NATIONAL Assessment Centre	Services.	we! 1 Jan'05				
Date In: 8/11/1022	Jeb description		Date & Time Con	pleted	Done	př.
Re[No: CA/ MSG22011121/r3	SAS e-filing					
Veh No: SkM 846 C	E-mail (within 8	Shrs, AIC 2hrs)			•	
D.O.A: 5/11/2022 1600	i-Motor Clair	n Form	ù			
(D): TP:/ Reporting Only	i-Motor W/O	(Within: OD 2hrs,	TP 4hrs)			
11. Reporting Only	i-Photo Uplo:	aded				
TD I	Assessment/Su	rvey Report				
TP Insurer:	Ass't Report by	y Fax / Hand to	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (The tracking and the second se		Tel:	Fax:)
TP Particulars: Veh No:	STY 1388 P	. INC()/Non-INC().		
Owner / Driver: (Tel:)	
Policy No: () Peri	od: ()	Cover Type: (
Confirmed by : (Date:	Time:	P. 00 1000	<u>)</u>	
			0%; P: 21-79%.	P: 80-100%	0]	
	/arranty: YES ()/NO(<u>)</u>			
Excess: (\$) Loading: \$1,00						
General Remarks; () Walk-In Customer : Customer's inform		111-11	WILLIAM TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE			
() Walk-In Customer: Customers intom () Total Loss Case : to e-mail Insurer			ictly NO Talet 07 N			
Drive-In () / Towed-In (); Invoice:		(O(); To	owing Co: (· ·)
			Date&Time Com		Done	bν
Remarks: (INC hodine: 6788 6616)	ourtesy Car (<u> </u>	Dates		V., (-1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	
2) QC Check / Post Repair Inspection	()	,				
3) Upload Resurvey Photo [Repair Cost > \$30	0001)	-			
\$			1			
Injury:				www.mocrore		** <u>(***</u> ; \$7.5
Date/Time Actions	***			grand market	<u>rikovanstv</u>	<u></u>
	3					
•						Amt (3)
344.		Invoice Prej	aration Checkli	st.	Mis Michael	Add Bill
Claimant's Particulars :-		1) AR : Accident	Reporting (\$30); Assessment (\$100);	INC (\$80)		
		2) DA: Damage A 3) TF: Towing F		\$40/\$45		
Driver/Owner:		4) FT : Follow-Th	rough Survey (Resurve	\$120 cy) \$30		
Contact No:		For claiming as	coinst INC Only (well	(<u>0 Jon 200</u> 5) 3 75		
Damaged Portion:	On the transport of the state o	7) N1 : Idao DA +	SMRT Survey	. \$160	8	
		8) NTUC Addition				
QC Checked by (Engr-In-Charge):		*NS: Courtesy *N6: Repair Co	Car / Tpt Allowance	\$5 \$10		
		*N7: Fost Rep	nir Inspection	\$25 5n \$5	-	
Auditors: Comments::		TP (N11): TP	(Non INC) against INC	\$20		··
Cat. 1:		9) N12: Idac Mol Invoice dated		e Charged		公约 河南
at. 2/3;		Invoice dated	Fe	e Charged	SECTION	

SL0Z22B80001 / LKK Auto Consultants Pte Ltd [408933] ENTRY DATE & TIME: 08/11/2022 09:24 (SGT) SUBMITTED BY: LKK Auto PU VERSION: 1 (08/11/2022 09:24 (SGT))



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 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
- 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 Reported by Date of Accident Exact Location of Accident Additional Location Information	08/11/2022 09:24 (SGT) Both 05/11/2022 16:00 (SGT) Singapore LOR SIREH PINANG CARPARK (TANJONG KATONG COMPLEX)
Country/State of Loss	Singapore Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM846C
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner	No CHUA EE SONG

Toyota

NRIC No SXXXX014B Email Address HIAP.HONG.MOTOR@GMAIL.COM Mobile Phone No (Phone) +65-96318548

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model	Corolla
Variant	-
Exact purpose for which vehicle was being used at time of	
accident	Private use
Are you claiming under your own insurance policy for repair to	
your vehicle?	Yes
Vehicle Category	Private car

Transmission Auto CC 1798

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number A300246818QMY

DRIVER

Name of Driver	CHUA EE SONG
NRIC No	SXXXX014B
Data Of Disth	
Date of plut	02/06/1958

Occupation	Indoor
Date Of Driving Pass	20/06/1980
Driving experience	42 YEARS AND 5 MONTHS
Gender Mobile Number	Male
Alt. Phone Number	(Phone) +65-96318548
Email Address	-
Address	HIAP.HONG.MOTOR@GMAIL.COM
Address complement	BLK 121 PAYA LEBAR WAY #11-2821
Postcode ,	381121
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	
Towns of Assistant	
Type of Accident Weather Conditions	Side Swipe
Road Surface	Clear
MANUFACTOR AND	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No.
Number of vehicles involved in the accident	No 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
Translator's name Translator's ID	-
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO ATTACHED REPORT	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
	VEHICLE PROPERTY 1
Vehicle Registration Number	SJY1388A
Vehicle Manufacturer Vehicle Model	-
Vehicle Wariant	-
Vehicle Colour	•
Vehicle Category	- Private car
Name of Driver	

Contact Number	
Address	-
Address complement	-
Postcode	-
nsurance Company Name	-
Vature Of Damage	-
Nature Of Damage Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-
vo. Or i asseriger (including briver)	_

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 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 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
- (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.

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

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

8/11/2022

Sketch Plan

v.lun2022

SIREH PINANG

CARPARK (TANJONG KATONG COMPLEX) 1388 A

Describe Circumstance of the Accident
I was driving out from the carpark going towards the driveway and I stopped at the stop line. After checking my left and right I moved off a little and I heard a bang. I went to check and I saw that Vehicle B hit the left front partian of my vehicle.
and I stopped at the stop line. After checking my left and right
I moved off a little and I heard a bang. I went to check
and I saw that Vehicle B hit the left front portion of my vehicle.
, , , , , , , , , , , , , , , , , , , ,

Declaration

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

Policyhoder's Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder) Witnessed by Reporting Centre Personnel / Date & Time

8/11/2022

(Name as in NRIC/ID card)

ACCIDENT STATEMENT

	ACCIDENT DATE (05/11/3) (DD/MM/YYYY), TIME: (16 . 00) (HH:MM)	
	LOCATION: LOR SIREH PINANG CARPARK (TANSONG	10450
1		ICATON
-	1. DETAILS OF VEHICLE	implex)
1	OVEHICLE NUMBER: SEM 846	,
11	BINSURANCE COMPANY: MSIG Insurance	
	CIPOLICY NUMBER: A 300746818 QMY	•
	dipolicy type: (continuity in the	
	DIPOLICY TYPE: (COMPRESIENSIVE / THIRD PARTY FIRE &THEFT)	
-	MODEL: 109074 ATTIS	
-	F)TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)	
	STERIOLE CATEGORIA (PRIVATE) COMMERCIAL / MOTOPOYOLE :	
	TO COLOTION AT ACCIDENT TIME PROME DISC.	
-	IF NO. PLEASE STATE (THIRD PAKETCLAIM / REPORTING ONLY)	
-	2. INSURED / POLICY HOLDER	
-	A)NAME:	•
-	DINRIC/FIN/PASSPORT:(MALE / FEMALE)	
	CJADDRESS:CONTACT:	
-		
-	CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER	¥ *
	MISSIAL DRIVER	
-	() including the and a) NAME: (HUM CE SONG)	
	(1) DINACTOR ASSPORT: 5150601415 CONTACTOR 9631 8548	
	5(381171)	. ,
	d) DATE OF BIRTH: (2/6/1958) (DD/MM/YYYY)	
	e)OCCUPATION: (INDOOR / OUTDOOR)	
	1) YEARS OF DRIVING EXPRERIENCE 20/6/1980	
	4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)	
	TO THE THE DRIVER WITH TWOLDER.	
	3. GIWEATHER CONDITION: (CLEAR / RAINING / OTHERS	
	DIKOND SURFACE: (DIGY / WET / OTHERS	
	6. WAS ANYBODY INJURED (YES / NO) 7. O)REPORTED TO POLICE (YES / NO)	
	IF YES, PLEASE STATE WHICH POLICE STATION:	
	THE OF PROCESSION OF VEHICLE NUMBER. DY 1388 A	J.
	() DRIVER'S NAME: () ONIC/FIN/PASSPORT: CONTACT: 9. THIRD PARTY VEHICLE	,
	() NRIC/FIN/PASSPORT: CONTACT:	
	9. THIRD PARTY VEHICLE	*
	15 Plu of passanger d) VEHICLE NUMBER: MODEL:	
-	(Includion delica) - ORIVER'S NAME:	
	(Induding divisir) f) VEHICLE NUMBER: MODEL: (Induding divisir) f) NRIC/FIN/PASSPORT: CONTACT:	
	come - higo hong motor & amail - com	
	' '''' A STATE OF THE PROPERTY	

VIDEO = NO - ? :



M.SIG Insurance (Singapore) Pie, Ltd.
4. Shenton Way, #21, 158C, Center 2. Singapore 058807
Co. 161 456 8237 1388 Far 445 827 7800
Co. 169 4b. 204122120 GST Res. No. 20-04122130
A Member of WSSAND INSURANCE SINGUP

CERTIFICATE OF INSURANCE

ROAD THANSPORT ACT 1987 TAMANYBA, ROAD THANSPORT LARBODINENT) ACT 2019 IMANAYBA, THE MOTOR VEHICLES THIND-MALTY RESKS HAND THANSPORT TAMESTOR TAMESTOR THE 1999 MALAYBA, THE MOTOR VEHICLES THIND-MATTY RESKS HAND COMPENSATION ACT (CA. 189 OF THE REVISED EDITION). THE MOTOR VEHICLES (THIND-MATTY RESKS HAND COMPENSATION ACT (CA. 189 OF THE REVISED EDITION). THE MOTOR VEHICLES (THIND-MATTY RISKS HAND COMPENSATION) ACT. (1996 EDITION (REPUBLIC OF SINGAPORE). OR ANY MARTINDENT ACT OR ACTS PASSED IN SUBSTITUTION PRESCRI.

MOTORMAX PLUS Comprehensive

Excess: SGD500 Windscreen Excess : SGD100 Certificate No. A 300246818 QMY

Index Mark and Registration Number of Vehicle

SKM846C

Effective Date of the Commencement of insurance for the purposes of the Act 22/01/2022 Name of Policyholder Chua Ee Song

Date of Expiry of Insurance 21/61/2023

Persons or Classes of Persons entitled to drive* Chua Ee Song

Provided that the person driving is permitted in accordance with the licensing or other laws or laws or resistions to drive the Motor Vehicle; the been so permitted and is not dequalited by order of a Court of Law or by reason of any conclinent or regulation in that behalf from driving the Moor Vehicle. Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

Limitations as to Use "

be only for social domestic and pleasure purposes and for the Policyholder's business. The Policy does not cover use for hire crewant racking socialistic stateballs, this geed-besting the carriage of goods other than samples in connection with any trad or business or west for any purpose in connection with the Motor Trads.

Unitations rendered isoperative by Section 8 of the Motor Vehicles (Third-Parry Risk and Compensation) Act (Chapter 189) and Chapter 95 of the Road Transport Act, 1997 (Malaysia), are not to be included under these headings.

PEASK NOTS ALL CLAMAS RELATED REPAIR CAN BE CARRIED OUT AT ANY WORKSHOP OF YOUR CHOICE OR AT ANY MISIG ALITHORISED WORKSHOP.

This Confidence is not intendented to a new owner of the whick. If for any reason the Policy it terminated during its currency, the Certificate must be returned to the insures within 7 days of the dermination of if the Certificate has been lost or destroyces, a Statutory Declaration to that first must be made. Failure to comply with this obligation is an offerese under the Motor Vehicles (Third Party Raks and Compensation) Act (Cap. 189).

I/WE HEREBY CERTIPY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Mo Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or i Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd. Approved insurers

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