NATIONAL Assessment Centre	: Services 👙	i de Maj									
Date In: 13/09/31	Jeb description	Date & Tun	: Completed	Done b	i,						
Res No NA/105621009600/13	SAS e-filing	1									
Veh No SME72986	Fmail (widen Star.	Alt. Zhraj									
DOA 10/09/21 0905	i-Motor Claim F	orm									
OD (P) Reporting Only	i-Motor W/O (w	"/O (Within: OD 2hrs, TP 4hrs)									
95.	Assessment/Survey Report										
TP Insurer:	Ass't Report by F	by Fax / Hand to Owner/Wksp									
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)						
TP Particulars: Veh No:	FBQ9758A	INC()/Non-lì	NC()								
Owner / Driver: (Tel:)							
Policy No: () Per	iod: () Cover Type	=: ()							
Confirmed by : (inter)							
Insured/Driver Liability: (%) [N): N: 0-20%; P: 21-7	9%. F: 80-100%	0]							
Year of Registration: () V	Warranty: YES ()	/NO()									
Excess: (\$) Loading: \$1,00	00 () / \$2,000 ()									
General Remarks:-		Section 1-10 to a									
() Total Loss Case : to e-mail Insure Drive-In () / Towed-In (); Invoice		() ; Towing Co. ()						
Remarks:- (INC horline: 6788 6616)	(5) MIN THE STATE	Date&Time	: Completed	Done'	by						
1) Apply for Transport Allowance ()/C	Courtesy Car ()										
2) QC Check / Post Repair Inspection	()										
3) Upload Resurvey Photo [Repair Cost > \$3	()										
Injury :											
Date/Time Actions		-1796 St. D. F. St. St. St.			-						
		*									
				T. ve i							
10 10 10 10 10 10 10 10 10 10 10 10 10 1	1	nvoice Preparation Cl	necklist	Anit (\$) 1st Bill	Ant (S)						
Claimant's Particulars :-) AR : Accident Reporting (\$) DA : Damage Assessment (\$									
Driver/Owner:) TF : Towing Fee) FT : Follow-Through Survey	\$40/\$4: \$120									
Contact No:	5	FT : Follow-Through Survey (For claiming against INC Only	(Resurvey) \$30 v (wef 10 Jan 2005))							
Damaged Portion:		TR: Re-inspection NI: Idac DA + SMRT Surve	\$7.	-							
		NTUC Additional Services.		-							
QC Checked by (Engr-In-Charge):		*N5: Courtesy Car / Tpt Allov	vanice \$								
Auditors' Comments :-		*N6: Repair Co-ordination *N7: Fost Repair Inspection *N8: DV / Collect Excess Cod	S2	5							
at. 1:		TP (N11): TP (Non INC) aga	CONTRACTOR AND ADDRESS OF THE PARTY OF THE P								
at. 2 / 3.) N12: Idac Mobile nvoice dated	Fee Charged		MIDE.						
	1	nvoice dated	Fee Chargest	國語(建							

SN09219D000B / National Assessment Centre Services [408933] ENTRY DATE & TIME: 13/09/2021 18:18 (SGT) SUBMITTED BY: Roslinda Binte A. Wahab VERSION: 1 (13/09/2021 18:18 (SGT))



SINGAPORE ACCIDENT STATEMENT

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

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.

The issue and acceptance of this Form by insurance companies is not an admission of policy hability on the part of the insurance companies.
 Any false reporting may be referred to the Police for investigation.
 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.
 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 Submission Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

13/09/2021 18:18 (SGT) 10/09/2021 09:05 (SGT) PIE, Singapore (CHANGI) AFTER STEVENS ROAD Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SME7298G

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No

Email Address Mobile Phone No Alternative Phone No

KOH KIAN WEE DOUGLAS SXXXX383G citizenpower555@gmail.com (Phone) +65-91862857

VEHICLE PARTICULARS

Manufacturer Model Variant Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category Transmission CC

Private use

Toyota

Wish

+65-91862857

No - Claiming third party Private car Auto 1798

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

MSIG Insurance (Singapore) Pte. Ltd. Comprehensive No

A 29150920 AT2

DRIVER

Name of Driver NRIC No

KOH KIAN WEE DOUGLAS SXXXX383G



Date Of Birth Occupation

Date Of Driving Pass Driving experience

Gender

Mobile Number Alt. Phone Number

Email Address Address

Address complement Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

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 Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? 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?

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given?

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?

Yes

27/07/1970

02/07/1991

+65-91862857

30 YEARS AND 2 MONTHS

citizenpower555@gmail.com

Collision - Head to Rear

BLK 50 CHOA CHU KANG NORTH 6

(Phone) +65-91862857

Indoor

Male

#01-09

689574

Yes

No

Clear

Dry

No 2

No

Yes

1

No

No

No

No

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

Contact Number Address

Address complement

FBQ9758A

Motorcycle

IMPORTANT NOTICE

- 1. Please report gorrectly the details of the accident to speed up the claims process
- 2. This Formmust 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.
- 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)

Lunderstand, acknowledge, agree and consent that :

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GLA") 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 ms;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to ms, which could involve. Esclosure of certain personal data about me to bring about delivery of the same as well as on the external cover or envelopes insiti 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
- calling Personal Information may/can be disclosed by any of the Incurers and/or GPA to their third party sortides providers or lagunds (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 & Driver's Signature (If driver is not the policyholder) / Date & Time & Time Witnessed by Reporting Centre Personnel

PIECCHAINGI).

A: SMF 7798 6. B: FBQ 97584.

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Declaration

VVVe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

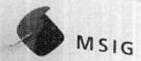
Driver's Signature (if driver is not the policyholder) / Date & Time

Aym 13/09/21

Witnessed by Reporting Centre

Personnel

DATE OF ACCIDENT	10 / 05 / 21 = C.C.
TIME OF ACCIDENT	0905. AM / PM
LOCATION OF ACCIDENT	PIECCHIANGI) REPORTE STEVENS 129.
EXACT PURPOSE USED AT TIME OF ACCIDENT	
NAME OF OWNER	FOR KIAN LUES POWERE
EMAIL CITI	ZENDURR 555 OGMAIL OFFICE / MOBILE 4 186 285
NRIC	570273836
CLAIM TYPE	OD / THEND PARTY / REPORTING ONLY
FLEET POLICY	YES / KO ?
INSURANCE CO.	meig.
TYPE OF COVERAGE	Comprehensive Third Party / Third Party Fire & Theft
POLICYNO	A 29150920
NAME OF DRIVER	AS ABOVE / IF NO.
NEIC	*
DATE OF BIRTH	27 107 170.
ANY PASSENGER	YES/MO:
NAME OF PASSENGER	
GENDER OF PASSENGER	MALE / FEMALE
OCCUPATION	Outdoor / Indoor
EATE OF EMIVING PASS	62 / 67 / 91.
GENDER	We. / Female
CONTACT NO.	Mobile, , Office: Home.
EMAIL:	ε,
ADDRESS	50 CHOP CHU CANG. NORTH (#01-09 SC689574).
DOES OFFICER OWN OTHER VEHICLES?	16. / Wyes, Reg No. MOTRES.
CLATIONSHIP	Employee / If No. SCLF.
WEATHER CONDITION	Clear / Raining / Other
TOAD SURFACE	Eg / Wei / Other:
AFFY INJURIES	To/If yes : Who?
ONTACTNO	
POLICE REPORT	Modifyes Where?
ICTICE OF INTENDED PROSECUTION GIVEN PERIOLE BIMO.	
EAGLEE B NO.	FBU SASON. Any Passenger RIPER ONLY.
ONTACT NO.	
ENTICLE C NO.	Any Passenger :
ENICLE CHO	Any Passenger -
EHICLE ENO	Any Passenger
EFICLE FIVO	Any Passenger
TY WITHESS	Y.
ATTMESS CONTACT NO.	
WAS THEFE ANY VIDEO CAPTURE?	YES (NO
VVAS THERE ANY AUDIO RECORDED? SCENE ACCIDENT FHOTOS TAKEN?	VES 1800 VES 1900
**WORKSHOP:	· · · · · · · · · · · · · · · · · · ·
ERALLEGEROL:	REVOLUTION AUTOMOTTIVE.



MSIG Insurance (Singapore) Pte. Ltd. 4 Shenton Way, #21-01 SCX Centre 2, Singapore 068807 Tel +65 6827 7888, Fax +65 6827 7800 On Heal No. 200412217C 553 thing No. 2004372130

Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA). ROAD TRANSPORT (AMENDMENT) ACT 2018 (MALAYSIA)
THE MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1989 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPRESATION) ACT (GAP 169 OF THE REVISED EDITION)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Certificate No. A 29150920 AT2

1. Index Mark and Registration Number of Vehicle SME72960

Excess: BGD500 Windscreen Excess | Transport

2. Name of Policyholder

Koh Kian Wee Douglas

- 3. Effective Date of the Commencement of Insurance for the purposes of the Act
- 4. Date of Expiry of Insurance

01/05/2022

5. Persons or Classes of Persons entitled to drive

Koh Kian Wee Douglas

Shirley Poh Bee Sim
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 requisions 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.

6. 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 6 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 Borneo Motors (5) Pte Ltd or our authorised workshops. Windscreen Excess is waived at Borneo Motors (3) 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 lest or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an effecte under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

IWE 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

Joey for Chief Executive Officer

JLZY202104211119