and the same of th	re Services - permana		
Dalela 07/09/02	Job description Date & Tune Completed	Done	; [i/
REENO CA/MCG220USFOO/13	SAS e-filing		
VehNO GX2848Z	E-mail (widen Stas, APT 2lus)		To have seen transmission of a 110
DOA 06/09/12 1530	i-Motor Claim Form		
OD/TP/Reporting Only	i-Motor W/O (Within; OD 2hrs. TP 4hrs)	-	*
TP Insurer:	Assessment/Survey Report Ass't Report by Fax / Hand to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax		district constituting repulsive and
No. No. of the Control of the Contro	SCG7235P INC()/Non-INC()		
Owner / Driver: (Tel:)	
MARKON TO THE STATE OF THE STAT	riod: () Cover Type: ()	
Confirmed by : (Date: Time:		*** * * * * ***
The same of the sa	Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-100)%]	
	Warranty: YES () / NO ()		**************************************
Excess: (\$) Loading: \$1,0			TO THE R. P. LEWIS CO., LANSING
General Remarks:-		Market Company of the	
() Walk-In Customer: Customer's infor	rmation strictly Confidential & Strictly NO rafer of repairer.		
() Total Loss Case : to e-mail Insure			**
Drive-In ()/ Towed-In (); Invoice	THE RESIDENCE OF THE PARTY OF T)
Remarks:- (INC horline: 6788 6616)	Date&Time Completed	Done	.bv
1) Apply for Transport Allowance ()/C	Courtesy Car ()		
Apply for Transport Allowance ()/C QC Check / Post Repair Inspection	()		
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SL0Z22970003 / LKK Auto Consultants Pte Ltd [408933] ENTRY DATE & TIME: 07/09/2022 17:18 (SGT) SUBMITTED BY: LKK Auto PU VERSION: 1 (07/09/2022 17:18 (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 Actual 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 aforesaid.

ACCIDEN	ISTATEMENT
Date of Submission Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	07/09/2022 17:18 (SGT) Driver 06/09/2022 15:30 (SGT) Braddell Rd, Singapore - Singapore
DETAILS OF	F OWN VEHICLE
Vehicle Registration Number	GX2848Z
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No	Yes SOON KIAT THONG CONSTRUCTION PTE LTD 1XXXXX086R soonkiatthong@pacific.net.sg (Phone) +65-63825900
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	Toyota Dyna - Employment No - Reporting only Commercial vehicle Manual 2986
INSURANCE COMPANY	
Name of Insurance Company Policy Number / Cover Note Number	MSIG Insurance (Singapore) Pte. Ltd. A 300536019 MKC
Name of Driver NRIC No Date Of Birth	GWEE TECK SENG SXXXX300E 03/02/1947

Outdoor

Occupation

Date Of Driving Pass 02/12/1971 Driving experience 50 YEARS AND 9 MONTHS Gender Male Mobile Number (Phone) +65-63825900 Alt. Phone Number Email Address soonkiatthong@pacific.net.sg Address BLK 306 SERANGOON AVE 2 Address complement #08-72 Postcode 550306 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 Collision - Head to Rear Weather Conditions 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? 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 Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Hougang Neighbourhood Police Centre Police Station Phone No (Phone) +65-18004890999 Alt. Police Station Phone No (Fax) +65-63128989 Police Station Address 60 Hougang Ave 9 Singapore 538775 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE POLICE REPORT:T/20220906/2103 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No DETAILS OF OTHER VEHICLE PROPERTY 1 Vehicle Registration Number SLG7235P 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)	-

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GV Automobile Centre StarAd



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Skylink Auto Pte Ltd

Posted: 14-Jul-2022

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Carpark Rates

Car Forum

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 Actual 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 Traffic Police Department for investigation.
- 6. This report will be forwarded by the insurers to 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.

A CONTROLL OF A CITY

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan

BRADDELL ROAD

A-GADRES

B-GADRES

	umstance of the A					
Pls	refer	to the	e police	e repor	4:1/207	20906/210
			/	,		

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Actual Driver's Signature (if driver is not the policyholder)

/ Date & Time

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)





Report No. T/20220906/2103

Police Station Of Origin: Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

REPORT OF A TRAFFIC ACCIDENT Date/Time Report Made: 06/09/2022 21:20			Vide Report No.:	Station Diary No.		
		ide.		117		
nformant	's Particu	ars		The second secon		
Name of Ir			Address: APT BLK 306 SERANGOON A 550306	AVENUE 2 #08-72 SINGAPORE		
ID Type / ID No.: NRIC NO / S0663300E		0E	Contact No.: Home/Office:	Mobile: 96837103		
Nationality: SINGAPORE CITIZEN		EN	Email:			
Sex: Male	Age:	Date of Birth: 03/02/1947	Type of Informant: Driver	Institution / School Name:		
Race: Chinese Occupation: Lorry driver			Language:	Institution / School Name.		
			Driving Licence Information: Class:	Date of Expiry:		

Seneral Inforr Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 06/09/2022 15:30	Type of Location Filter lane
Location: BRADDELL F	ROAD			
Weather: Clear Traffic Flow:		Road Surface: Dry Traffic Control: Not Controlled		Road Speed Limit: Traffic Volume: Heavy
One Way Type of Colli Between Mo	ision: oving Vehicles - Head			Anyone conveyed by ambulance: No

Details of V	ehicle Invo		Model	Color	Condition	No of Passenger
Vehicle No.	Туре	Make	Model	Color	Slightly	0
GX2848Z	Lorry				Damaged	
					Slightly	1
SLG7235P	Car				Damaged	

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





Police Station Of Origin: Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

CONTINUATION OF REPORT

Report No. T/20220906/2103

Driver		ar J				
Name	GWEE TECK SENG	9		ID No		S0663300E
Related Vehicle	GX2848Z (Lorry)			Conta	ict No.	96837103
Hospital/Clinic	NIL			Class Drivin Licent	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
No. of Days grant	ted Medical Leave	NIL	Degree of		NIL	

Brief Details.

On 06/09/2022 at about 1530hrs, I was driving my lorry with registration plate number GX2848Z along the filter lane, after CTE exit towards Braddell Road. Out of a sudden, the driver in front of me, driving KIA K5 with registration plate number SLG7235P jammed brake and I could not stop in time. Thus, I collided into the rear of his vehicle.

There were no ambulance or traffic police at scene. No one was injured. There are damages at the front left of his lorry, with scratches and damaged to the plate number. There is dent at the rear center of the other party's vehicle.

The lorry I am driving belongs to belongs to Soon Kiat Thong Construction Pte Ltd. I am lodging this report as my boss, Mr Joshua need a report for record purposes to claim insurance. My boss have the other party's contact details, but I do not have.





T/20220906/2103

3 of 3

Report No. T/20220906/2103

Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

CONTINUATION OF REPORT

Sketch Plan

NP168

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 Recording The Report: F / SGT 3 ALICIA NG YU SHAN	Signature Of Informant:	*
Signature Of Interpreter: Not applicable	Date/Time: 06/09/2022 21:20	
Officer In Charge Of Case: TP / GIA / SI TAN JEOK LENG Contact No.: 65476151	Classification Of Case:	

ACCIDENT STATEMENT

-	ACCIDENT DATE: 06,09, 22 VDD MALONDO
	ACCIDENT DATE: 06,09, 22 (DD/MM/YYYY), TIME: (5 . 30) (HH:MM)
	1. DETAILS OF VEHICLE ONE NUMBER: GX28 487
	b)INSURANCE COMPANY: MSIC
	CITOLICY NUMBER. A 200 ISSUE
	e) MAKE & MODEL:
	e) MAKE & MODEL:
	FITYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) DIPURPOSE OF THE COMMERCIAL MOTORCYCLE / OTHERS)
	DIVEHICLE CATEGORY: (PRIVATE / COMMERCIAL) MOTORCYCLE / OTHERS) 1) PURPOSE OF USING AT ACCIDENT TIME.
	MAKE YOU CLAIMING INDER YOU
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER
	2. INSURED / POLICY HOLDER A) NAME: SOUN 1917 THONG CONSTRUCTION [MALE / FEMALE)
	C)ADDRESS:CONTACT: 63825900
	*CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
	Which of persongs DRIVER CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
	(1) including driver) a) NAME: GWET TECK SENG (1) b) NRIC/FIN/PASSPORT: 50663300E (MALE/FEMALE)
	CHADRESS: 23 CC 306 PERPMANIA PALCONIACI:
.ir	#08-72 (550306)
	e)OCCUPATION: (INDOOR / OUTDOOR)
	IF NO. RELATIONSHIP OF THE INSURED'S COMPANY? (YES / NO)
	3. GIWEATHER CONDITION: CLEAR (DANIEL)
	6. WAS ANYBODY IN THERS
	6. WAS ANYBODY INJURED (YES (NO)) 7. a) REPORTED TO POLICE (YES / NO) HOUGANG NAC
: !	the of passenger of VELLOCE
	Including driver b) DRIVER'S NAME- MODEL:
	(_) PARTY VEHICLE CONTACT:
120	No of position d) VEHICLE NIMBED.
]	nduding delica Contract SNAME
	() NRIC/FIN/PASSPORT: CONTACT:
	cinail = sounkeatthong @pacific net.sg
	cinail = soon calling & pacific netis
	$f_{ax} =$
	VIDEO = 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
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.

A 300536019 MKC

Excess: NIL

Windscreen Excess: NIL

 Index Mark and Registration Number of Vehicle GX2848Z

2. Name of Policyholder

Soon Kiat Thong Construction Pte Ltd

- 3. Effective Date of the Commencement of Insurance for the purposes of the Act 22/03/2022
- 4. Date of Expiry of Insurance 21/03/2023
- 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

Mack Eng Chief Executive Officer