TYPE OF CLAIM: DOD DOD/UL DDS	MCA:
MOTOR	ACCIDENT REPORT
Date Of Report: 26 - AMI 2021 Time: 4-250	Date Of Accident: 24th Mril 2021 Time: 16:55 pre
Exact Location Of Accident:	nds Exit into Yio Chu Kang Road
Country/State of Loss: Singapore / Wilayah Persekutuan / Se	langor Darul Ehsan □ / Negeri Sembilan □ / Melaka □ / Pahang □ /
OWN VEHICLE DETA	ILS (INSURED/POLICY HOLDER)
Vehicle Registration Number: SMV 94221	Co. Reg. No(for Co. Vehicle)/NRIC/PP/FIN No: S/2622
Name Of Registered Owner: Koh Huce Boon	Dovid
Mobile Number: 98002778 Alternative No: 9654	5646 Email Address: donsco@smail.com
Vehicle Particulars	1676 (Compulsory) GOMS(OCO SMOCK)
Manufacturer: Toyota Lexus Suzuki, Hino	Model: Jimpey 1. IL.
	Normal Usage ☑ Other ☐ (please specify):
Are you claiming under your own insurance policy for repair to your vo	
Third Party	
The second secon	hers 🗆
Insurance Company	
Name of Insurance Company:	
Type Of Coverage: Comprehensive ☐ Third Party ☐ Thir	d Party Fire and/or Theft \(\begin{align*} \land \lan
Fleet Policy: Yes No 2	Policy / Cover Note No:
DRIVER DETAIL	S AT POINT OF ACCIDENT
Name of Driver: Chong Hock Soon	NRIC/ Passport / FIN No: 4 445 3271 X
Date Of Birth: 74.07.1992	Occupation: Indoor Outdoor O
Date Of Driving Pass: 23/02/2021	Gender: Male ☐ Female ☐
Mobile Number: 96603390 Fax No:	Alternative No:
Address: 2, Center Line 746739	F. Singafore Postal Code: 746 734
Email Address: Nacksoon 894 Damail.	com d
Was driver an employee of the Insured's Company? Yes No	State relationship of the driver with the insured: ぬれ いんしゅい
Vehicle Registration Number of Driver's Own Vehicle (if applicable):	
Insurance Company of Driver's Own Vehicle (if applicable):	
	MATION OF THE ACCIDENT
	ripe - Same Direction
	/ If more than 2 Pax Please fill ANNEX B
	ASSENGER 1
Name: Amanda Na Sha Haci Weather Conditions: Clear Haining Others (If others, ple	Gender: Male ☐ Female Ø
Weather Conditions: Clear	'
Was any body injured in the Accident? No. Yes	maition);
Was any foreign vehicle involved in this accident? No. Yes	Vehicle No: \(\text{YM \(\text{L \) \} \} \} \\ \end{L \) \} \\ \end{L \(\text{L \(\) \} \\ \end{L \(\text{L \(\) \} \\ \end{L \(\text{L \(\text{L \(\text{L \(\text{L \(\) \} \\ \end{L \(\text{L \(\text{L \(\text{L \(\text{L \(\) \\ \end{L \(\text{L \(\) \} \\ \end{L \(\text{L \(\text{L \(\text{L \(\text{L \(\) \} \\ \end{L \(\text{L \(\text{L \(\text{L \(\) \\ \end{L \) \} \\ L \(\text{L \(\) \\ \end{L \(\text{L \(\) \\ \ett{L \(\text{L \(\) \\ \end{L \(\) \\ \end{L \(\) \\ \end{L \
Number of vehicles involved in the accident:	Venicity Control of the Control of t
	ness details column below
Witness Name: Contact No.:	Email:
Was there any other vehicle or property damaged? No ☐ Yes. ✓	
Was there any video captured by Car Camera? No ☐ Yes ☐	Are accident scene photos available for attachment? No ☐ Yes ☐
Was the accident reported to the police? No ☐ Yes ☐ (If yes,	
Was notice of intended Prosecution given? No Yes (If yes,	please state which Police Station): BMC N.P. (
I have been approached by unknown person(s) soliciting/offering acci	111
	please state against whom):
DETAILS OF OTHER VEHICLE PROPERT	please state against whom):
	please state against whom): dent claims assistance. No Yes Yes Yes Yes Yes Yes Yes Ye
	please state against whom): dent claims assistance. No Yes Y1 (Please fill Annex A if more vehicles involved)
Vehicle Registration Number: SMBS980 Details Of Properties Damage in Accident: Vehicle Category:	please state against whom): dent claims assistance. No Yes Y1 (Please fill Annex Aif more vehicles involved) Vehicle Make/Model/Colour:
Vehicle Registration Number: SMBS980 Details Of Properties Damage in Accident: Vehicle Category:	please state against whom): dent claims assistance. No Yes Y1 (Please fill Annex Aif more vehicles involved) Vehicle Make/Model/Colour:
Vehicle Registration Number: SMBX8980 Details Of Properties Damage in Accident: Vehicle Category: Name of Driver: \CVMArca S/O Chempo NRIC/Passport/FIN Number: S/4202822	please state against whom): dent claims assistance. No Yes Y1 (Please fill Annex Aif more vehicles involved) Vehicle Make/Model/Colour:
Vehicle Registration Number: SMBX898D Details Of Properties Damage in Accident: Vehicle Category: Name of Driver: \CVMArkn S10 (hemponric/Passport/FIN Number: S14W2828 Address:	please state against whom): dent claims assistance. No Yes Y1 (Please fill Annex Aif more vehicles involved) Vehicle Make/Model/Colour:
Vehicle Registration Number: SMBX8980 Details Of Properties Damage in Accident: Vehicle Category: Name of Driver: \CVMArca S/O Chempo NRIC/Passport/FIN Number: S/4202822	please state against whom): dent claims assistance. No Yes Y1 (Please fill Annex Aif more vehicles involved) Vehicle Make/Model/Colour: A TAYAA Contact Number: 9 L LG 2151

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 and 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 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)

l 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' 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. (collectively the "Purposes")
- (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

K.

Witnessed by Reporting Centre Personnel

Sketch Plan

1008.7

A-SMV9422L B-CMB (FPAD

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Declaration

IWe 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





Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

1 of 3 Report No. T/20210424/2117

Tel No: 1800-4849999

REPORT OF A TRAFFIC ACCIDENT

24/04/202	•	ade:	Vide Report No.:		Station Diary No.: 70		
Informant	's Particu	lars					
Name of Ir			Address:				
CHONG H		N	2 LENTOR LINK SINGAPORE 786734				
ID Type / II			Contact No.:				
FIN NO / G		<u> </u>	Home/Office:	Mobile: 86	603390		
Nationality			Email:				
MALAYSIA	N.						
Sex:	Age:	Date of Birth:	Type of Informant:				
Male	28	28/07/1992	Driver				
Race:			Language:	Institution /	School Name:		
Chinese			English				
Occupation			Driving Licence Information:				
SALES AN		TIONS	Class: 3C	Date of Ex	piry:		
MANAGEF	<u> </u>						

Conoralinformat	ion of the Accident				Krone server our control of the first server o
General imornia		1.00			
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 24/04/2021 16:55	,	Type of Location: Filter Lane
Location:					
YIO CHU KANG	ROAD				
Weather:		Road Surface:		Road	d Speed Limit:
Clear		Dry			•
Traffic Flow:		Traffic Control:		Traff	ic Volume:
Type of Collision:				Anvo	one conveyed by
Between Moving	Vehicles - Side Swipe	- Same Direction			ulance:

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SMB5898D	- 3.3, 5 5 5.51,1111				Slightly	0
	nibus			·	Damaged	
SMV9422L	Car				Slightly	1
					Damaged	

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

Tel No: 1800-4849999

2 of 3 Report No. T/20210424/2117

CONTINUATION OF REPORT

Driver					
Name	KUMARAN S/O CHEMPATAYAN		ID No.		S1420282Z
Related Vehicle	SMB5898D (Bus/Coach/Minibus)		Conta	ct No.	92292151
Hospital/Clinic	NIL		Class Driving Licend Expiry	g e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discl	harge	NIL	
No. of Days gran	Degree of				
Driver					7.00
Name	CHONG HOCK SOON		ID No.		G8853272X
Related Vehicle	SMV9422L (Car)	***************************************	Conta	ct No.	86603390
Hospital/Clinic	NIL		Class Driving Licend Expiry	g ce &	Class: 3C Date of Expiry: NIL
Date Treatment	NIL	Date Discl		NIL	
No. of Days grant	Degree of		NIL		

Brief Details.

On 24/04/2021 at about 1655hrs, I was travelling along CTE towards Woodlands and made an exit into Yio Chu Kang Road. While travelling along the slip road, I made a check to my right and did not see any vehicle. After doing so, I exited out from the filter lane and while doing so, a bus (SMB5898D) which was travelling from Yio Chu Kang Road hit onto the front right side of my car. Both of our vehicles stopped at the side of the road. No one claimed to be injured. Due to the accident, the front right side of my car was slightly damage.





Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

Tel No: 1800-4849999 CONTINUATION OF REPORT

3 of 3 Report No. T/20210424/2117

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recordin F /	g The Report:	8	Signature Of Informant:		
Sr Staff Sgt MUHAMMAD AZI	LI BIN KASNAN	A CONTRACTOR OF THE PARTY OF TH	[Mi]		
Signature Of Interpreter:		- 1	Date/Time:		
Not applicable			24/04/2021 22:52		
Officer In Charge Of Case: TP / GIA /			Classification Of Case:		
Staff Sgt WONG SIEU LUI	The state of the s	A	SN154		
Contact No.: 65476229	PARCE FOR E				
Authentication Stamp NP168		H			
	neem commence can a se a	URE	y against a mark of the A La Balak the Maria Cale (A La Balak the Maria Cal		
	and the second s	A PROPERTY AND PRO	And the state of t		

AUTHORIZATION LETTER

Date: 26/4/2021
To: W. P.C. Insurance. Cc: Borneo Motors (S) Pte Ltd Attn: To Whom It May Concern
Dear Sir / Madam,
RE: Authorization to Act on Behalf for Insurance Claims Documentation
NRIC No. \$12622550 hereby authorized my/our (relationship) Sun in Law. (full name) Chay Hock Bon, NRIC No. GPT 3272x to drive my vehicle at time of accident. He / She is also authorize to exercise and execute to sign all / any necessary transaction
documentation pertaining to my registration vehicle number
Please do not hesitate to contact me should you require any further clarification on the above.
Thank You
Yours truly,
Signature : Diffulle
Name :
Contact No :



MSIG Insurance (Singapore) Pte. Ltd. 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807 Tel +65 6827 7888, Fax +65 6827 7800 Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA), ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)

(REPUBLIC OF SINGAPORE)

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)

OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.X.1 Individual Ownership Suzuki DriveElite 360 Comprehensive

Certificate No. A 29147606 AS2

Excess: SGD500 Windscreen Excess: SGD100

Index Mark and Registration Number of Vehicle SMV9422L

Name of Policyholder

Koh Hwee Boon Doris

Effective Date of the Commencement of Insurance for the purposes of the Act 28/10/2020

Date of Expiry of Insurance

27/10/2021

Persons or Classes of Persons entitled to drive*

Koh Hwee Boon Doris

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

* Provided that the person driving is permitted in accordance with the licensing or other laws or 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 only for social domestic and pleasure purposes and for the Policyholder's business. The Policy does not cover use for hire or reward racing pace-making reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

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.

All Claims related repair can be carried out at Champion Motors (1975) Pte Ltd or our authorised workshops. Windscreen Excess is waived at Champion Motors (1975) for windscreen related claims. This Policy includes Courtesy Car benefit

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the Insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

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) or any Amendment, Act or Acts passed in substitution thereof.

> MSIG Insurance (Singapore) Pte. Ltd. Approved Insurers

> > for Chief Executive Officer





CHONG HOCK SOON



gara / Nationality No. Pengenalan / Identity No. MALAYSIA 920728045415

Kelas / Class

14/09/2017 - 28/07/2022 NO 11 JALAN BATAI LAUT 10

TAMAN BUKIT CEMERLANG 41300 KLANG **SELANGOR**



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$1262255D







KOH HWEE BOON, DORIS



CHINESE

Date of Birth 26-11-1957

SINGAPORE



REPUBLIC OF SINGAPORE G8853272X



CHONG HOCK SOON

М

Date of Birth 28-07-1992 Nationality MALAYSIAN



REPUBLIC OF SINGAPORE DRIVING LICENCE



Linence Number G 8 8 5 3 2 7 2 X

Birth Date: 28 Jul 1992 Issue Date: 23 Feb 2021 Valid Till 22/02/2026

CHONG HOCK SOON



JPJL6

- Kenderaan Orang Cacat (Motocikal) B1M tidak melebih 450 kg Invalid Carriage (Motocikal) B1M tidak melebih 450 kg Invalid Carriage (Motocikal) enteder weight not exceeding 450 kg Kenderaan Orang Cacat (Motokina Silk tidak melebih 3500 kg Invalid Carriage (Motocikal melebih 500 sg Motoci Oribe exceeding 500 cc Motocikal melebih 500 sg Motocikal tidak inselebih 500 sg Mo

- Traktor/Jentera Bergerak Ringan (Beroda) BTM tidak melebih 5000 kg
 Traktor/Menile Machinery Light (Wheeled) unladen weight not exceeding 5000 kg
 Traktor/Menile Bergerak Ringan (Berantai) BTM tidak melebih 5000 kg
 Traktor/Teherak Bergerak Ringan (Berantai) BTM tidak melebih 5000 kg
 Traktor/Mehile Machinery Light (Tracked) unladen weight not exceeding 5000 kg
 Traktor/Selbie Machinery Reary (Wheeled) unladen weight 5000 kg
 Traktor/Selbie Machinery Heavy (Wheeled) unladen weight 5000 kg
 Traktor/Selbie Machinery Heavy (Pracked) unladen exceeding 5000 kg
 Traktor/Selbie Machinery Heavy (Tracked) unladen exceeding 5000 kg
 Traktor/Mehile Machinery Heavy (Tracked) unladen exceeding 5000 kg
 Traktor/Mehile Machinery Heavy (Tracked) unladen exceeding 5000 kg
 Traktor/Mehile Machinery Heavy (Tracked) unladen exceeding 5000 kg





2 LENTOR LINK SINGAPORE 786734 NRIC No: \$1262255D

Blood Group Date of issue A+ 24-03-1994

NRIC No. S1262255D

Date: 22/08/2008

No: 5981908

1820709

FA2416957

VISIT PASS

Immigration Regulations



FIN G8853272X

Date of Issue 06-04-2021

Date of Expiry 06-04-2023

TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3C Motor cars ≤ 3000kg with ≤ 7 passengers, exclusive 23 Feb 2021

Licence No:G8853272X

NP 428A