

NATIONAL Assessment Centre Services (wef 1 Jan'06)

| | | | |
|--------------------------|--|-----------------------|---------|
| Date In: 13/06/2023 | Job description | Date & Time Completed | Done by |
| Ref No: CA/MSG23006049/I | SAS e-filing | | |
| Veh No: SKL 3313J | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 12/06/2023 11:15 | i-Motor Claim Form | | |
| OD / TP / Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | i-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

| | | |
|-------------------------------|--|-----------------------|
| TP Particulars: | Veh No: FBV 5940U | INC () / Non-INC () |
| Owner / Driver: (| | Tel: () |
| Policy No: () | Period: () | Cover Type: () |
| Confirmed by: (| Date: | Time: () |
| Insured/Driver Liability: () | [Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-100%] | |
| Year of Registration: () | Warranty: YES () / NO () | |
| Excess: (\$) | Loading: \$1,000 () / \$2,000 () | |

General Remarks:-

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

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

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

| | | |
|---|-----------------------|---------|
| Remarks:- (INC hotline: 6788 6616) | Date & Time Completed | Done by |
| 1) Apply for Transport Allowance () / Courtesy Car () | | |
| 2) QC Check / Post Repair Inspection () | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | | |

Injury :

| Date/Time | Actions |
|-----------|---------|
| | |
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| | |
| | |

| | | | | |
|---------------------------------|---|-------------|-----------|------|
| Claimant's Particulars :- | Invoice Preparation Checklist | | Am't (\$) | Am't |
| Driver/Owner: | 1) AR : Accident Reporting (\$30); | | 1st Bill | Add. |
| Contact No: | 2) DA : Damage Assessment (\$100); INC (\$80) | | | |
| Damaged Portion: | 3) TF : Towing Fee \$40/\$45 | | | |
| QC Checked by (Engr-In-Charge): | 4) FT : Follow-Through Survey \$120 | | | |
| | 5) FT : Follow-Through Survey (Resurvey) \$30 | | | |
| | For claiming against INC Only (wef 10 Jan 2005) | | | |
| | 6) TR : Re-inspection \$75 | | | |
| | 7) N1 : Idac DA + SMRT Survey \$160 | | | |
| | 8) NTUC Additional Services:- | | | |
| | ON* | | | |
| | *N5: Courtesy Car / Tpt Allowance \$5 | | | |
| | *N6: Repair Co-ordination \$10 | | | |
| | *N7: Post Repair Inspection \$25 | | | |
| | *N8: DV / Collect Excess Coordination \$5 | | | |
| | TP (N11) : TP (Non INC) against INC \$20 | | | |
| | 9) N12: Idac Mobile \$30 | | | |
| Auditors' Comments :- | Invoice dated | Fee Charged | | |
| Cat. 1: | Invoice dated | Fee Charged | | |
| Cat. 2 / 3: | | | | |

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 | 13/06/2023 13:11 (SGT) |
| Reported by | Both Policyholder and Actual Driver |
| Date of Accident | 12/06/2023 11:15 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | CLEMENTI AVE 2, CLEMENTI AVE 5 |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SKL3313J |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|-------------------------------|
| Is company? | No |
| Name Of Registered Owner | LIM POH SOON |
| NRIC No | SXXXX480D |
| Email Address | UNITEDTRACTORS@SINGNET.COM.SG |
| Mobile Phone No | (Phone) +65-82017100 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|-------------|
| Manufacturer | Toyota |
| Model | Camry |
| 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 | 2487 |

INSURANCE COMPANY

| | |
|-----------------------------------|--------------------------------------|
| Name of Insurance Company | MSIG Insurance (Singapore) Pte. Ltd. |
| Policy Number / Cover Note Number | A 29141769 AT2 |

DRIVER

| | |
|----------------|--------------|
| Name of Driver | LIM POH SOON |
| NRIC No | SXXXX480D |
| Date Of Birth | 23/10/1957 |
| Occupation | Indoor |

| | |
|--|-------------------------------|
| Date Of Driving Pass | 30/07/1977 |
| Driving experience | 45 YEARS AND 11 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-82017100 |
| Alt. Phone Number | - |
| Email Address | UNITEDTRACTORS@SINGNET.COM.SG |
| Address | BLK 60 GEYLANG BAHRU |
| Address complement | #11-3313 |
| Postcode | 330060 |
| 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

| | |
|--------------------------|----------------------------|
| Type of Accident | Collided into Motorcyclist |
| Weather Conditions | Raining |
| Road Surface | Wet |

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) | 2 |
| 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 | - |

PASSENGER 1

| | |
|--------------|---------------|
| Name | LOH HUI KHENG |
| Gender | Female |

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 VEHICLE PROPERTY 1

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | FBU5940U |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |

| | |
|---|----------------------|
| Vehicle Colour | - |
| Vehicle Category | Motorcycle |
| Name of Driver | SAENGPRASIT PAWEENA |
| Contact Number | (Phone) +65-93835929 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

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 Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any willful 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. 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 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

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Clementi Ave 2, Clementi Ave 5

CLEMENTI AVES

A: SKL 3313J

B: FB4 59404

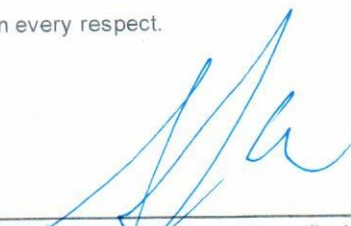
Describe Circumstances of the Accident

I WAS TRAVELLING ALONG CLEMENTI AVE 2 ON THE RIGHT MOST LANE OF 4 LANES WHEN, I CAME TO A STOP AT THE JUNCTION WITH CLEMENTI AVE 5, DUE TO TRAFFIC RED LIGHT, WHEN THE TRAFFIC LIGHT TURNED GREEN, MY VEHICLE ROLLED FORWARD AND TOUCHES THE M/CYCLE FB159404 IN FRONT OF ME. THERE WAS NO DAMAGE ON BOTH OUR VEHICLE.

Declaration

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 & Time

 13/6/2023
Witnessed by Reporting Centre Personnel

VEHICLE NO: SK L 3313J

MAKE & MODEL: TOYOTA CAMRY

[AUTO] MANUAL

| | | |
|---|---|--------------------------|
| DATE OF ACCIDENT | 12 06 2023 | CC 2487 |
| TIME OF ACCIDENT | 11 15 AM / PM | |
| LOCATION OF ACCIDENT | CLEMENTI AVE 2 X CLEMENTI AVE 5 | |
| EXACT PURPOSE USED AT TIME OF ACCIDENT | EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE | |
| NAME OF OWNER | LIM POH SOON | |
| EMAIL | UNITED TRACTORS @ SINGNET.COM.SG | Office: MOBILE: 82017100 |
| NRIC | S1276480D | |
| CLAIM TYPE | OD / THIRD PARTY / <u>REPORTING ONLY</u> | |
| FLEET POLICY | YES / <u>NO</u> ? | |
| INSURANCE CO | MSIG | |
| TYPE OF COVERAGE | <u>Comprehensive</u> / Third Party / Third Party Fire & Theft | |
| POLICY NO | A 29141769 AT 2 | |
| NAME OF DRIVER | <u>AS ABOVE</u> / IF NO. | |
| NRIC | | |
| DATE OF BIRTH | 23 / 10 / 1957 | |
| ANY PASSENGER | <u>YES</u> / NO : 01 | |
| NAME OF PASSENGER | LOH HUI KHENG | |
| GENDER OF PASSENGER | MALE / <u>FEMALE</u> | |
| OCCUPATION | Outdoor / <u>Indoor</u> | |
| DATE OF DRIVING PASS | 30 / 07 / 1977. | |
| GENDER | <u>Male</u> / Female | |
| CONTACT NO | Mobile: 82017100 Office: | |
| EMAIL | UNITED TRACTORS @ SINGNET.COM.SG | |
| ADDRESS | BLK 60 GEYLANG BAHRU #11-3313 S(330060) | |
| DOES DRIVER OWN OTHER VEHICLES? | <u>NO</u> / If yes, Reg No. INSURER: | |
| RELATIONSHIP | Employee / If No. <u>OWNER</u> | |
| WEATHER CONDITION | Clear / <u>Raining</u> / Other: | |
| ROAD SURFACE | Dry / <u>Wet</u> / Other: | |
| ANY INJURIES | <u>No</u> / If yes, Who? | |
| CONVEYED BY AMBULANCE | <u>No</u> / If yes, Who? | |
| POLICE REPORT | <u>No</u> / If yes, Where? | |
| NOTICE OF INTENDED PROSECUTION GIVEN? | <u>NO</u> / IF YES, WHO? | |
| VEHICLE B NO. | FB459404 Any Passenger: <u>NO</u> | |
| NAME | SAENG PRASIT PAWEENA | |
| CONTACT NO | 93835929 | |
| VEHICLE C NO. | 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 / <u>NO</u> | |
| WAS THERE ANY AUDIO RECORDED? | YES / <u>NO</u> | |
| SCENE ACCIDENT PHOTOS TAKEN? | YES / <u>NO</u> | |
| Person Reporting | Driver / <u>Owner</u> / Both | |
| Original Language Used | <u>English</u> / Mandarin / Others: | |
| Have you been approach by unknown person soliciting (s) / | | |
| offering accident claims assistance? | YES / <u>NO</u> | |



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.

TOYOTA DRIVEELITE Comprehensive

Certificate No. A 300532784 AT2

Excess : SGD1,000

Windscreen Excess : SGD100

1. **Index Mark and Registration Number of Vehicle**
SKL3313J

2. **Name of Policyholder**
Lim Poh Soon

3. **Effective Date of the Commencement of Insurance for the purposes of the Act**
19/02/2023

4. **Date of Expiry of Insurance**
18/02/2024

5. **Persons or Classes of Persons entitled to drive***
Lim Poh Soon, Benny Lim Woon Kiat
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 BORNEO MOTORS (S) PTE LTD OR AT ANY MSIG AUTHORISED WORKSHOP. REFER TO MSIG.COM.SG FOR LIST OF AUTHORISED WORKSHOPS. WINDSCREEN EXCESS IS WAIVED AT BORNEO MOTORS (S) PTE LTD FOR WINDSCREEN RELATED CLAIMS. THIS POLICY INCLUDES COURTESY CAR BENEFIT.

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