NATIONAL Assessment Contre :	Services	AND	ed Dor	D W
Date In: 30/11/2017 15:58	Jcb description	Date & Time Complete	Dai	10-17
Re[No NA/M5G17022811/K4	SAS e-filing	1		The Property of
Veh No SGK 3256T	E-mail (within 8hrs.	AIC 2hrs)		
DOA 30/11/2017 12:30	i-Motor Claim F	orm		
OD TP : Reporting Oply	i-Motor W/O (wi	thin: OD 2hrs. TP 4hrs)		
	Assessment/Survey			
TP Insurer:	1.000 Televis Control Co. 10.	ox / Hand to Owner/Wksp		
		Tel:	Fax:)
Preforred Wksp / INC Assign Wksp / QW: (1277164	INC()/Non-INC()	
	+D 3340H	_ Tel:)	
Owner / Driver: (od: () Cover Type: (
Policy No: (1	Date: Time:)	
Confirmed by : (otc-Est. Status (WO): N: 0-20%; P: 21-79%. F	80-100%]	
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Year of Registration.)		
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() Walk-In Customer: Customer's infor	mation strictly Confid	dential & Strictly NO Tales of Top		
() Total Loss Case : to e-mail Insure	r URGENTLY.			
Drive-In ()/Towed-In (); Invoice		(); Towing Co: (
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Apply for Transport Allowance ()/C QC Check / Post Repair Inspection	()	Date&Time Compl	e ed L	one by
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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 witholding 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.
- 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.

aforesaid.		
AND DESCRIPTION OF THE PERSON	ACCIDENT STATEMENT	
Date Of Report	30/11/2017 15:58	
Date Of Accident	30/11/2017 12:30	
Exact Location Of Accident	UBI CRESCENT	
Country/State of Loss	SINGAPORE	
Design the second secon	ETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGK3256T	
Insured/Policyholder		
Name Of Registered Owner	HEW FONG KEOW	
NRIC No	S0034605E	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-97960591	
Alternative Phone No	OTHERS-97960591	
Vehicle Particulars		
Manufacturer	NISSAN	
Model	SYLPHY 1.5 4AT	
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	
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	A 27747688 QMX	
Cover Note Number		

Driver

TAN YU XIU, ALVIN (CHEN YUXIU) Name of Driver

S8620952G NRIC No 30/07/1986 Date Of Birth INDOOR Occupation 17/01/2013 Date Of Driving Pass

4 YEARS AND 10 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-97960591 Mobile Number

Fax Number

OTHERS-97960591 Contact Number

NOEMAIL **EMail Address**

799 MOUNTBATTEN ROAD Address

437799 Postcode

Was driver an employee of the Insured's Company

RELATIVE If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

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

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

1 Number of Passengers (Including Driver)

Details of Police Action

NO Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

SHD3340H

DETAILS OF OTHER VEHICLE PROPERTY 1

YES

NO NO

NO

Vehicle Registration Number Vehicle Make/Model/Colour

Details Of Properties

ROYSTON TAY HSIAO LEE Name of Driver

S7827617G NRIC/Passport Number 96803425 Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and 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.
- 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.
- 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 :
 - 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:
 - 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 .:

1

CETCH PLAN		
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	40 8	N 221122 V
	18 3	H - SGK 523
	3	B-SHD 334
SCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	
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who and Vehi	1 1 1 1 1 1 1 PT	
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and a minur kn	och with Which Rs bump	Cr ·
ECLARATION		
We declare the foregoing pa	rticulars are true in every respect.	7
		\ 30 11 20
	3	1,-30 (11/20
olicyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
ate & Time:	(If driver is not the policyholder)	Name:
grand a construction of the construction	Date & Time: 30/11/17 @ 4p	MRIC/FIN No.:
(ARMC SketchPlanForm_V3		N. C.

I, Hew Fong Kear, S0034605E, authorise TAN YU XIU, ALVIN, S8620952G to report the accident on my behalf.

20.11.17.

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8620952G





rveine

TAN YU XIU, ALVIN (CHEN YUXIU)

陳育修

CHINESE

30-07-1986

Country/Place of thir

SINGAPORE





5704872



₩ S8620952G

Date of lasce

22-02-2017

Address

799 MOUNTBATTEN ROAD SINGAPORE 437799 YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 17 Jan 2013 of the driver; and other motor vehicles =< 2500kg

NP 428A

Ucence No: \$8620952G



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)

(REPUBLIC OF SINGAPORÉ)
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

MOTOR MAX Comprehensive

Certificate No. A 27747688 QMX

Excess: SGD500

Windscreen Excess: SGD100

 Index Mark and Registration Number of Vehicle SGK3256T

2. Name of Policyholder

Hew Fong Keow

3. Effective Date of the Commencement of Insurance for the purposes of the Act

05/08/2017

4. Date of Expiry of Insurance

04/08/2018

5. Persons or Classes of Persons entitled to drive*

Hew Fong Keow 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 MUST BE CARRIED OUT 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