				and and another the state of th		
		The state of the s	And the second s			
1.11	17 M.11. Assessment Centre	Services		the original page for the state of the state		
Date	03.02.2023	Job description		Date & Time Completed	Done	
Reth	- I Company of the Co	SAS e-filing	The Continues of the Co		126/116	13%
Vehic	5 SKG 3523 X	E-mail (w)thin Stars.	APT Thrs.			Name and Address of the Parks
DOA	02.02.2023 15:55	i-Notor Claim Fo		1 .	1	
00/	TP/Reporting Only	i-Motor W/O (wir	IMan	T'D (Am)		
The state of the s		i-Photo Uploaded		71 4(115)	Address in the desiration of the second	
TP Ins	rec	Assessment/Survey	Report		A CONTROL OF THE SECOND	parteciment section (5) (5) of delicents
The second approved to the second of the sec		Ass't Report by Fa:		Owner/Wksp		
and an interest of the second of the properties of	d Wksp / INC Assign Wksp / QW: (er en	Emily tennes providence providence service providence of the control of the contr	And the second s		The second of the Control of the con
P Part	The same of the sa	1175 m	INC ()/Non-INC()	The state of the s	
Charles at	/ Driver: (entered the second contribution on indicate the second process assessment for purply offered sections.	the street of th	TEL.	Contract was a series and a series produced by the a better of grands and the	ando ar you group out of the fact has been been and the first and
Policy	FGIOC	. (Cover Type: (Course despectation and game
	Confirmed by: (Da	The state of the s	Time:	1	
	/Driver Liability: (%) [Not	e-Est. Status (WO):	N: 0-20	%: P: 21-79% F: 80	1 (400/6)	
Contract the statement that the statement	of Registration: () [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 50-100%] (C)					
Excess	Loading: \$1,000 (1/82 000 (1	constitution transporting part of the second approximation and the second secon	mathematical lighter and garden remains all statement \$21 Vignores and affi	the response special special state of the special spec
meral i	Zemanks;- alk-In Customer: Customer's infor-				A LEGICAL CONTROL AND	Back to my like the grant address with cold and recomposition that can first have required a dispersion of that the first territorious is been shaded
1727		1100 STEINTIN CONTENT	rtial & Stric	otly NO refer of repairer	and the state and the state of	English Sulphing Spatistics and the Summary of the Summer of the Summary of the S
the season of the season		MIN VIII		<u> </u>	mine the hamiltonian interest formation in the factorial	was a substitute of the same
	() / Towed-In (); Invoice: YI	ES () / NO () ; To	wing Co. (e .) .
mariles:	(INOshorline: 67,88,661.6)			Date& Time Completed	Done	by
Amply i	or Transport Allowance ()/Court	tesy Car ()	Marrier Titte die Lander Sterner der Wert Stelle Reit Gere Lands Gereit			,
John ad	ck / Post Repair Inspection	()	*			THE PARTY CONTRACTOR OF THE PARTY CONTRACTOR
	Resurvey Photo [Repair Cost > \$3000]					
jury:			The state of the s			
/Time	Actions	The plants of th				
	The second of th				Principal de la constanti	the second commence of the second sec
					geographical bett sidere werige between the manufacture and well-	Total Control of the
The state of the s				error and artificial substitution of the department of the control		Committee and the second specification of the second
		Company of the Compan				
					Amit (S) :	. Aint (\$)
				ration Checklist	Ist Bill	Add Bill
	articulare		Accident Re	porting (\$30); essment (\$100); INC (\$	380)	
/Owner		3) TF:	Towing Fee	. 52	10/\$45	
t No:	s .	5) FT:		igh Survey (Resurvey)	\$120 \$30	sentratives as a supersymmetric passes
ged Port	on:	6) TR:	Re-inspection		5) 575	and the second s
the three squared parameters of appropriate to a		7) N1:1	Idae DA + 51 C Additional	MRI Survey	\$160	-
recked b	y (Engr-In-Charge):	One		an de anticomissas una composition de anticològica (entre d'Arabe de committe desarte com un cap de admissibilità	0.5	
Linery Fig.	mente	*N6:	Repair Color	/Tpt Allowance	\$50	The present of the second
118 (027	hments :	The second secon	Cost Report I	Inspection	\$25	 If we have the a property of a base open

SL0Z23230001 / LKK Auto Consultants Pte Ltd [408933] ENTRY DATE & TIME: 03/02/2023 10:23 (SGT) SUBMITTED BY: LKK Auto PU VERSION: 1 (03/02/2023 10:23 (SGT))



SINGAPORE ACCIDENT STATEMENT

MPORTANT NOTICE

. Please report correctly the details of the accident to speed up the claims process.

This Form must be completed by the Policyholder and/or the Actual Driver

This Form must be completed by the Policyholder and/or the Actual Driver
 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 03/02/2023 10:23 (SGT) Reported by Driver Date of Accident 02/02/2023 15:55 (SGT) Exact Location of Accident Singapore Additional Location Information ALONG FLORA DRIVE Country/State of Loss

DETAILS OF OWN VEHICLE

Toyota

Singapore

Vehicle Registration Number SKG3523X

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner HI POWER PTE LTD Company Reg No 2XXXXXX308M Email Address anna.wong@hipower.com.sg Mobile Phone No (Phone) +65-81079855 Alternative Phone No

VEHICLE PARTICULARS

Model Corolla Variant 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 Private car Transmission Auto CC 1598

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number A 300658140 MCX

DRIVER

Name of Driver KIM CHANG HWAN Passport No/FIN GXXXX503Q Date Of Birth 20/05/1974 Indoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address 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	06/05/2014 8 YEARS AND 9 MONTHS Male (Phone) +65-83324045 - anna.wong@hipower.com.sg 15 CHANGI NORTH STREET 1,I-LOFTS @ CHANGI #01-01 498765 No Employee No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear Dry
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? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement	No 2 No - Yes 1 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO THE ATTACHED STATEMENT	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Contact Number	SMA1175M Private car - (Change) 165 07010550
000000000000000000000000000000000000000	(Phone) +65-97919560

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

SKETCH PLAN

IMPORTANT NOTICE

- 1 Please report <u>correctly</u> 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.
- Information provided must be as <u>truthful</u> and <u>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.

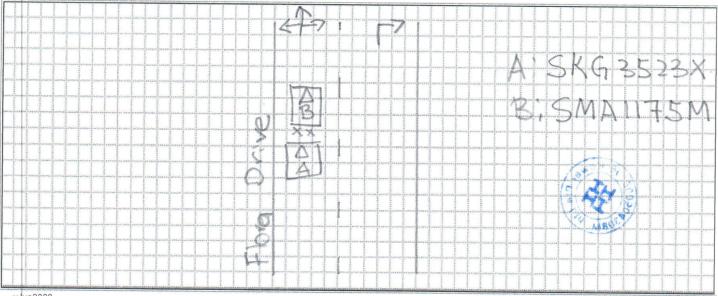
Policyholder's Signature / Date & Time

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

ALONG FLORA DRIVE



Describe Circumstance of the Accident
When I was driving along Flora Drive, Yelicle B-SMA 1175M
Slow down and I couldn't stop in time and touch the vehicle B
SMA 1175 M. No damage on my vehicle.
N PO
E AT OF

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

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

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

DATE OF ACCIDENT	MAKE & MODEL: Togota Corolla Atis (AUTO) MANUAL
TIME OF ACCIDENT	02/02/2023 ·c.c. 15+
	83:55 AM / (PM)
LOCATION OF ACCIDENT	Along Flora Drive
EXACT PURPOSE USED AT TIME OF ACCIDENT	(EMPLOYMENT) / PRIVATE USE / PRIVATE HIRE
NAME OF OWNER	Hi Power All Led (Anna)
EMAIL. ang. WIN ?	WDUNK-(OM. S.G. fice: 6542 4690 MOBILE: 8107 9855
NRIC anna-wona & hipower.	
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY)
FLEET POLICY:	YES / NO ?
INSURANCE CO.	
TYPE OF COVERAGE	MSIG Insurance
POLICY NO.	Comprehensive / Third Party / Third Party Fire & Theft
	A300658140 MCX
NAME OF DRIVER	AS ABOVE / IF NO.
	Kim Chang Hwan
DATE OF BIRTH	20 / May / 1974
ANY PASSENGER	YES /(NO):
NAME OF PASSENGER	
GENDER OF PASSENGER	MALE / FEMALE
OCCUPATION	Outdoor / Indoor
DATE OF DRIVING PASS	06 10512014
GENDER	Male / Female
CONTACT NO.	Mobile: 6331 40450ffice: Home.
EMAIL:	kch 153723@smc1.com
ADDRESS	15. Chang North Street 1, #01-01 I-LOFTS & Chang
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes . Reg No. INSURER.
RELATIONSHIP	Employee / If No:
WEATHER CONDITION	
ROAD SURFACE	Clear / Raining / Other . Dry / Wet / Other .
NY INJURIES	(No) / If yes : Who?
CONVEYED BY AMBULANCE	Ng / If yes : Who?
OLICE REPORT	No/ If yes . Where?
OTICE OF INTENDED PROSECUTION GIVE	(NO)IF YES, WHO?
EHICLE B NO.	SMA 1175 M Any Passenger. PAVME Car
JAME	The state of the s
ONTACT NO.	97919560
EHICLE C NO.	Any Passenger:
EHICLE D NO.	Any Passenger .
EHICLE E NO.	Any Passenger
EHICLE F NO.	Any Passenger,
NY WITNESS	
VITNESS CONTACT NO. WAS THERE ANY VIDEO CAPTURE?	
WAS THERE ANY AUDIO RECORDED?	YES / (NO)
SCENE ACCIDENT PHOTOS TAKEN?	VES)/NO
**WORKSHOP:	
ave you been approach by unknown perso	n soliciting (s) /
	TO DOWNSON AND A SULL



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.

MOTORMAX Comprehensive

Certificate No.

A 300658140 MCX

Excess: SGD500

Windscreen Excess: SGD100

- Index Mark and Registration Number of Vehicle SKG3523X
- 2. Name of Policyholder

Hi Power Pte Ltd

- 3. Effective Date of the Commencement of Insurance for the purposes of the Act 27/08/2022
- 4. Date of Expiry of Insurance 26/08/2023
- 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 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 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.

PLEASE NOTE ALL CLAIMS RELATED REPAIR MUST BE CARRIED OUT AT ANY MSIG AUTHORISED WORKSHOP. REFER TO MSIG.COM.SG FOR LIST OF AUTHORISED WORKSHOPS.

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