

NATIONWIDE Assessment Centre Services

SW821C10004

| | | | | |
|--------------------------|--|------------|-----------|--------|
| Date: 23/12/2021 17:21 | Job Description | Start Time | Completed | Emp No |
| Ref No: N/A/M86210/30744 | SAs e-filing | | | |
| Ref No: GRB 5074 | E-mail (with Star) (if 2line) | | | |
| Date: 23/12/2021 08:10 | i-Motor Claim Form | | | |
| TP Reporting On: | i-Motor W/O (within 14 days of 400) | | | |
| | i-Photo Uploaded | | | |
| TP Insurer | Assessment/Survey Report | | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | | |

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: **SKC 9176X** 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%, F: 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 or repairer
 Total Loss Case: to e-mail Insurer URGENTLY.
 Drive-In () / Towed-In () ; Invoice YES () / NO () ; Towing Co ()

| Remarks:- (INC hotline: 6788 6616) | 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 |
|-----------|---------|
| | |
| | |
| | |

| | Invoice Preparation Checklist | Amnt (\$) 1st Bill | Amnt (\$) Add Bill |
|---------------------------------------|--|-----------------------|-----------------------|
| Claimant's Particulars :- | 1) AR: Accident Reporting (\$30) | | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100), INC (\$80) | | |
| Contact No: | 3) TF: Towing Fee \$40 \$45 | | |
| Damaged Portion: | 4) FT: Follow-Through Survey \$120 | | |
| QC Checked by (Brg-In-Charge): | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| Auditors' Comments :- | 6) FR: Re-inspection \$75 | | |
| Cat 1: | 7) N1: Idac DA + SMRF Survey \$160 | | |
| Cat 2, 3: | 8) NT1: Additional Services - Q1: | | |
| | *N5: Courtesy Car / Tpt Allowance \$5 | | |
| | *N6: Repair Coordination \$10 | | |
| | *N7: Post Repair Inspection \$20 | | |
| | *N8: DV / Collect Excess Coordination \$5 | | |
| | TP (N1) - TF (N5 & INC) against N7 \$20 | | |
| | 9) N12: Blue Mobile \$0 | | |
| | Invoice dated | See Charges | |
| | See time dated | See Charges | |

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 Submission | 23/12/2021 17:21 (SGT) |
| Date of Accident | 23/12/2021 08:10 (SGT) |
| Exact Location of Accident | 735 Tampines Ave 9, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------------|
| Vehicle Registration Number | GBB567Y |
| INSURED/POLICYHOLDER | |
| Is company? | Yes |
| Name Of Registered Owner | SAMWOH CORPORATION PTE. LTD. |
| Company Reg No | 1XXXXX202Z |
| Email Address | randy.lee@samwoh.com.sg |
| Mobile Phone No | (Phone) +65-96156370 |
| Alternative Phone No | +65-96156370 |

VEHICLE PARTICULARS

| | |
|--|---------------------|
| Manufacturer | Mitsubishi |
| Model | L200 |
| Variant | DOUBLE CAB |
| Exact purpose for which vehicle was being used at time of accident | Employment |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Reporting only |
| Vehicle Category | Commercial vehicle |
| Transmission | Manual |
| CC | 2477 |

INSURANCE COMPANY

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | MSIG Insurance (Singapore) Pte. Ltd. |
| Type of Coverage | ThirdParty |
| Fleet Policy | No |
| Policy Number | B 300446732 MKC |
| Cover Note Number | - |

DRIVER

| | |
|-----------------|----------------|
| Name of Driver | LEE HANG SIANG |
| Passport No/FIN | GXXXX624P |

| | |
|--|------------------------------------|
| Date Of Birth | 11/12/1990 |
| Occupation | Outdoor |
| Date Of Driving Pass | 28/03/2016 |
| Driving experience | 5 YEARS AND 9 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-96156370 |
| Alt. Phone Number | - |
| Email Address | randyhs_lee@hotmail.com |
| Address | BLK 497C TAMPINES STREET 45 #06-40 |
| Address complement | - |
| Postcode | 522497 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Employee |
| Does Driver Own Other Vehicles? | No |
| 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 | Collided into Parked Vehicle |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 2 |
| Was anybody injured in the Accident? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| Was any other vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 1 |
| 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

PLEASE REFER TO SKETCH PLAN

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 | SKC9176X |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | - |
| 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

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 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)

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.



Policyholder's Signature / Date & Time

Sketch Plan

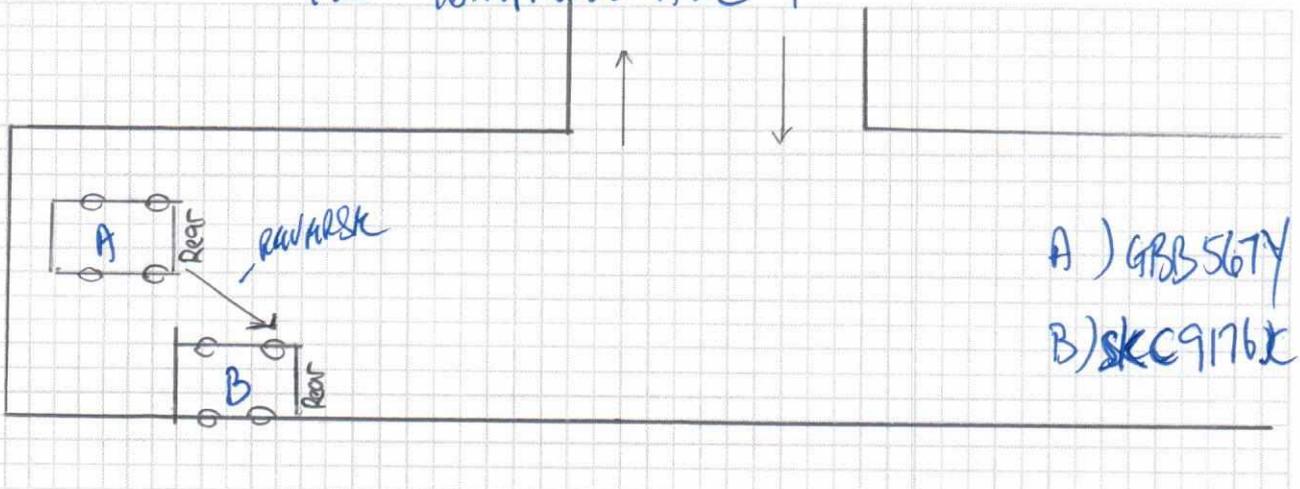
Driver's Signature (If driver is not the policyholder) / Date & Time

735 Tampines Ave 9

Witnessed by Reporting Centre Personnel

23/12/21
1600 HRS

23/12/2021



Describe Circumstances of the Accident

On 23/12/21, 0810 hrs, I parked my vehicle (G13 567Y) at 735 Tampines Ave 9 to purchase breakfast. When I'm done, I ~~reversed~~ reversed my vehicle and ready to exit. Suddenly I heard a scratch sound while I'm reversing and I immediately stop. I waited for 5 mins for the owner of the vehicle to appear and we exchanged detail for incident report purposes.

Declaration

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
23/12, 1600 HRS.


23/12/2021
Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (23 / 12 / 21) (DD/MM/YYYY), TIME: (08 : 10) (HH:MM)

LOCATION: 735, Tampines ave 9

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBB 567Y
b) INSURANCE COMPANY: MSIG
c) POLICY NUMBER: ~~B300446732~~ B300446732 MKC
d) POLICY TYPE: (COMPREHENSIVE / (THIRD PARTY) / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Mitsubishi L200 double cap
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / (OTHERS))
g) VEHICLE CATEGORY: (PRIVATE / (COMMERCIAL) / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Working
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / (REPORTING ONLY))

2. INSURED / POLICY HOLDER

- A) NAME: Samwoh Corporation Pte Ltd (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: 198502202 Z CONTACT: _____
C) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Lee Hong Seng (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: G3132624 P CONTACT: 9615 6370
c) ADDRESS: 497C, Tampines St 45 #06-40 (522497)

*d) DATE OF BIRTH: (11 / 10 / 1990) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / (OUTDOOR))
f) DATE OF DRIVING PASS: 28/3/2016

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKC 9176 X MODEL: ~~SKC 9176 X~~
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(Including driver)
(1)

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

email = Randyh.S.Lee @ hotmail.com
VIDEO

Enquire Vehicle Registration Details

Owner Particulars

NRIC/Passport /Company Cert No.: 198502202Z

Owner ID Type: Company

Owner Name: SAMWOH CORPORATION PTE. LTD.

Registered Address: 25E SUNGEI KADUT STREET 1 SINGAPORE 729333

Mailing Address: -

Birth Date: -

Vehicle Particulars

Vehicle No.: GBB567Y

Previous Vehicle No.: -

Effective Date of Ownership: 13 Mar 2019

Original Regn Date: 16 Jun 2008

Registration Date: 16 Jun 2008

Year of Manufacture: 2008

Vehicle Type: Goods Cum Passenger Twin Cabin Goods Vehicle

Vehicle Scheme: -

Vehicle Attachment 1: No Attachment

Vehicle Attachment 2: -

Vehicle Attachment 3: -

Vehicle Make: MITSUBISHI

Vehicle Model: L200 DOUBLE CAB 2.5L TURBO 5M/T DIESEL

Primary Colour: Silver

Secondary Colour: -

Passenger Capacity: 4

Chassis No.: MMBJNKB407D165738

Engine No.: 4D56UCBE7717

Engine Capacity /Power Rating: 2477 cc / -

Maximum Power Output: -

Propellant: Diesel

| | |
|--|-------------------------|
| Max Unladen Weight: | 1840 kg |
| Maximum Laden Weight: | 2890 kg |
| Open Market Value: | \$19,934.00 |
| PARF Eligibility: | No |
| PARF Eligibility Expiry Date: | - |
| Minimum PARF Benefit: | - |
| No. of Transfers: | 1 |
| IU Label No.: | 1042326470 |
| COE No.: | 2008060105000554M |
| COE Expiry Date: | 31 May 2023 |
| COE Category: | C - Goods Vehicle & Bus |
| COE Registration Category: | C - Goods Vehicle & Bus |
| Quota Premium (QP) / Prevailing Quota Premium: | \$14,756.00 / - |
| PQP Paid: | \$17,865.00 |
| QP (Regn Cat): | \$14,756.00 |
| OPC Cash Rebate Eligibility: | No |
| QP during COE Bidding Exercise: | \$14,756.00 |
| Additional Registration Fee Rate: | 100.00 % |
| Actual ARF Paid: | \$19,934.00 |
| Vehicle Lifespan Expiry Date: | 15 Jun 2028 |
| CO2 Emission: | - |
| CO Emission: | - |
| HC Emission: | - |
| NOx Emission: | - |
| PM Emission: | - |
| Message: | - |



MSIG

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 300446732 MKC

Excess : NIL

Windscreen Excess : NIL

1. **Index Mark and Registration Number of Vehicle**
GBB567Y

2. **Name of Policyholder**
Samwoh Corporation Pte. Ltd.

3. **Effective Date of the Commencement of Insurance for the purposes of the Act**
16/06/2021

4. **Date of Expiry of Insurance**
15/06/2022

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 the Motor Vehicle.

6. **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.
Approved Insurers

Craig Ellis
Chief Executive Officer