NATIONAL Assessment Centre Services |wel 1 Jan'05| M Notwoy390) Date & Time Completed Done by Date In: 28 12- 49:40 Jcb description Res No: Maj Fezhony 1912 SAS e-filing E-mail (within Shrs, AIC 2hrs) Voli No: GBENSGLY i-Motor Claim Form D.O.A: 17/4/20-12:45 i-Motor W/O (Within: OD 2hrs, TP 4hrs) OD : TP / Reporting Only i-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Fax: Preferred Wksp / INC Assign Wksp / QW: (Toi:)/Non-INC (INC (TP Particulars: Veh No: UBJ816L) Tel: Owner / Driver: (Period: (Cover Type: () Policy No: (Date: Confirmed by : (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Insured/Driver Liability: (Warranty: YES ()/NO(Year of Registration: (Loading: \$1,000 ()/\$2,000 (Excess: (\$ 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 () : Invoice: YES (); Towing Co: ()/Towed-In (Date&Time Completed Done by Remarks:- (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions Amt (3) Anit (S) Invoice Preparation Checklist Add Bill fat Bill 142002803 . 1) AR : Accident Reporting (\$30); Claimant's Particulars :-INC (\$80) 2) DA : Damage Assessment (\$100); \$40/\$45 3) TF : Towing Fee Driver/Owner: \$120 4) FT : Follow-Through Survey \$30 5) FT : Follow-Through Survey (Resurvey) Contact No: For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection Damaged Portion: \$160 7) N1 : Idao DA + SMRT Survey 3) NTUC Additional Services:-QC Checked by (Engr-In-Charge): \$5 *NS: Courtesy Car / Tpt Allowance 510 *N6: Repair Co-ordination \$25 *N7: Post Repair Inspection Auditors' Comments :-*N8: DV / Collect Excess Coordination 55 \$20 TP (N11): TP (Non INC) against INC Cat. 1: 9) N12: Idac Mobile Fee Charged Invalce dated Cat. 2/3: Fee Charged Involce dated

in proceedings

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 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

STATE OF THE PARTY	ACCIDENT STATEMENT
Date Of Report	28/04/2020 09:40
Date Of Accident	27/04/2020 12:45
Exact Location Of Accident	PIE TWDS BKE
Country/State of Loss	SINGAPORE
CAN CONTRACT THE PROPERTY OF DEPARTMENT OF D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBF2393Y
Insured/Policyholder	
Name Of Registered Owner	SIANG HOCK HOLDING PTE LTD
Co Reg No	1XXXXX681M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	KIA
Model	K2500 6M/T
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	D-20095487MFCV/50

2 MONTHS

n	ri	.,,	,

Cover Note Number

KYAW KHING	
SXXXX890F	
31/10/1966	
OUTDOOR	
30/01/2009	
11 YEARS AND 2 MONT	
MALE	
(LOCAL) +65-93833219	

Fax Number

OFFICE-93833219 Contact Number

NOEMAIL EMail Address

Address

BLK 682 CHOA CHU KANG CRESCENT

#09-500

Postcode

680682

Was driver an employee of the Insured's Company

NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - CHANGE/CROSS LANE

Weather Conditions

RAINING

Road Surface

WET

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?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

1

Number of Passengers (Including Driver)

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

GBJ816L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

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

- Please report <u>correctly</u> 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)
 - (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
- 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.

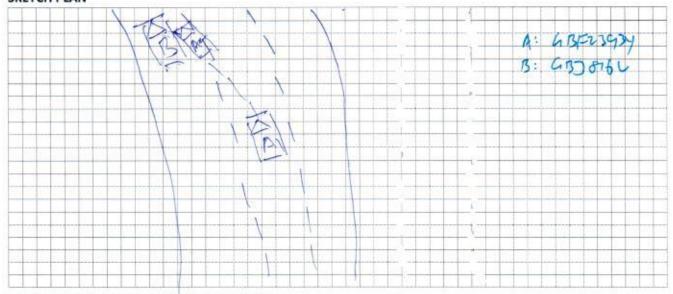
Policyholder's Signature Date & Time:

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

Date & Time:

Reporting Centre Personnel's Signature Name:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Retr to statement	

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 Personne's Signature Name:

NRIC/FIN No.:

on 27/04/2020 12:45 pm traveling to along BKE s. 1 was driving on centre line, Suddenly Losed control my a cond collided on to the vehicle number GBJ 816L. we stop and check no body infined

J.

kyaw khing 27/04/2020 14:39 (pm)

ACCIENT STATEMENT

ACCIDENT DATE: (27) 04 /2020)(DD/MM/YYYY), TIME(12: 45)(HH:M	M)
LOCATION: PHE TURN TO BKE	
1.DETAILS OF VEHICLE	
a) VEHICLE NUMBER: GBF 2393 Y.	
b) INSURANCE COMPANY: MS PIRST CAPITOL.	
c) POLICY NO:	
d) POLICY TYPE: (COMPREHENSIVE/THIRD PATY/THIRD PARTY FIRE & THEFT) e) MAKE/MODEL:	
f) TYPE: (SALOON/COUPE/MPV/VAN/LORRY/MOTORCYCLE/OTHERS)	
g)VEHICLE CATEGORY: (PRIVATE/COMMERCIAL/MOTORCYCLE)	
h) PURPOSE OF USING AT TIME OF ACCIDENT :	
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE : (YES/NO)	COI
IF NO, PLEASE STATE (THIRD PARTY CLAIM/REPORTING ONLY)	
IF NO, FLENDE STATE (THIND PARTY CLAIM) HET ONTING ONE!)	
2. INSURED / POLICY HOLDER	
A) NAME: (MALE/FEMALE)	
B) NRIC/FIN/PASSPORT : CONTACT:	
C) ADDRESS :	
CANAL LIFE SAMPLING ON CONTROL OF	Control of the Contro
*CONTINUE TO 3.D IF DRIVER ALSO POLICY HOLDER	
A) NAME: KYGW KHING (MALE/FEMALE) B) NRIC/FIN/PASSPORT: S-2760890 F CONTACT: 93833219	
	_
c) ADDRESS: BLK 682 × 09,500, chaq chu kang €resent	
D) DATE OF BIRTH: (31 / 10 / 1966)(DD/MM/YYYY)	
E) OCCUPATION : (INDOOR/OUTDOOR) F) YEARS OF DRIVING EXPERIENCE : 9 4.0005	
F) YEARS OF DRIVING EXPERIENCE:	177
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:	-
S.A) WEATHER CONDITION: (CLEAR/ RAINING/OTHERS	ب
B) ROAD SURFACE : (DRY/WET/OTHERS	J
6. WAS ANYBODY INJURED: (YES/NO)	
7. REPORTED TO POLICE : (YES(NO) IF YES PLEASE STATE WHICH POLICE STATION:	923
IF TES PLEASE STATE WHICH POLICE STATION.	8
8.THIRD PARTY VEHICLE:	*3 02
A) VEHICLE NO: GBT & 6 L MODEL:	
B) DRIVER'S NAME :	10
C) NRIC.FIN PASSPORT NO.: CONTACT:	- FE SE 2002
STATE OF THE PARTY	- I drive
9. THIRD PARTY VEHICLE:	
A) VEHICLE NO: MODEL:	
A) VEHICLE NO: MODEL: B) DRIVER'S NAME :	_



MS First Capital Insurance Limited Go. Reg. No. 195000106C GST Reg. No. M2-0001676-9 6 Raffles Quay #21-00 Singapore 048580 Tel: (65) 6222 2311 Fax: (65) 6222 3547

Claims & Motor Underwriting Dept. 36 Robinson Road #16-01 City House Singapore 068877 Tel: (65) 6507 3848 Fax: (65) 6507 3849

www.msfirstcapital.com.sg

CERTIFICATE OF INSURANCE

ORIGINAL

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Type of Policy.

COMMERCIAL VEHICLE - FLEET

Type of Cover.

: Comprehensive

Certificate No.

D-20095487MFCV/50

Vehicle No / Chassis No

GBF2393Y / KNCSJX76LG7082737

Name of Insured

: SIANG HOCK HOLDING PTE LTD

Period Of Insurance

: 01.04.2020 To 31.03.2021

Insured Estimated Value

Market Value At Time Of Loss

Financial Institution

MV CREDIT PTE LTD

Authorised Driver*

ANY AUTHORISED DRIVERS

Persons or classes of persons entitled to drive*

(1) Whilst the vehicle is being used in connection with the Insured's business:-

(a) Any person provided he is in the Insured's employ and is driving on their order or with their permission.

(2) Whilst the vehicle is being used for social, domestic or pleasure purposes:-

(a) Any person who is driving on the Insured's order or with their permission.

For drivers with more than 1 year driving experience and/or not less than 21 years of age

Excess: S\$1,000.00 on Section I & II separately (for Long Term Lease - 1 year or more)

S\$2,500.00 on Section I & II separately (for Short Term Lease - less than 1 year)

S\$1,000.00 on Section I & II separately (for Staff)

For drivers with less than 1 year driving experience and/or less than 21 years of age

Excess : S\$3,000.00 on Section I & II separately (for Long Term Lease - 1 year or more)

S\$4,500.00 on Section I & II separately (for Short Term Lease - less than 1 year)

S\$2,000.00 on Section I & II separately (for Staff)

* 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.

Limitations 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 racing, pace-making, reliability trial or speed-testing.

(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

(3) Use for the carriage of passengers for hire or reward.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (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.

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)

MS First Capital Insurance Limited (Approved Insurers)

SUSAN/A0151/MZ301A9

Issued at Singapore on 01.04.2020

Authorised Signature