

NATIONAL Assessment Centre Services. (ver 1 Jan 03) MMA 119167754

| | | | |
|-------------------------------|--|-----------------------|---------|
| Date In: 21/12/19 09:16 | Job description | Date & Time Completed | Done by |
| Ref No: MA / MSG 190 22413164 | SAS e-filing | | |
| Veh No: 6BF 9425T | E-mail (within 3hrs, A/C 2hrs) | | |
| ICCA: 4/12/19 11:50. | 1-Motor Claim Form | | |
| OD: TP / Repairing Only | 1-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| TP Insurer: | 1-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

| | | |
|--|--|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (| Tel: | Fax: |
| TP Particulars: | Veh No: SMK 3416 C. | INC () / Non-INC () |
| Owner / Driver: (| Tel: | |
| Policy No: (| Period: (| Cover Type: (|
| Confirmed by: (| Date: | Time: |
| Insured/Driver Liability: (| %) [Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 80-100%] | |
| Year of Registration: (| Warranty: YES () / NO () | |
| Excess: (\$ | Loading: \$1,000 () / \$2,000 () | |

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

| | | |
|---|-----------------------|---------|
| Remarks: (INC 10/11/19 6/30/19 1616) | Date & Time Completed | Done by |
| 1) Apply for Transport Allowance () / Courtesy Car () | | |
| 2) QC Check / Post Repair Inspection () | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | | |

Injury: _____

| Date/Time | Actions |
|-----------|---------|
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|---|---|-----------------------------|-------------------------|
| <p>MA1909505</p> <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> | <p>Invoice Preparation Checklist</p> <p>1) AR: Accident Reporting (\$30);</p> <p>2) DA: Damage Assessment (\$100); INC (\$80)</p> <p>3) TP: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) FT: Follow-Through Survey (Resurvey) \$30</p> <p>For claimant's use only (wef 10 Jan 2003)</p> <p>6) TR: Re-inspection \$75</p> <p>7) NI: Idao DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>Q11:</p> <p>*N5: Courtesy Car / Tpt Allowance \$3</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$3</p> <p>TP (N11): TP (Non INC) against INC \$20</p> <p>9) N12: Idao Mobile \$0</p> <p>Invoice dated Fee Charged</p> <p>Invoice dated Fee Charged</p> | <p>Am (\$)</p> <p>30.00</p> | <p>SA (\$)</p> <p> </p> |
|---|---|-----------------------------|-------------------------|

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 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. 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 Report | 21/12/2019 09:16 |
| Date Of Accident | 04/12/2019 11:50 |
| Exact Location Of Accident | CHULIA ST TWDS SOUTH CANAL RD JUNC |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------------|
| Vehicle Registration Number | GBF9425T |
| Insured/Policyholder | |
| Name Of Registered Owner | JONG FRESH SUPPLIES PTE LTD |
| Co Reg No | 2XXXXX204H |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-91213474 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | TOYOTA |
| Model | DYNA |
| Exact Purpose for which vehicle was being used at time of accident | WORK |
| 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 | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | MSIG INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | B 29075429 MKC |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | LOH SHING KOK |
| NRIC No | SXXXX534A |
| Date Of Birth | 08/01/1976 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 10/09/1996 |
| Driving Experience | 23 YEARS AND 2 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-88775773 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|---------------------------------|
| Address | BLK 157 WOODLANDS ST 13 #03-729 |
| Postcode | 730157 |
| Was driver an employee of the Insured's Company | YES |
| If No, Relationship of the Driver with the Insured | |
| 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 | 2 |
| Was any body injured in the Accident? | NO |
| Was any injured conveyed to hospital by ambulance? | |
| Was any other material or property damaged? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 0 |

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 | SMK3416C |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| 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 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:

- (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.

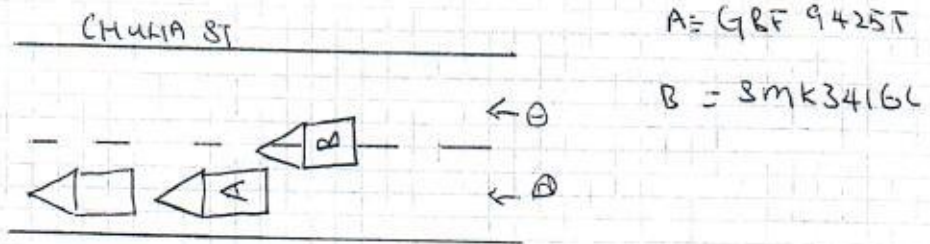


Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I was doing loading and unloading along the mention road, as my company another lorry broke down. Mid of loading and unloading suddenly vehicle 'B' drive so near my vehicle and collided onto my vehicle rear door.

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.:

Date of Accident : 04/12/19 Accident Time: 1150am (24-HR-Format)
Accident Place : CHHUA CHHUA STREET TWO'S SOUTH CANAL ROAD JUNCTION
Vehicle Reg. No. (Car Plate No.) : GBF 9425T
Vehicle Make/Model : TOYOTA DYNA
Insurance Company : MSIG Policy No. B 29075429 MKC
Owner or Company Name /IC No. : JONG FRESH SUPPLIES PTE LTD ROC: 200107204H
Owner or Company Contact No. : _____ Owner's Hp 91213474 Company Tel _____
DRIVER'S Name / IC No. : LOH SHING-KOK S7601534A
DRIVER'S Date Of Birth : 08/01/1976 DRIVER'S License Pass Date 10/09/1996
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling Employee Others: _____
DRIVER'S Address : BLK 157 WOODLANDS STREET 13 #03-729S (730157)
DRIVER'S Contact No./ Alt No. : 1) 88775773 2) _____
DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address : _____
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 00
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: SMK 3416C
Vehicle Make/Model: _____
Name Driver: _____
IC No. Driver: _____
Driver's Contact & Add: _____

Vehicle Reg. No: _____
Vehicle Make/Model: _____
Name Driver: _____
IC No. Driver: _____
Driver's Contact & Add: _____

MSIG

Insurance (Singapore) Pte. Ltd.
Raffles Quay # 21-01, SCA Centre 2, Singapore 068007
Tel: 6527 7888 Fax: 6527 7800
Reg No: 200412212G GST Reg No: 20-0412212G

COMMERCIAL VEHICLE**RENEWAL CERTIFICATE**

| Policy Number | Period of Insurance | Place of Issue |
|---|--------------------------|----------------|
| B 29075429 MKC | 10/04/2019 to 09/04/2020 | SINGAPORE |
| Name and Address of Insured | | Date of Issue |
| Jong Fresh Supplies Pte Ltd 53 Ubi Avenue 3 Singapore 408863 | | 26/03/2019 |
| | | Account Number |
| | | 220089D |
| Premium | GST | Total Due |
| SGD1,338.03 | SGD93.66 | SGD1,431.69 |

RISK NUMBER 1**COMMERCIAL VEHICLE****SCOPE OF COVER** Comprehensive**INTEREST INSURED**

| | | | |
|------------------|------------------------|-------------------|-----------------|
| ITEM | 0001 | SUM INSURED | MARKET VALUE |
| REGISTRATION NO. | GBF9425T | NO CLAIM DISCOUNT | 20.00% (or F/D) |
| MAKE/MODEL | Toyota Dyna 3.0 Manual | EXCESS | SGD500 |
| ENGINE NUMBER | 1KD2610111 | WINDSCREEN | UNLIMITED |
| CHASSIS NUMBER | KDY2318025634 | ANNUAL PREMIUM | SGD1,338.03 |
| YEAR OF MFG | 2016 | | |
| CAPACITY | 1.62 TONS | | |
| SEATING CAPACITY | 2 (INCL. DRIVER) | | |

AUTHORISED DRIVERS

Any other person provided he is driving on the Insured's order or with the Insured's permission.

LIMITATION AS TO USE

Use in connection with the Insured's business.
Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business.
Use for social domestic and pleasure purposes.
The Policy does not cover
(1) Use for hire or reward or for racing pace-making reliability trial or speed-testing.
(2) Use whilst drawing a trailer except the towing of any one disabled

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