NATIONAL Assessment	Centre Services 6	vef Jan'o6]		
Date In: 26107 2023	Jeb description	, Dute	& Time Completed	Done by
Ref Not CA MISG 2300 755:	71d4 SAS e-filing			
Veh No: SLM 33217	E-mail (within 8h	rs. AIC 2hrs)		
· ·	7:55 i-Motor Claim	Form		
OD TP / Reporting Only	i-Motor YY/O ((Within: OD 2hrs, TP 4hrs	i)	
OD 17 / Reporting Only	i-Photo Upload			
TP Insurer:	Assessment/Sur	vey Report		
	Ass't Report by	Fax / Hand to Owne	er/Wksp	
Preferred Wksp / INC Assign Wksp /	QW: (Tel:	Fax	
TP Particulars: Veli N	o: GX1170B.	. INC()/1	Von-INC ()	
Owner / Driver: (Tel)
Policy No: () Period: () Cove	r Type: (.)
Confirmed by: (Date:	Time:)
Insured/Driver Liability: (%) [Note-Est. Status (We	O): N:·0-20%; P	: 21-79%. P: 80-100	%]
Year of Registration: () Warranty: YES ()/NO()	,	
	ng:\$1,000()/\$2,000()		
General Remarks;				vie Ni
() Walk-In Customer : Custom	ner's information strictly Conf	idential & Strictly N	O refer of repairer.	
	il Insurer URGENTLY.	·		
Drive-In ()/ Towed-In ()	; Invoice: YES () / NO	O(); Towing	Co: (•
3) Upload Resurvey Photo [Repair Conjury : Date/Time - Actions	Cost>\$3000] ()			A CONTRACTOR
NA.			CONSAC 22 CAMANA (A. Y.	8188-0188
	9	Invoice Preparati	<u> </u>	Amt (\$) Am
laimant's:Particulars :-		 AR : Accident Reporting DA : Damage Assessm 		
river/Owner:		3) TF : Towing Fee	. 540/54	5
ontact No:		4) FT : Follow-Through S 5) FT : Follow-Through S		
		For claiming against IN	COnly (wef 10 Jan 2005)	<u> </u>
amaged Portion:		6) TR: Re-inspection 7) N1: Idao DA + SMRT	\$7 Survey : \$16	
	± .	8) NTUC Additional Serv		
C Checked by (Engr-In-Charge):		*NS: Courtesy Car / Tp	t Allowance \$	5
dilitors in a large and a larg	HAM SAMONING BOOKS	*N6: Repair Co-ordina *N7: Post Repair Inspe	tion \$1	0
cuthfors Comments :-		*N8: DV / Collect Exce	ss Coordination 5	
	•	TP (N11): TP (Non IN 9) N12: Idao Mobile	C) against INC \$2	0
1. 2/3:		Invoice dated	Fee Charged .	2000
		Invoice dated	Fee Charged	TO THE REAL PROPERTY.

SL0Z237Q0001 / LKK Auto Consultants Pte Ltd [408933] ENTRY DATE & TIME: 26/07/2023 13:18 (SGT) SUBMITTED BY: LKK Auto PU VERSION: 1 (26/07/2023 13:18 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.

- 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 First Submission 26/07/2023 13:18 (SGT) Reported by **Actual Driver** Date of Accident 25/07/2023 17:55 (SGT) Exact Location of Accident Singapore Additional Location Information PASIR RIS DRIVE 4 Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLM3321T

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TOON CHIEN YI SXXXX171E NRIC No unimotorco@singnet.com.sg Email Address (Phone) +65-93871383 Mobile Phone No Alternative Phone No

VEHICLE PARTICULARS

Nissan Manufacturer Model Qashqai Variant Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to Yes your vehicle? Vehicle Category Private car Transmission Auto 1997 CC

INSURANCE COMPANY

MSIG Insurance (Singapore) Pte. Ltd. Name of Insurance Company Policy Number / Cover Note Number A 300816338 QMY

DRIVER

Name of Driver LEE YONG HUA SXXXX980C NRIC No

Date Of Driving Pass	20/09/1990
Date Of Driving Pass Driving experience	32 YEARS AND 10 MONTHS
Gender Gender	Male
Mobile Number	(Phone) +65-93871383
Alt. Phone Number	-
Email Address	unimotorco@singnet.com.sg
Address	APT BLK 579 PASIR RIS STREET 53
Address complement	# 07-75
Postcode	510579
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
Doos 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	Side Swipe
Type of Accident Weather Conditions	Clear
Road Surface	Dry
Road Surface	
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	TOON CHIEN YI
Name Gender	Female
Gender	
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	
If yes, against whom?	
ii yoo, againot iiioo	
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?	
DETAILS OF OTH	HER VEHICLE PROPERTY 1
*	GX1170B
Vehicle Registration Number	GATI70B
Vehicle Manufacturer	

Vehicle Colour	- 2
Vehicle Category	Commercial vehicle
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)	·

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. 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 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)

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 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Pasir Ris Drive 4

Personnel

Sketch Plan

Pasir Ris Drive 4

A SILM 3321 T

Describe Circumstances of the Accident
on the above stated date and time, I was driving glong.
pasir Ris Dine 4. I was exiting the pasir Ris NPC police stution
and I wanted to make a u-turn to the opposite road on my
hight hand side. Upon moving from the second to the trist take
vehicle B came from my hight side and I hit his front left
portion of his 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 & Time

Witnessed by Reporting Centre Personnel

(AUTO MANUAL MAKE & MODEL : MISSAN VEHICLE NO: SLM 3321 T 25 07 2023 C.C. DATE OF ACCIDENT 17:55 AM (PM) TIME OF ACCIDENT PASIR RS DR 4 EMPLOYMENT PRIVATE USE PRIVATE HIRE LOCATION OF ACCIDENT EXACT PURPOSE USED AT TIME OF ACCIDENT TOOD CHIEN YI NAME OF OWNER MOBILE: Office: EMAIL: 96971171F NRIC REPORTING ONLY THIRD PARTY (OD) / CLAIM TYPE YES NO? FLEET POLICY: mSIG. Comprehensive / Third Party / Third Party Fire & Theft INSURANCE CO. TYPE OF COVERAGE A 3008 16338 Rmy (SISS7980C) POLICY NO. AS ABOVE / IENO, Lee yong tha NAME OF DRIVER 31557980C 13 /01/1962 DATE OF BIRTH YES NO : ANY PASSENGER Toon Chien Y NAME OF PASSENGER MALE / FEMALE GENDER OF PASSENGER Outdoor Indoor OCCUPATION 20 / 09/1990 DATE OF DRIVING PASS Female Male) GENDER Mobile: 93871383 Office. CONTACT NO. unimotorco (8) sirejuit-com-sg BIK579 PASIR RISST 53 #07-75 5,510579 EMAIL: ADDRESS INSURER. NO | If yes : Reg No: DOES DRIVER OWN OTHER VEHICLES? HUSB BUD). Employee / If No. RELATIONSHIP Other: Clear | Raining WEATHER CONDITION Dry | Wet | Other: ROAD SURFACE No If yes : Who? ANY INJURIES CONTACT NO (No) If yes : Where? POLICE REPORT NO/IF YES: WHO? NOTICE OF INTENDED PROSECUTION GIVEN Any Passenger : NO GX 1170B VEHICLE B NO. NAME CONTACT NO Any Passenger VEHICLE C. NO. Any Passenger VEHICLE D NO. Any Passenger : VEHICLE E NO Any Passenger : VEHICLE F NO. ANY WITNESS WITNESS CONTACT NO. YES NO WAS THERE ANY VIDEO CAPTURE? YES (NO WAS THERE ANY AUDIO RECORDED? YES / NO SCENE ACCIDENT PHOTOS TAKEN? **WORKSHOP: Have you been approach by unknown person soliciting (s) / YES (NO offering accident claims assistance?



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 1960
(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.

MOTORMAX PLUS Comprehensive

Certificate No.

A 300816338 QMY

Excess: SGD700

Windscreen Excess: SGD100

1. Index Mark and Registration Number of Vehicle

SLM3321T

2. Name of Policyholder

Toon Chien Yi

3. Effective Date of the Commencement of Insurance for the purposes of the Act 24/03/2023

4. Date of Expiry of Insurance

23/03/2024

Persons or Classes of Persons entitled to drive*

Toon Chien Yi

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 1960 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 1960.

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 1960 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