NATIONAL Assessment Centre S	ervices (wef Jan oo)		
Data to be Alexander	cb description	Date & Time Completed	Done by
10-0-1 w 14.0-0-1	SAS e-filing		
14 14 14 14 14 14 14 14 14 14 14 14 14 1	E-mail (within 8hrs, AIC 2hrs)		
	i-Motor Claim Form		
	i-Motor W/O (Within: OD 2h	urs TP 4hrs)	
- Colina in the control of the colinary	i-Photo Uploaded	1	
	Assessment/Survey Report		
- Insuror.	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax	
TP Particulars: Veh No: YP 10	79B . INC(
Owner / Driver: (Tel:)
Policy No: () Period:	()	Cover Type: ()
Confirmed by: (Date:	Time:)
Insured/Driver Liability: (%) [Note-	-Est. Status (WO): N: 0-2	20%; P: 21-79%. F: 80-100)%]
Year of Registration: () Warr	anty: YES ()/NO ()	
Excess: (\$) Loading: \$1,000 ()/\$2,000()		
General Remarks:-			
() Walk-In Customer: Customer's informati	on strictly Confidential & S	trictly NO refer of repairer.	
() Total Loss Case : to e-mail Insurer UI			
Drive-In ()/ Towed-In (); Invoice: YE	S()/NO();	Towing Co: (• .
Apply for Transport Allowance () / Courte QC Check / Post Repair Inspection	esy Car ()	Date&Time Completed	Done by
3) Upload Resurvey Photo [Repair Cost > \$3000]	()		
Injury:			
Date/Time Actions			11.00 mm
Actions:			**************************************
Aux	Inveice Pre	eparation Checklist	Anit (\$) An
laimant's Particulars :-	1) AR : Acciden		lst Bill Ad
	2) DA : Damage	Assessment (\$100); INC (\$80)	
river/Owner:	3) TF: Towing 1 4) FT: Follow-T	Through Survey \$12	
ontact No:		Through Survey (Resurvey) \$3 against INC Only (wef 10 Jan 2005)	0
amaged Portion:	6) TR: Re-inspe	section . \$7	
2	8) NTUC Additi	+SMRT Survey \$16	0
C Checked by (Engr-In-Charge):	OD*		T
Cooling Tarret sans	*NS: Courtee	v Car / Tpt Allowance	5
and the seal of th	*N6: Repair C	Co-ordination \$1	
	*N6: Repair C *N7: Post Rep *N8: DV / Co	Co-ordination \$1 pair Inspection \$2 ollect Excess Coordination \$	0
euditors Comments::2	*N6: Repair C *N7: Post Rep *N8: DV / Co	Co-ordination	0 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
	* N6: Repair C	Co-ordination	0 .5 .5



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- IMPORTANT NOTICE

 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

 2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

 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.

ACCIDENT STATEMENT

12/06/2023 15:41 (SGT) Both Policyholder and Actual Driver 09/06/2023 20:00 (SGT) Singapore 7 AIRLINE ROAD # 01-26/27, CARGO AGENT BUILDING (E) Singapore
E ()

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKF782P
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner	No

GOH KIM KIM MERLYN NRIC No SXXXX293H **Email Address** OPTIONSGARAGE@HOTMAIL.COM Mobile Phone No (Phone) +65-81261565 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer	Toyota
Mandal	
	Vios
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? No - Claiming third party

Vehicle Category Private car Transmission Auto CC 1497

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number S 90563841 SMF

DRIVER

Name of Driver GOH KIM KIM MERLYN NRIC No SXXXX293H Date Of Birth 04/04/1979 Occupation Indoor

Date Of Driving Pass	15/10/2010
Driving experience	12 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	
Alt. Phone Number	(Phone) +65-81261565
Email Address	- ODTIONIO ADAGE CHICTHIA AND
Address	OPTIONSGARAGE@HOTMAIL.COM
	60 CHAI CHEE ROAD
Address complement	# 02-900
Postcode	460060
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	
WS-000000000000000000000000000000000000	
Insurance Company of Other Vehicle Owned by Driver	E
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry
	Ыу
OTHER INFORMATION	
Was and familiar action to the state of the	
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	•
Original language used in the statement	•
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	Ne
Was notice of intended Prosecution given?	No
	No
If yes, against whom?	•
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
vvas triere any video captured by Car Camera?	Yes
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number	V0.40700
Vehicle Registration Number	YP1279B
Vehicle Manufacturer	
Vehicle Model	•
Vehicle Variant	
Vehicle Colour	
Vehicle Category	Commercial vehicle
Name of Driver	

Date Of Driving Pass

Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	3.5
(including Driver)	200

SKETCH PLAN

IMPORTANT NOTICE

- 1. Hease 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 Authorised 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
- Any false reporting may be referred to the Police for Investigation.
- 6. The 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
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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' law yers/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
- (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' law yers/law firms, may/are permitted to collect. use, disclose and/or process my Personal Information for one or more of the above Furposes; 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

Driver's Signature (If driver is not the policyholder) / Date

Witnessed by Reporting Cer

Sketch Plan

7 Airline Road # 01-26/27 , Cargo Agent Building

A: SKF 782P

B: YP 1279B.

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Declaration

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

Folicyholdar's Signature / Date & Time

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

Witnessed by Reporting Cantre Fersonnel

VEHICLE NO: SKF 782 P	MAKE & MODEL : TOYOTA VIOS (AUTO) MANUAL
DATE OF ACCIDENT	09/06/2023 .C.C.
TIME OF ACCIDENT	2000HRS AM PM
LOCATION OF ACCIDENT	
EXACT PURPOSE USED AT TIME OF ACCIDEN	T AIRLINE ROAD #01-26/27 CARGO AGENT EMPLOYMENT PRIVATE USE / PRIVATE HIRE
NAME OF OWNER	GOH KIM KIM, MERLYN
EMAIL OPTIONS GARAGE @	1 1 2 7
NRIC STATE OF THE	HOTMAIL.COM Office, MOBILE 8126 1565
CLAIM TYPE	
FLEET POLICY.	OD / THIRD FARTY / REPORTING ONLY YES /NO ?
INSURANCE CO.	
TYPE OF COVERAGE	MSIG.
POLICY NO.	(Comprehensive / Third Parly / Third Parly Fire & Theft
	S 90563841 SMF.
NAME OF DRIVER	(AS ABOVE) / IF NO. (C. 7919293 H.)
DATE OF BIRTH	
ANY PASSENGER	04 104 1979.
NAME OF PASSENGER	YES / NOT
GENDER OF PASSENGER	MALE / FEMALE
OCCUPATION	Outdoor / Indoor
PATE OF DRIVING PASS	
ENDER	15 10 20 0 . Male Femalé
ONTACT NO.	Mobile Oction
NAIL:	Atomic Office: Home,
DDRESS	60 CHAI CHEE ROAD # 07-900 51110-10
OES DRIVER OWN OTHER VEHICLES?	BO CHAI CHEE POAD #02-900 S460060.
ELATIONSHIP	HOURE
VEATHER CONDITION	Employee / If No. OWNER.
OAD SURFACE	Clear / Raining / Other.
NY INJURIES	Dry / Wet / Other: [No[/If yes : Who?]
ONTACT NO.	- Company winds
OLICE REPORT	No If yes : Where?
OTICE OF INTENDED PROSECUTION GIV	EN? NO/IF YES, WHO?
EHICLE BNO. YP 1279 B	. Any Passenger :
AME DNTACT NO.	
EHICLE C NO.	
CHICLE D NO.	Any Passenger :
THICLE E NO.	Any Passenger :
HICLE F NO.	Any Passenger .
IY WITNESS	Any Passenger :
TINESS CONTACT NO.	
WAS THERE ANY VIDEO CAPTURE?	YES NO
WAS THERE ANY AUDIO RECORDED?	YES NO
SCENE ACCIDENT PHOTOS TAKEN?	L YES NO
**WORKSHOP:	
re you been approach by unknown perso	
ering accident claims assistance?	YES)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.

ULTIMATE CAR PROTECTOR-PREMIER Comprehensive

Certificate No.

S 90563841 SMF

Excess: SGD500

Windscreen Excess : NIL

 Index Mark and Registration Number of Vehicle SKF782P

2. Name of Policyholder

Goh Kim Kim Merlyn

- 3. Effective Date of the Commencement of Insurance for the purposes of the Act 09/08/2022
- 4. Date of Expiry of Insurance 08/08/2023
- Persons or Classes of Persons entitled to drive*

Goh Kim Kim Merlyn

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 CAN BE CARRIED OUT AT ANY WORKSHOP OF YOUR CHOICE OR 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