

1994-1995

MM4/152660

Date In: 17/11/2017 19:35	Job description	Date & Time Completed	Done by:
Ref No: NBA/m&g/1022026/Y	SAS e-billing		
Veh No: SKV 2917X	E-mail (within 2hrs, A/C 2hrs)		
P.O.A: 08/11/2017 12:05	1-Motor Claim Form		
OD / TP <u>Reporting Only</u>	1-Motor W/O (within: OD 2hrs, TP 2hrs)		
TP Insured:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: ()		Tel: ()		Fax: ()	
TP Particulars: ()		Yeli No: PC 58375		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; Customers Information strictly Confidential & Strictly NO refer of repeller.
() Total Loss Case; to e-mail Insurer URGENTLY.
Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks	INQ No (line 6788-6616)	Date	Time	Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()					
2) QC Check / Post Repair Inspection ()					
3) Upload Recovery Photo [Repair Cost > \$3000] ()					

[illegible]

Invoice Preparation Checklist		Am. (\$)	Lat. (\$)
		Bill	Adm. Bill
1) AR: Accident Reporting (\$30):			
2) DA: Damage Assessment (\$100):	INC (\$30)		
3) TP: Towing Fee	\$40/\$45		
4) PT: Follow-Through Survey	\$130		
5) RT: Follow-Through Survey (Resurvey)	\$70		
Forfeiting appeal INC Only (over 10 Jan 2005)			
6) TR: Re-inspection	\$33		
7) NI: 1 day DA + SMRT Survey	\$160		
8) NTUC Additional Services:			
Q1:			
*N3: Courtesy Car / Tpl Allowance	\$3		
*N6: Repair Coordination	\$10		
*N7: Post Repair Inspection	\$33		
*N8: DY / Collect Excess Coordination	\$3		
T2 (NIL): TP (Run INC) signed INC	\$20		
P) N13: Ids. Mobiles	\$0		
Invoice dated	File Charged		
Invoice dated	File Charged		

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 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 ability.
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 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 Report	17/11/2017 19:35
Date Of Accident	04/11/2017 12:05
Exact Location Of Accident	ALONG CLEMENCEAU AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV2917X
Insured/Policyholder	
Name Of Registered Owner	RENAUD CLAUDE JEFFREY
NRIC No	S7166325F
Email Address	RENAUDCJ@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91714647
Alternative Phone No	OTHERS-91714647

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	OUTLANDER-2.4 2.4 CVT AWD S/R FACE (A)
Exact Purpose for which vehicle was being used at time of accident	FERRYING CHILDREN FOR CLASS
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P 288088215 DMA
Cover Note Number	

Driver

Name of Driver	RENAUD CLAUDE JEFFREY
NRIC No	S7166325F
Date Of Birth	07/06/1971
Occupation	INDOOR
Date Of Driving Pass	24/02/2004
Driving Experience	13 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91714647
Fax Number	
Contact Number	OTHERS-91714647
EEmail Address	RENAUDCJ@HOTMAIL.COM

Address	1J SURIN AVENUE
Postcode	533931
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
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?	YES
Remarks/ Reasons:	CANNOT VIEW WITH THE OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC5839J
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Name of Driver	MR.TAN
NRIC/Passport Number	
Contact Number	91836966
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Details of Witness

Name	
Phone Number	
Email Address	

SKETCH PLAN

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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 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. 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 lodgment 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:

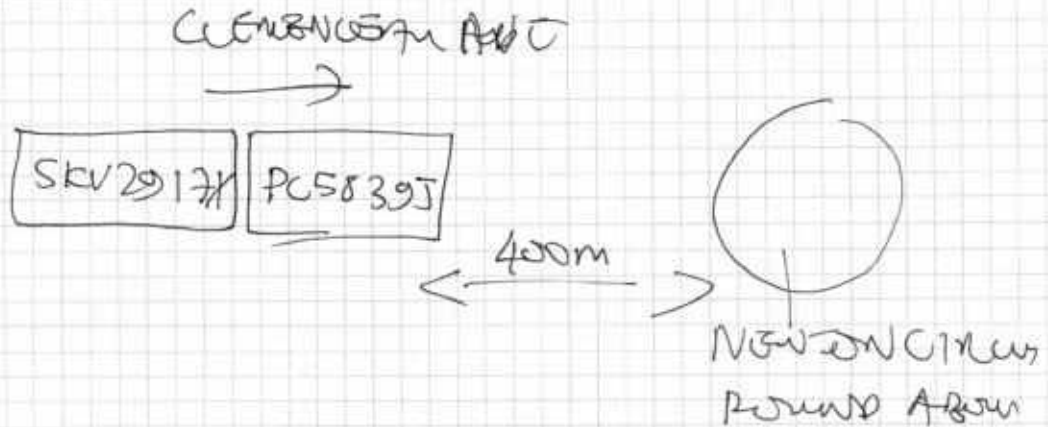
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DAUGHTER

ON 4/11/17 I WAS DROPPING MY ^{DAUGHTER} TO AIRANCE FURNITURE AND HAD TAKEN THE CUMBERNUT AVENUE TURN OFF AT THE C/O EXIT THAT LEADS TO ORCHARD BOWENLAND

SUNDAY

AT APPROX 1200hrs VEHICLE PC5839J BRAKED IN FRONT OF THE RED LIGHT ON CUMBERNUT AND IT WAS A BRIGHT SUNNY MID AFTERNOON AND MY SPEED WAS ONLY 30 km/h.

THERE WAS A NEAR COLLISION WITH MINIMAL IMPACT TO PC5839J REAR.

CLOSE INSPECTION OF BOTH VEHICLES REVEALED NO SCRATCH, DENT OR DAMAGE.

PHOTOS WERE ALSO TAKEN OF PC5839J REAR WHICH SHALL BE SUBMITTED AS EVIDENCE

BECAUSE OF AN OBLIVIOUS TURN AND NO IMPACT TO BOTH VEHICLES IT WAS AGREED THAT THERE WAS NO NEED TO ASK FOR CERTAIN.

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 & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 04 / 11 / 2007 (DD/MM/YYYY), TIME: 12.06 (HH:MM)

LOCATION: CLEMENTINE AVE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKV 2917X
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: P28808215
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: MITSUBISHI OUTLANDER
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) SUV
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Ferrying children for school
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Renald RENAUD (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S71662257 CONTACT: 91714647
 c) ADDRESS: 1 J Surin Ave
533937

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger
(including driver)
(2)

- DRIVER
 a) NAME: AS ABOVE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 07061971 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING LICENCE: 24/2/2004

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) NO

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: N/A

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) Good

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) NO

7. c) REPORTED TO POLICE (YES / NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

No of passenger
(including driver)
(1)

a) VEHICLE NUMBER: PC 5830 J MODEL: NISSAN

b) DRIVER'S NAME: Mr. TAN

c) NRIC/FIN/PASSPORT: _____ CONTACT: 91836966

9. THIRD PARTY VEHICLE

No of passenger
(including driver)
()

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = renaudcj@hotmail.com

Fax =

V1080

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7166325F



Name

RENAUD CLAUDE JEFFREY

Race

AFRICAN

Date of birth

07-06-1971

Country/Place of birth

SEYCHELLES

Sex

M

9393350



NRIC No. S7166325F



Nationality

SEYCHELLOIS

Date of issue

28-01-2016

1J SURIN AVENUE
SINGAPORE 533931

NRIC No: S7166325F

Date: 12/10/2017

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7166325F

Name

RENAUD CLAUDE JEFFREY

Birth Date: 07 Jun 1971

Issue Date: 29 Mar 2011



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

Class 3: Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg



NP 428A

**MSIG**

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

Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA)
 THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)
 THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
 'REPUBLIC OF SINGAPORE)
 THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.X.1
 Individual Ownership

DRIVESHIELD - PREMIER PLAN
Comprehensive

Certificate No. P 28808215 DNA

Excess : SGD1,000

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
 SKV2917X

2. Name of Policyholder
 Claude Jeffrey Renaud

3. Effective Date of the Commencement of Insurance for the purposes of the Act
 09/09/2017

4. Date of Expiry of Insurance
 08/09/2018

5. Persons or Classes of Persons entitled to drive*

Claude Jeffrey Renaud
 Keren Renaud

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 Risks and Compensation) Act (Chapter 189) and Section 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 LISTED IN THE ATTACHED.

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 offence 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

for Chief Executive Officer