- NATIONAL-Assessment Centre	361140(7) (
DateIn 09 05 2023	Job description Tane &	Time Completed	Done by
RENO CAIMSG 23004730/04	SAS c-filing	1	
VehNo YM 9227P	E-mail (within Mark Ale Blark,		
DOA 08 05 2023 17:30	i-Motor Claim Form	:	
OD/TP/Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs) I-Photo Uplonded:		· · · · ·
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Pax / Hand to Owner	AVksp	
Preferred Wksp / INC Assign Wksp / QW: (Tol:	Fax:	
TP Particulars: Vch No: Sk	9908G INC(.)/N	on-INC()	
Owner / Driver: (Tel:)
N 000 COLORES CONTRACTOR CONTRACT	od: () Cover	Type: ()
Confirmed by : (Datės	Tina:)
Insured/Driver Liability: (%) [ote-Est, Status (WO): N: 0-20%; P:	21-79%. P: \$0-100%)
Year of Registration: ()	Varranty: YES ()/NO ()		
Excess: (\$) Loading: \$1,00	0()/\$2,000()	· ·	
General Remarks:		v vá. vázav	
() Walk-In Customer: Gustomer's infor	nation strictly Confidential & Strictly NO	rafer of repairer.	
() Total Loss Case : to e-mail Insure	URGENTLY. ·		
Drive-In ()/ Towed-In (); Invoice	YES () / NO (); Towing (.o. (•
Remarks (NA horlines 6788 6616)		Time Completed	ved secold:
	ourtesy Car ()	anii o caimpio i cai	. 2018.09
1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection	()		
3) Uploud Resurvey Photo [Repair Cost > \$3	()		
-			
Injury :		**************************************	
Dale Time Actions			i: ··· ,
	PERSONAL PROPERTY OF THE	STEEL ST	Anic (5): . A
	Anyoice Preparatio		Tat Bill A
laiman(s:Particulars)	1) AR: Accident Reporting 2) DA: Damage Assessme		
river/Owner:	3) TF: Towing Fee 4) FT: Follow-Through Su	\$40/\$45	
	5) PT: Follow-Through Su		
ontact No:	For claiming against IN	Conly (wel 10 Jan 2005)	
amaged Portion:	6) TR; Re-inspection 7) NI; Idau DA + SMRT	\$160 Survey : \$160	
	8) NTUC Additional Servi		
C Checked by (Engr-In-Charge):	*NS: Courlesy Car/Tp		
c. Checked by (Bugi-in-Charge).	*N6: Repair Co-ordinal	ion \$10	Di l
	The second linear second linea		
uditors' Comments :-	NS: DV/Collect lixor	otion 525	5
	The second linear second linea	otion 522 cas Coordination 5 C) against ING 52	5

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 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.

5. Any raise 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 09/05/2023 17:29 (SGT) Reported by **Actual Driver** Date of Accident 08/05/2023 17:30 (SGT) Exact Location of Accident Singapore Additional Location Information INFRONT OF BAN SENG TYRE SERVICE # 02-10 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YM9227P

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner GITI TIRE GLOBAL TRADING PTE LTD Company Reg No 2XXXXX873N **Email Address** rohin.khiu@giti.com Mobile Phone No (Phone) +65-96893812 Alternative Phone No (Office) +65-62495368

VEHICLE PARTICULARS

Manufacturer

Mitsubishi Fe83beosrdea Exact purpose for which vehicle was being used at time of Employment Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only Vehicle Category Commercial vehicle Transmission Manual CC 2977

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number B 300330761 MKC

DRIVER

Name of Driver LIEW KOK MENG Passport No/FIN FXXXX442U Date Of Birth 17/10/1965 Occupation Outdoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address 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	11/04/1994 29 YEARS AND 1 MONTH Male (Phone) +65-83121936 - joanne.sim@giti.com 150 BEACH ROAD, GATEWAY WEST # 22-01 / 08 189720 No Employee No
Type of Accident	Collision - Head on collision
Weather Conditions Road Surface	Clear Dry
Nodu Sullace	Diy
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
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 THE ATTACHED STATEMENT	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Pegistration Number	SKB0000C
Vehicle Registration Number Vehicle Manufacturer	SKB9908G
Vehicle Model	
Vehicle Variant	
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	ANG SHI YUAN (HONG SHIYUAN)
NRIC No	SXXXX686D

Contact Number	(Phone) +65-87876568
Address	-
Address complement	
Postcode	-
Insurance Company Name	-
Nature Of Damage	2
Details of property damaged in accident	
No. Of Passenger (Including Driver)	•

SKETCH PLAN

IMPORT THOTICE

- 1. Pleas report correctly the details of the accident to speed up the claims process.
- 2. This immust 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 insuffice companies to repudiate policy liability.
- 4. The is and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any lise 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 Sing Interested parties of this report will for a fee be made available upon application by interested parties.
- 7. By the logement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report laing made available aforesaid.
- B. Conserptunder the Personal Data Protection Act (PDPA)

I undersiant, acknowledge, agree and consent that:

- (a) My insufficiently 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) administeing my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of tertain 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 added process my Personal Information for one or more of the above Purposes; and
- (c) my rersonal information may/can be disclosed by any of the insurers and/or GIA to their third-party service providers or agents (including their third-sylaw firms), which may be sited outside of Singapore, for one or more of the above Purposes.

olicyholder'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 In front of Ban Seng Type Service.

Delibe Circumstance of the Accident
IN THE CIDOUS STATES
at Run Juna Ture Service (Autobay. I wanted.
The sale of the sale of the sale of
To vove ord min to the second of the second
place. Will revolve the second
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from nowhere vehicle 8 was at the back of my vihicle
the side nation of the
and my vahicle hit his front left side pornion of the
Which.

Declaration **

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

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

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

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

A.C.CIDENT STATEMENT

ACCIDENT DATE OS 105 1023 IDD MANTYM, TIME 17:30 HHMM
· LOCATION Infront of Ban Sona Type Service # 02-10
1. DETAILS OF VEHICLE
DIVEHICLE NUMBER: YM 9227P
D)INSURANCE COMPANY: 'M'SIG
CIPOUCYNUMBER: B 300330761 MIC
DIPOUCYTYPE (COMPREHENSIVE THIPD PARTY THE DA DOWN TON THE
MATERICAL TO THE STATE OF THE MATERIAL OF THE
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h)PURPOSE OF USING AT A COMPENTALE LA OMIN OF THE
TAKE TOUCH ANATHIE HISTORY OF THE ABOVE TO T
IF NO. PLEASE STATE [THIRD PARTY CLAIM (REPORTING ONLY)] 2. INSURED / POLICY HOLDER
ANAME GIM (Tre GIOPA) (MOLITO) PTE ITA
DINRIC/FIN/PASSPORT: 200208873N CONTACT: 9689 3812/6249 5368
CONTINUE TO S. OF DRIVER ALSO POUCY HOLDER
C) side dia de la Dannie Plew Cok Maria
(OL) DINRIC/FIN/PASSPORT: F09434424 CONTACT: 8312 1936.
"d) DATE OF BIRTH: (17 / 10 / 1965 UDD/4/4 2000
BIOCCUPATION: (INDOOR TOUTDOOR)
1) TEAKS OF DRIVING EXPRERIENCE 11/04/14/14
A. WAS DRIVER AN EMPLOYEE OF THE INCIDENTS PURSUE AND CHECK NO.
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
6. WAS ANYBODY IN HOPE (VET (150)
OREPORTED TO POLICE IYES AND
IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE
THE STATE OF VEHICLE NUMBER: SCB 9908G MODEL.
Induding driver) 5) DRIVER'S NAME And Shi Yuan C'Hong Shiyuan)
() PARTY VEHICLE
-11 1/5/10/10/10/10
of Dance Control of the Control of t
Including driver) f) NRIC/FIN/PASSPORT: CONTACT:
rohin. Khiu @ giti. com:
: Email = joanne. sim @giti-com
inall = jodilik. Sill es gill con
May =



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 300330761 MKC

Excess: NIL

Windscreen Excess : NIL

 Index Mark and Registration Number of Vehicle YM9227P

Name of Policyholder
 Giti Tire Global Trading Pte. Ltd.

- Effective Date of the Commencement of Insurance for the purposes of the Act 12/08/2022
- Date of Expiry of Insurance 11/08/2023
- 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.
- 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