviel & Sive	dly NO rater of repair	er,	
/ asian will contomers in or		of the special party and the second		The second	
( ) Wask-in Gistomilie i Customers infor ( ) Total Luss Case I to a-mail Insura	F URGENTLY,	k .			
Dilve-in ( )/Tolved-in ( )   Involce:	F URGENTLY,	THE RESERVE AND ADDRESS OF THE PARTY OF THE	Wing Cot (		)
Dilve-in()/Tolved-in()/Invoice  Semantial Marian Allowance ()/O	F URGENTLY,	Q( ) T0			Donolby + 1
Dilve-in ( )/Tolved-in ( )   Involved  Dilve-in ( )/Tolved-in ( )   Involved  Certailist   Intelligent   Intellige	r URGENTLY, ( YES ( ) / N  OUTWAY Car ( )	Q( ) T0	Wing Col (		) Donolby + 1
Dilve-in ( )/Tolved-in ( )   Involce:  Settion is: Interest   (0 0 - m all Insure  Dilve-in ( )/Tolved-in ( )   Involce:  Settion is: Interest   (0 0 - m all Insure  Settion is: Interest   (0 0 - m all Insure  Settion is: Interest   (0 0 - m all Insure  Settion is: Interest   (0 0 - m all Insure  Settion is: Insure  Dilve-in ( )/Tolved-in (0 - m all Insure  Settion is: Insure  Settio	r URGENTLY, ( YES ( ) / N  OUTWAY Car ( )	Q( ) T0	Wing Col (		Zonelby + 4
Dilve-in ( )/Tolved-in ( )   Involce:  Settion is: Interest   (0 0 - m all Insure  Dilve-in ( )/Tolved-in ( )   Involce:  Settion is: Interest   (0 0 - m all Insure  Settion is: Interest   (0 0 - m all Insure  Settion is: Interest   (0 0 - m all Insure  Settion is: Interest   (0 0 - m all Insure  Settion is: Insure  Dilve-in ( )/Tolved-in (0 - m all Insure  Settion is: Insure  Settio	r URGENTLY, ( YES ( ) / N  OUTWAY Car ( )	Q( ) T0	Wing Col (		Dionelby + 1
Dilve-in ( )/Tolved-in ( )   Involce:  Semanlici   Aller   Bott   Break   Bott   Break    1) Apply for Transport Allowance ( )/C  2) QC Check / Pox Republication  3) Uplood Resurvey Photo (Repair Cos( > \$3)	r URGENTLY, ( YES( )/ N  OUTWAY Car( )  0000) ( )	<u>◊(</u> ) 16	Ving Cot (		
Drive-in( )/Tolved-in( )   Invoice;  Drive-in( )/Tolved-in( )   Invoice;  Semantial   Alingho-line)   678 8   661 61          1) Apply for Transport Allowance ( )/C  2) QC Check/Poxi Repht Inspection  3) Uplood Resurvey Photo (Repair Cost > \$3	r URGENTLY, ( YES ( ) / N  OUTWAY Car ( )	<u>◊(</u> ) 16	Ving Cot (		Done,by
Drive-in( )/Tolved-in( )   Invoice;  Remarkable   All Prescription   Control    1) Apply for Transport Allowance ( )/C  2) QC Cheek/Post Repty Inspection  3) Uplood Resurvey Photo (Repair Cost > \$3	r URGENTLY, ( YES( )/ N  OUTWAY Car( )  0000) ( )	<u>◊(</u> ) 16	Ving Cot (		
Drive-in( )/Tolved-in( )   Invoice;  Remarkable   All Prescription   Control    1) Apply for Transport Allowance ( )/C  2) QC Cheek/Post Repty Inspection  3) Uplood Resurvey Photo (Repair Cost > \$3	r URGENTLY, ( YES( )/ N  OUTWAY Car( )  0000) ( )	<u>◊(</u> ) 16	Ving Cot (		
Drive-in( )/Tolved-in( )   Invoice;  Remarkable   All Prescription   Control    1) Apply for Transport Allowance ( )/C  2) QC Cheek/Post Repty Inspection  3) Uplood Resurvey Photo (Repair Cost > \$3	r URGENTLY, ( YES( )/ N  OUTWAY Car( )  0000) ( )	<u>◊(</u> ) 16	Ving Cot (		
Drive-in ( )/TolveU-in ( )   Invoices  Remarks: Include Case   10 c-mail Insure  Remarks: Include Case   10 c-mail	r URGENTLY, ( YES( )/ N  OUTWAY Car( )  0000) ( )		Wing Col (		ASSESSED TO THE PARTY OF THE PA
Drive-in()/Tolved-in()/Invoices  Apply for Transport Allowance ()/C  2) QC Check/Post Apply Inspection  3) Uplood Resurvey Photo (Repair Cost > \$3  INJURY 1	r URGENTLY, ( YES( )/ N  OUTWAY Car( )  0000) ( )	♦       ♦    <	wing Col(		ASSESSED TO THE PARTY OF THE PA
Drive-in ( )/TolveU-in ( )   Invoices  Remarks: Include Case   10 c-mail Insure  Remarks: Include Case   10 c-mail	r URGENTLY, ( YES( )/ N  OUTWAY Car( )  0000) ( )	O( )   To	Wing Cot (  Draw Ting Complete  Oraclon Contexts  Approve (130)		ASSESSED TO THE PARTY OF THE PA
MANSO2829  Manson Control Cont	r URGENTLY, ( YES( )/ N  OUTWAY Car( )  0000) ( )	O( )   To	Wing Cot (  1284: Eing Cot (		Assert A
Polation Case 1 to a-mail Insure  Drive-in ( ) / Tolveu-in ( )   Invoice  emoris	r URGENTLY, ( YES( )/ N  OUTWAY Car( )  0000) ( )	( )   To	Wing Cot (  Discussion of Complete  Ota Conf Consequence  Ota Conf Conf Consequence  Ota Conf Conf Conf Conf Conf Conf Conf Conf	11 (27) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	ASSESSED TO THE PARTY OF THE PA
Political Case 1 to a-mail Insure  Drive-in ( )/Tolved-in ( )   Invoice  extraction of Apply for Transport Allowance ( )/O  Drive-in ( )/Tolved-in ( )/Tolved-in ( )/O  Drive-in ( )/Tolved-in ( )/Tolved-in ( )/O  Drive-in ( )/Tolved-in ( )/T	r URGENTLY, ( YES( )/ N  OUTWAY Car( )  0000) ( )	(1)   T0   T0   T0   T0   T0   T0   T0   T	WINE COLL  DECEMENT OF CARELOUS  OTS TO PECTATORS  APPROVE (JSO)  INVENTOR (JS		Assert A
MANSO2829  Manson Resurvey Photo (Ropeir Cost > 53  Manso2829  Man	r URGENTLY, ( YES( )/ N  OUTWAY Car( )  0000) ( )	O( )   To	WINE COLL  DECEMENT OF CARELOUS  OTS TO PECTATORS  APPROVE (JSO)  INVENTOR (JS		Assert A
MANSO 229  Interior Section ( ) / Tolved In ( )   Invoice ( ) / C ( )   Apply for Transport Allowance ( ) / C ( )   QC Cheek / Post Apply Inspection ( )   Cost ( )   S ( )	r URGENTLY, ( YES( )/ N  OUTWAY Car( )  0000) ( )	O( )   TO	Wing Cot (  DECATE OF COMPANY  OTHER COT (	11 11 46 11 11 11 11 11 11 11 11 11 11 11 11 11	ASSESSED TO THE PARTY OF THE PA
MANSO 229  Interior Section ( ) / Tolved In ( )   Invoice ( ) / C ( )   Apply for Transport Allowance ( ) / C ( )   QC Cheek / Post Apply Inspection ( )   Cost ( )   S ( )	r URGENTLY, ( YES( )/ N  OUTWAY Car( )  0000) ( )	O() ) TO  O() )	Wing Cot (  DECATOR CORREST  OTHER COT (  OT	11 11 10 11 11 11 11 11 11 11 11 11 11 1	ASSESSED TO THE PARTY OF THE PA
Drive-in ( )/Tolved-in ( ) Invoice:  Settionics of Holing Boulines Grass Got Shill  1) Apply for Transport Allowance ( )/C  2) QC Cheek/Poxi Repair Inspection  3) Uplood Resurvey Photo (Repair Cost > \$3  ///////////////////////////////////	r URGENTLY, ( YES( )/ N  OUTWAY Car( )  0000) ( )	O( ) TO  O(	Wing Cot (  DECATION CONDENS  OLIGINATION (COLOR)  Ven  SMRT SULVIY  ALIENT SULVI	110 111 111 111 111 111 111 111 111 111	ASSESSED 1
Drive-in ( ) / Tolved-in ( )   Invoice    Drive-in ( ) / Tolved-in ( )   Invoice    Retriorize   Hally Boulines   ETRE   GS   Still    1) Apply for Transpara Allowance ( ) / C  2) QC Check / Poxi Repht Inspection  3) Uplood Resurvey Photo (Repair Cost > \$3  //////////  ////////////////  Drive Tures   Action    Drive	r URGENTLY, ( YES( )/ N  OUTWAY Car( )  0000) ( )	O( ) TO  O(	WINE COLL  ORGANIZATION CORRESON  ORGANIZATION CONTRACTOR  ORGANIZATION CONTRACTOR  INVENTIGATION CONTRACTOR  INVENTIGATIO	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

### 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 ability.
- 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. 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.

ACCIDE	NT STA	TEMEN	l
--------	--------	-------	---

Date Of Report

03/05/2018 15:42

Date Of Accident

27/04/2018 16:00

Exact Location Of Accident

CARPARK AT BLK 404 BEDOK NORTH

Country/State of Loss

SINGAPORE

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SKA9720A

## Insured/Policyholder

Name Of Registered Owner

GOH WEE PAK

NRIC No

S0081584E

Email Address

WPGOH1953@GMAIL.COM

Mobile Phone No.

(LOCAL) +65-96471370

Alternative Phone No

OTHERS-96471370

#### Vehicle Particulars

Manufacturer

TOYOTA

Model

COROLLA ALTIS-1.6 (A)

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?

If No. Please state action to be taken

REPORTING ONLY

Vehicle Category

PRIVATE CAR

#### Insurance Company

Name of Insurance Company

MSIG INSURANCE (SINGAPORE) PTE. LTD.

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

D 71468349 QMX

Cover Note Number

#### Driver

Name of Driver

GOH WEE PAK

NRIC No Date Of Birth S0081584E 01/10/1953

Occupation

INDOOR

Date Of Driving Pass

26/05/1978

**Driving Experience** 

39 YEARS AND 11 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-96471370

Fax Number

Contact Number

OTHERS-96471370

EMail Address

WPGOH1953@GMAIL,COM

Address

4 TAMPINES STREET 73

#05-01

Postcode

528824

Character and and

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

.

Insurance Company of Driver's Own Vehicle

...

General Information of the Accident

Type Of Accident

COLLIDED INTO PROPERTY

Weather Conditions

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

1

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

· WIFE

GENDER:

: FEMALE

**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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

#### SKETCH PLAN

### IMPORTANT NOTICE

- 1. 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 <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>.
- 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.
- 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 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:
  - 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:
  - 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)

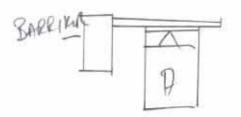
Date & Time:

D3/05/2018
Reporting Centre-Personnel's Signature

Name:

NRIC/FIN No.

# BROOK NORTH BLK YOU CARPBEN



A) SKA9720A'

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

know o	lown	0	t corporate	8	miel	du	Ing	chi	ring	day	90	the
Fluor	,,	WE	+				/					
		_						_				

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

ACC		DD/MM/YYYY), TIME:(169:00)(HH:MM
100	ATION: Carpark O BUK GO	4 Bedik Worth
	Allow.	
	I. DETAILS OF VEHICLE	and the second s
	a) VEHICLE NUMBER: SCA 47	170A
	b)INSURANCE COMPANY: 4	5/2
5	CIPOLICY NUMBER: 7 146	1
	HIPOLICY TYPE (COMPREHENSIVE	E / THIRD PARTY / THIRD PARTY FIRE & THEFT
	OMAKE & MODEL: Toyota	18 Hris
	FITYPE (SALOON / COUPE / MPV /	/VAN / LORRY / MOTORCYCLE / OTHERS)
		COMMERCIAL / MOTORCYCLE)
	HIPURPOSE OF USING AT ACCIDE	ENTTIME: Two levice
	I) ARE YOU CLAIMING UNDER YOU	UP OWN INSURANCE (YES/NO)
	IF NO, PLEASE STATE (THIRD PART	
	INSURED / POLICY HOLDER	1
7	A) NAME: GOU WEST OF	MALE / FEMALE)
	b) NRIC/FIN/PASSPORT:	115146 CONTACT: 964)1370
2 1	CIADDRESS: 4 TAMPING (T	1/17 77 CS>PPH)
WIFE!		
V /	* CONTINUE TO 3.d IF DRIVER ALSO	SO POLICY HOLDER
Ju of passenge	DRIVER	
Including driver		
Melberby charac	bjnric/fin/passport:	CONTACT:
(2)	c)ADDRESS:	
	1 /2	14(2) 1105 1101 1100000
	ta)DATE OF BIRTH: (/_//	7403 (DD/MM/1111)
	e)OCCUPATION: (INDOOR / OUT	11/1/1978
		THE INSURED'S COMPANY? (YES / NO)
- 4	IF NO, RELATIONSHIP OF THE	DRIVER WITH INSURED:
(6	a) WEATHER CONDITION: (CLEAR)	/ RAINING / OTHERS 2011 in 9
18	b)ROAD SURFACE: (DRY / WET / C	OTHERS Wet
6	. WAS ANYBODY INJURED (YES / NO	
	a) REPORTED TO POLICE (YES / NO	
	IF YES, PLEASE STATE WHICH POL	
В	. THIRD PARTY VEHICLE .	
s of Massinger	a) VEHICLE NUMBER: Caresil	L berIN MODEL:
edudina di pe	) DRIVER'S NAME:	
	O NRIC/FIN/PASSPORT	CONTACT:
9	THIRD PARTY VEHICLE	
va vista proportion	d) VEHICLE NUMBER:	MODEL:
2.19	e) DRIVER'S NAME:	
a caging althor	(1) NRIC/FIN/PASSPORT:	CONTACT:
7	=	
THE SHAPE		

Chail = wpg.h 1953 a gmil.con

## REPUBLIC OF SINGAPORE DENTITY CARD NO. S0081584E





### GOH WEE PAK

吴 律 北

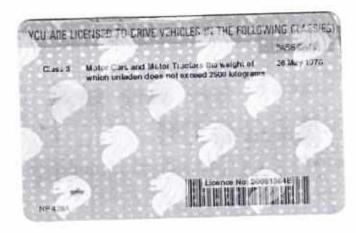
CHINESE Date of Betty 01-10-1953 M

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE \*Lineux Number S 0 0 8 1 5 8 4 E GOH WEE PAK Girt Com 01 Oct 1953 bes 09 Jul 2003







Insurance (Singapore) Pte. Ltd. entsh Way, # 21-01, SGX Centre 2, Singapore 068807 55 6827 7888, Fax +65 6827 7800 ag, No. 200412212G GST Reg. No. 20-0412212G

## MOTOR MAX

## RENEWAL CERTIFICATE

	MOTOR WAY		CONTRACTOR OF CO		
Policy Number	Place of Issue SINGAPORE				
D 71468349 QMX 13/10/2017 to 12/10/2018			Date of Issue		
Name and Address of Insured			08/09/2017		
Goh Wee Pak 4 Tampines Street 73			Account Number		
#05-01 Pinevale			393008		
Singapore 528824			Total Due		
Premium	GST		SGD625.52		
SGD584.60 SGD40.92			201020104		

RISK NUMBER

MOTORMAX

OCCUPATION

Engineer

## FINANCIAL INTEREST

DBS Bank Ltd as Hire Purchase Owners

SCOPE OF COVER Comprehensive

## INTEREST INSURED

REGISTRATION NO. SKV9720A

SUM INSURED INCL. COE/PARF

OFF-PEAK CAR

GOOD DRIVER'S

MARKET VALUE

MAKE/MODEL

Toyota Altis 1.6

YES

ENGINE NUMBER

1ZRY207216

NO

SGD30.77

CHASSIS NUMBER

MR053REH104538435

NO CLAIM DISCOUNT 50.00% (or F/D)

YEAR OF MFG

2015

DISCOUNT

NCD PROTECTOR

NOT COVERED

SEATING CAPACITY 5 (INCL. DRIVER)

SGD500

WINDSCREEN

CAPACITY

UNLIMITED

EXCESS

1598 C.C.

ANNUAL PREMIUM

SGD584.60

ACCESSORIES

Aircon, radio/cassette/compact disc player, in-vehicle unit, rust-proofing and other accessories that are factory fitted.

## **AUTHORISED DRIVERS**

Goh Wee Pak