NATIONAL Assessment Centi	re Services			
Date In 06/09/21	Job description	Little & Time Completed	Done	: by
Rel No NA/ASG 21009317/13	SAS e-filing	1		
Veh No 4N11125	Fmail (widen slass Alc. 2hrs			
DOA 03/09/21 1300				
	i-Motor W/O (Within: OD)	2hre, TP 4hrs)		
OD TP (Reporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Repor	t i		
	Ass't Report by Fax / Han	d to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax	o.	
TP Particulars: Veh No:	XA 9846L INC	()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Pe	eriod: () Cover Type: ()	
Confirmed by : (Date:	Time:)	
	Note-Est Status (WO): N: 0	-20%; P: 21-79%. F: 80-100	0%]	
	Warranty: YES () / NO ()		
	000 () / \$2,000 ()		1122.000.000	
General Remarks:-		d Philipping section		
() Walk-In Customer: Customer's info	ormation strictly Confidential &	Strictly NO refer of repairer.		
() Total Loss Case : to e-mail Insur	er URGENTLY.			
Drive-In ()/ Towed-In (); Invoice		Towing Co. ()
	- Well-de and the			
Remarks:- (INC horline: 6788 6616)		Date&Time Completed	Done	by
	Courtesy Car ()			
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost > \$				
Injury:				2004V-12-0-
Date/Time Actions				
			BEET DOOR IN TO	
	Invoice P	reparation Checklist	Amt (\$)	Antt (\$)
laimant's Particulars :-	1) AR : Accid	ent Reporting (\$30);	1st Bill	Add Bill
	2) DA : Dama	2) DA : Damage Assessment (\$100); INC (\$80)		
river/Owner:	3) TF : Towing Fee \$40/\$45 4) FT : Follow-Through Survey \$120			
ontact No:		5) FT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005)		
amaged Portion:	Portion: 6) TR : Re-inspection \$75		15	
	The second secon	A + SMRT Survey \$16 litional Services	10	
C Checked by (Engr-In-Charge):	Oh*			
of Cong. in Charge,	The second secon	esy Car / Tpt Allowance 5 r Co-ordination 81	0	
uditors' Comments :-	*N7: Fost F	tepair Inspection S2	15	100000000000000000000000000000000000000
at. 1:		Collect Excess Coordination S TP (Non INC) against INC \$2	10	
1. 2 / 3:	9) N12: Idae I	Sobile 3	0	
10013	Invoice dated	Fee Charged Fee Charged		



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.

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 todgement 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 Submission Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

06/09/2021 10:28 (SGT) 03/09/2021 13:00 (SGT) Tuas Rd, Singapore TUAS VIADUCT Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

YN1112J

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address**

Mobile Phone No Alternative Phone No

GITI TIRE GLOBAL TRADING PTE. LTD.

2XXXXX873N joanne.sim@giti.com (Phone) +65-98402150 +65-98402150

VEHICLE PARTICULARS

Manufacturer

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? Vehicle Category Transmission

CC

Mitsubishi Fuso

Employment

No - Reporting only Commercial vehicle

Manual 2977

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number Cover Note Number MSIG Insurance (Singapore) Pte. Ltd.

ThirdParty

No

B 300259512 MKC

DRIVER

Name of Driver

SOH KIM MENG SXXXX285B



 Date Of Birth
 25/12/1952

 Occupation
 Outdoor

 Date Of Driving Pass
 13/03/1998

Driving experience 23 YEARS AND 6 MONTHS

Gender Male

Mobile Number (Phone) +65-83812542 Alt. Phone Number -

Alt. Phone Number Email Address joanne.sim@giti.com

Address BLK 112 BUKIT PURMEI ROAD

#03-223

Address complement #03-223
Postcode 090112
Is the driver the policyholder? No
If No, Relationship of the Driver with the Insured Employee

Does Driver Own Other Vehicles?

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 Side Swipe
Weather Conditions Clear
Road Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

No
Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged?

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?

Was there any video captured by Car Camera?

Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number XD9846L
Vehicle Manufacturer Vehicle Model -

Vehicle Variant
Vehicle Colour

Vehicle Category Commercial vehicle
Name of Driver NG KENG HONG
NRIC No SXXXX924Z

Contact Number
Address

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

SKETCH PLAN

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.
- 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.
- 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. 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 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)

Lunderstand, 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.

Policy holder's Signature / Date &	Driver's Signature	(If driver is not the policy holder) / Date	Agan occord 13 Witnessed by Reporting Centre
Time Sketch Plan	& Time	TUAS RD (TUA	Personnel
A- YN11125			
B-XD9846L		A	

Describe Circu	mstances of	the Accident					
/ was	frave	lling St	roughl	at Tue	Rogal	(FUAS	VIABU
		ne of 1					
B from	my r	right /sh	e encro	ached in	to my		->

Declaration

IWe declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

3/9/21

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

Sym 00 609/24

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (03/09/21)(DD/MM	(MYYY), TIME: (/3:00) (HH:MM)
LOCATION: TUAS RUAS (TUAS	VIABUCT)
1. DETAILS OF VEHICLE	
a) VEHICLE NUMBER: 4N11111	
DINSURANCE COMPANY: M516	
CJPOLICY NUMBER: B 300259512	+ 56
dipolicy type: /ooutpetite tours	Mac
DIPOLICY TYPE: (COMPREHENSIVE ATHIRI	D PARTY / THIRD PARTY FIRE &THEFT
FITYPE (SALOON / COURSE (MRY WANTE	mil
F)TYPE: (SALOON / COUPE / MPV /V AND I	LORRY & MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMM h) PURPOSE OF USING AT ACCIDENT TIME	MERCIAL/ MOTORCYCLE)
TAPE YOU CLANAING UNDER YOUR AND	
1) ARE YOU CLAIMING UNDER YOUR OWN	INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM 2. INSURED / POLICY HOLDER	M / REPORTING ONLY
ANAME C. T. TOOL OURAL TO	0.00 (7)
AINAME: GITI TIRE GLUBAL TI	(MALE / FEMALE)
b) NRIC/FIN/PASSPORT:	CONTACT: 98403750
C/ADDRESS:	
* CONTINUE TO 3 d IE DRIVED ALSO DO	
"CONTINUE TO 3.d IF DRIVER ALSO POLICE	
(1) I SOM KIM MENU	
(Including driver) DINRIC/FIN/PASSPORT: SOO99285	(MALE FEMALE)
CIADDRESS: B CE 11) BUILTE BUILTE	CONTACT: \$351334
CIADDRESS: BCK 113 BUILTI PO #03-203 (69011))
. *d)DATE OF BIRTH: ()5 / /2 //952)(IDD #111 BOODS
e)OCCUPATION: (INDOOR / OUTDOOR)	DD/MM/YYYY)
f) YEARS OF DRIVING EXPRERIENCE:	75/03/1998 .
4. WAS DRIVER AN EMPLOYEE OF THE INS	SUPER'S COMPANYS (VEG 2 NO)
IF NO, RELATIONSHIP OF THE DRIVER	WITH INCUPED.
5. QIWEATHER CONDITION: (CLEAR / RAINING	G / OTHERS
DIROAD SURFACE: (DRY / WET / OTHERS	3 / OTHERS
6. WAS ANYBODY INJURED IYES /NO)	
7. a) REPORTED TO POLICE (YES (NO)	
IF YES, PLEASE STATE WHICH POLICE STATI	ION:
8 THIRD BARTY VELLOUE	O11
to of passenger a) VEHICLE NUMBER: XD 9846L	MODEL:
Including driver) D) DRIVER'S NAME: NG RENG HON	6
(\ C) NRIC/HN/PASSPORT: (149) 924	Z CONTACT:
9. THIRD PARTY VEHICLE	
No of passenger d) VEHICLE NUMBER:	MODEL:
DRIVER'S NAME:	
netuding driver f) DRIVER'S NAME:	CONTACT:
· · ·	
590 10	
· nound remark	· SIM @ giti. Long

email = Jeanne · Sim @ giti. ion fax =



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 A Member of MS&AD INSURANCE GROUP

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.

COMMERCIAL VEHICLE Third Party

Certificate No.

B 300259512 MKC

Excess : NIL

Windscreen Excess : NIL

1. Index Mark and Registration Number of Vehicle YN1112J

2. Name of Policyholder Giti Tire Global Trading Pte. Ltd.

- Effective Date of the Commencement of Insurance for the purposes of the Act 3. 11/08/2021
- Date of Expiry of Insurance 4. 10/08/2022
- 5. Persons or Classes of Persons entitled to drive*

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
- Limitations as to Use *

Use in connection with the Policyholder's business. Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder'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 mechanically propelled vehicle.
- * Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risk and Compensation) Act (Chapter 189) and Chapter 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

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 offense 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.

Craig Ellis Chief Executive Officer