

SMOS 23530003

Preferred Vwkap / INC Assign Vwkap / QW: (		Tel: (	Fax: (
TP Particulars: (	Yelt No: SLL 9862R	INC ( ) / Non-INC ( )	
Owner / Driver: (		Tel: (	
Policy No: (	Period: (	Cover Type: (	
Confirmed by: (	Date: (	Time: (	
Insured/Driver Liability: (	%) (Note: Hst Status (WO): N: 0-30%, F: 21-70%, P: 30-100%)		
Year of Registration: (	Warranty: YES ( ) / NO ( )		
Excess: (\$	Loading: \$1,000 ( ) / \$2,000 ( )		

( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer or repeat.

( ) Total Loss Cost: ; to e-mail Insurer URGENTLY.

Drive-In( )/Towed-In( ) ; Invoice: YES( ) / NO( ) ; Towing Co: ( )

**Document - Copyrighted by [illegible]**

1/ Courtesy Car ( )

1) Apply 13: Thompson Andrew LLC ( )

QC Check / Post Repair Inspection

3) Optical Retrievy Photo (Rappan Court - 1984)

Injury:

\_\_\_\_\_

100-443888-1000

*[Faint, illegible text from bleed-through]*

1

1

SECRET

Invoice Preparation Charge \$150.00

1) ATK: Accident Parameter (330)

2) DA: Damage Assessment	5/10/54
3) F: Filing Fee	5/10/54

4) PC: Yellow-Throated S. 1917 \$50

Handwritten notes and signatures at the bottom of the page, including a signature and the number 375.

5) TR: 10/10/1970  
TIN: 10/10/1970 + 10/10/1970

Admitted Person: [redacted] 3) NTUC Additional Form 100

017  
 125: Chemistry Gift Test Allowance

Checked by (Engr-In-Charge)	NE Repair Consideration	511
		511

• INTER-REGIONAL COORDINATION: 13

• IN-STATE / LOCAL COORDINATION: 23

[illegible]

*[Faint handwritten notes and stamps at the bottom of the page, including "RECEIVED" and "CHARGED".]*

Figure 1 shows the schematic diagram of the proposed system. The system consists of a user, a server, and a database. The user sends a request to the server, which then queries the database. The server returns the results to the user.

[illegible]

## 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 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	03/05/2023 12:00 (SGT)
Reported by	Actual Driver
Date of Accident	30/04/2023 07:30 (SGT)
Exact Location of Accident	Bedok North Rd, Singapore
Additional Location Information	TOWARDS TAMPINES AVENUE 10
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ5744C
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	MSP LIFT ENGINEERING PTE LTD
Company Reg No	2XXXXX103E
Email Address	optionsgarage@hotmail.com
Mobile Phone No	(Phone) +65-84829662
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2070071494-03

### DRIVER

Name of Driver	TOFAZZAL
Passport No/FIN	GXXXX626W
Date Of Birth	01/02/1982
Occupation	Outdoor

Date Of Driving Pass .....	08/07/2019
Driving experience .....	3 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93554147
Alt. Phone Number .....	-
Email Address .....	optionsgarage@hotmail.com
Address .....	24A LORONG 23 GEYLANG
Address complement .....	-
Postcode .....	388636
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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? .....	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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLL9362R
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) ..... -

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number ..... SJJ2654D  
 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) ..... -

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person ..... TOFAZZAL  
 Gender ..... Male  
 Phone No ..... (Phone) +65-93554147  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... SLIGHT INJURY  
 Injured person in which vehicle? ..... GBJ5744C  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

## IMPORTANT NOTICE

## SKETCH PLAN

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



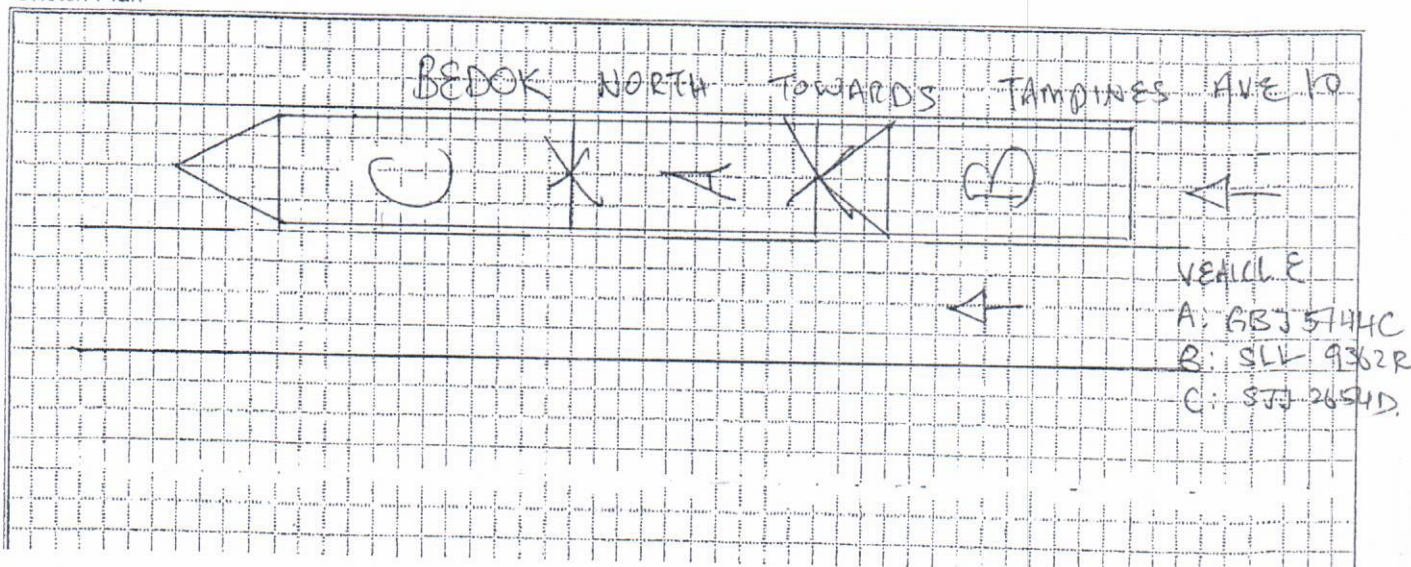
Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]* 05/05/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

### Sketch Plan



Describe Circumstance of the Accident

ON THE STATED DATE , TIME AND LOCATION .

I WAS DRIVING TOWARDS TAMPINES AVE 10 FROM BEDOK  
NORTH ROAD . IN FRONT OF my VEHICLE THERE WAS A  
BREAKDOWN STATIONARY VEHICLE . I SLOW DOWN AND CAME  
TO A STOP . I STOPPED BESIDE VEHICLE "C" WITHOUT  
COLLIDED ONTO IT . OUT OF A SODDEN THERE WAS  
AN HUGE IMPACT COLLIDED ONTO my VEHICLE  
REAR AND FORCE PUSH my VEHICLE FORWARD AND  
COLLIDED ONTO VEHICLE "C" . IT WAS A 3 CAR CHAIN  
COLLISION . AMBULANCE AND TRAFFIC POLICE CAME .

Declaration

I/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

Witnessed by Reporting Centre Personnel

03/05/2023

VEHICLE NO: GBJ 5444C

MAKE & MODEL: TOYOTA DYNA

AUTO/MANUAL

DATE OF ACCIDENT	30 / 04 / 2023	CC
TIME OF ACCIDENT	0730HRS	AM/PM
LOCATION OF ACCIDENT	BEDOK NORTH	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT/ PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	MSD LIFT ENGINEERING PTE LTD	
EMAIL	OPTIONS GARAGE@HOTMAIL.COM	OFFICE: MOBILE: 8482 9662
NRIC	201329103E	
CLAIM TYPE	OD / THIRTY PARTY / REPORTING ONLY	
FLEET POLICY	YES / NO	
INCURANCE CO.	AIG	
TYPE OF COVERAGE	Comprehensive/ Third Party / Third Party Fire & Theft	
POLICY NO.	807 0071494-03	
NAME OF DRIVER	AS ABOVE / IF NO: TOFAZZAL	
NRIC	G8J07626W	
DATE OF BIRTH	01 / 02 / 1982	
ANY PASSENGER	YES / NO	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	08 / 07 / 2019	
GENDER	MALE / FEMALE	
CONTACT NO.	Mobile: 9355 4147 Office: Home:	
EMAIL		
ADDRESS	04A LOR 23 BEYLANG S388363	
DOES DRIVER OWN OTHER VEHICLES?	NO/ If yes, Reg No: INSURE:	
RELATIONSHIP	Employee/ If No:	
WEATHER CONDITION	Clear/ Raining / Other:	
ROAD SURFACE	Dry/ Wet / Other:	
ANY INJURIES	No/ If yes, Who? TOFAZZAL	
CONTACT NO.		
ROLICE REPORT	No/ If yes, Where?	
NOTICE OF INTENDED PROSECUTION?	No/ If yes, Who?	
VEHICLE B NO.	SLL 9362R (R)	Any Passenger:
NAME		
CONTACT NO.		
VEHICLE C NO.	SJJ 2654 D (C)	Any Passenger:
VEHICLE D NO.		Any Passenger:
VEHICLE E NO.		Any Passenger:
VEHICLE F NO.		Any Passenger:
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
WHO IS REPORTING	DRIVER/ OWNER/ BOTH	
Original Language Used	English/ Mandarin/ Others:	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO	



# CERTIFICATE OF INSURANCE

## COMMERCIAL AUTOPLAN COMMERCIAL VEHICLE

Name of Policyholder : MSP LIFT ENGINEERING PTE LTD  
Period of Insurance : 29 May 2023 To 28 May 2024  
Engine No. : 1KD2857486  
Chassis No. : JTFAT35Y90K213343

Vehicle No. : GBJ5744C  
Policy No. : 2070071494-03  
Endorsement No. :  
Issued Date : 19 Apr 2023 12:14

### ABOUT THE COVER

Make/Model : TOYOTA DYNA 150 LORRY 1.7 ton [Lorry]  
Engine Capacity/Tonnage : 1.7 Tonnage Sum Insured : Market Value First Year of Registration : 2019  
Driver Restriction : NA Off Peak Car : No Insuring with COE/PARF : Yes  
Person or Classes of Persons Entitled to Drive\* :

- a) Any person who is driving on the Policyholder's order or with their permission.  
b) This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of S\$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Limitation as to use\* :

- 1) Use in connection with the Policyholder's business.  
2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business.  
3) Use for social, domestic or pleasure purposes. This Policy does not cover a) use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, b) use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle, and c) use for any purpose in connection with Motor Trade.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act 1960, Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

### EXCESS

Section 1  
Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

Section 2  
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

### APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Any accident repairs to the Vehicle can be carried out at the repairer of Your choice (unless specifically excluded by Us).  
For Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website [www.aig.sg](http://www.aig.sg) or AIG SG Mobile App. Simply search and download "AIG SG" from Apple App Store or Google Play Store.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act 1960, Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0503706000

ALPET AGENCY

7030 ANG MO KIO AVE 5 #08-07 NORTHSTAR @ AMK  
SINGAPORE 569880

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**

This computer generated document does not require a signature.

Pui San Lee