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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.
- 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.

5. Any false reporting may be referred to the Police for investigation.

- 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.	
To a the displacement of the last action of	ACCIDENT STATEMENT
Date Of Report	04/12/2017 19:42
Date Of Accident	03/12/2017 14:00
Exact Location Of Accident	JUNCTION OF HANDY ROAD/ORCHARD ROAD
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJU3624B
Insured/Policyholder	
Name Of Registered Owner	LIM KHENG NGO JEAN
NRIC No	S2163606A
Email Address	JEANKNL@GMAIL.COM
Mabile Phone No	(LOCAL) +65-87093570
Alternative Phone No	OTHERS-87093570
Vehicle Particulars	
Manufacturer	NISSAN
Model	LATIO-1.5 SPORTS (A)
Exact Purpose for which vehicle was being used at time of accident	LEISURE
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	D 27613389 QMY
Cover Note Number	
Driver	
Name of Driver	LIM KHENG NGO JEAN
NRIC No	S2163606A
Date Of Birth	07/05/1956

 NRIC No
 \$2163606A

 Date Of Birth
 07/05/1956

 Occupation
 INDOOR

 Date Of Driving Pass
 21/04/1978

Driving Experience 39 YEARS AND 7 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-87093570

Fax Number

Contact Number OTHERS-87093570
EMail Address JEANKNL@GMAIL.COM

Address

63 MOUNT SINAI DRIVE

#15-04

Postcode

277116

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?

Was any body injured in the Accident?

NO 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?

YES

If Yes, Please state which Police Station

Police Station Name

ORCHARD NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 51 KILLINEY ROAD, POSTCODE: 239572, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-7359999 - FAX NO: 67331934

Was notice of intended Prosecution given?

If Yes.against whom?

NO

ii res,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?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJL3890X

Vehicle Make/Model/Colour

TOYOTA

Details Of Properties

Name of Driver

Contact Number

DINAH BIN MOHD HASSAN

NRIC/Passport Number

S1760348E 98551362

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

Details of Witness

Name

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 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

Driver's Signature

(If driver is not the policyholder)

Date & Time:

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

ORCHARD ROAD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Dear Sirs,
On the 3rd December, around 2pm, 1
was travelling along Orchard Road with my friend
and turned left into Handy Road Leading to
Plaze S'pura! I was on the outer lane and
there was another vehicle, SJL 3890x turning in
to the inner lane of the 2-time Handy Road?
I turned onto the outer lane ahead of the other
yolice and I believe with left rear lower
of my car was hit by the other vehicle when
he took a wide turn, or perhaps, filtering
too early into my Tane before my car
had completely turned in There were
some motorbike or car nearby alongside
some motorbike or car nearby alongside the inner kerb, further up the road.
7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
We got out of our cars further up the road
to exchange particulars.
My car sustained scratches to the paintwork
around the sear left tire.
3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -

DECLARATION

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

Policyholder's Signature

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

CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

	This is to confirm that	Lim Kheng Ngo Jea	n,NRIC/FIN
S2163	606A, has reported to the P	olice a non-injury traffic a	ceident which occurred at
Orc	hard Road turning into Hand	y Road at the bend_on	03/12/17 at 1400hrs
	involving the following vehi		
1)	SJU3624B (black Nissan Lat	tio)	
2) :	SJL3890X (grey Toyota)		
2	If this accident was repor	ted to the Police within 24	hours of its occurrence,
	Then he/she has complied	d with Sec 84(2) of the Ro	ad Traffic Act, Cap 276.
	Rank/Name of Issuing Of	fficer: ASP Ng Li Ki	
	Date: 03/12/17	Time:	1450hrs
	. S/D Ref:		
	Police Post/Unit: Ore	chard Neighbourhood Poli	ice Centre

Original – to be issued to informant Duplicate – to be submitted to Traffic Police CRCHARD NEIGHBOURHOOD POLICE CENTRB SI KILLINEY ROAD SINGAPORE 239572 TEL: 1800-735-999 FAX: 6733 1934

CONFIDENTIAL

Version as of 15 Jan 2002

ACCIDENT'STATEMENT

A'CCII	PHT DATE 103 / 12 /	2017 (OD/MM/YYYY).	TIME! 14.00	(HH:MM)
		of Handy +		
rocy.	ION: Just Critic	of Hanay T	CIEDANA RE	
1.	DETAILS OF VEHICLE	(,	<u> </u>
	a) VEHICLE NUMBER:_	SJU 3624 F	>	E
8	b) INSURANCE COMPA			\$7
	CIPOLICY NUMBER:	# 27613389 PREHENSIVE / THIRD PARTY	/ THIRD PARTY FIRE	E &THEFTI
	e)MAKE & MODELL	Keperory mass mass		m. 302
	HTYPE: ISALOON & COL	PE / MPV /V AN / LORRY /	MOTORCYCLE./C	THERS)
		(FRIVATE) COMMERCIA		
		AT ACCIDENT TIME: LQ		-
W	IF NO PLEASE STATE	THIRD PARTY CLAIM REP.	ORTING ONLYD	ay.
2.,	INITIOES / POLICY HOL	DED		
	A)NAME: LIM	KHENG NGO J	EAN IMALE FE	
14	binric/fin/Passport	Mt Sinai Dri	LE #15-01	
.a. 8	A THE CONTROL OF THE PARTY OF T	51 pore 277	116	<u> </u>
1		driver Also Policy Hol	DER	
Alto of busings	DRIVER C)NAME:	AS ABOUTH	[MALE / FE	MALEI
(Including driver)	b) NRIC/FIN/PASSPORT		_CONTACT:	
(<u>2</u>)	c ADDRESS:			9 n
15	AND ATE OF BIRTH! (AT	1.05/1956 100/M	MZYYYY	11800-0-1000-0-0
	e OCCUPATION: (ND	DOR OUIDOOR	O iceu	1 lite 7/5/200
	1) DATE OF DRIVING	1444CF 1978 0	riginal 1350	EGY NO!
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5,	a) WEATHER CONDITIO	NY CLEAR / RAINING / O	THERS	
	BIROAD SURFACE: (QE	Y PWET / OTHERS	A 10	the at him
6. 7	WAS ANYBODY INJURE OF POLICE	E (YES/NO)	Orchard 1	olice station
-	IF YES, PLEASE STATE	E(YED/ NO) WHICH POLICE STATION:	Killiney F	oad/Ent
В,	THIRD PARTY VEHICLE a) VEHICLE NUMBER:		MODEL HICK	In Toyota
tho of passenger	DI DEIVERS NAME	Dinal him Moh	d Hassan	
(Induding driver)	b) DRIVER'S NAMEL o) NRIC/FIN/PASSPO	RT: 51760348 E	_CONTACT: 985	51362
(1) 9,	THIRD PARTY VEHICLE	- 1	Ologo III	10 Mari
4 Ho of pessinger	d) VEHICLE NUMBER	Same as al	EWOOFF!	
(Induding driver) f) NRIC/FN/PASSPO	RT:	CONTACT!!	 ;
()		48		g-60
No.	9.0		St 51	1

email = JEANKNL@GMAIL.COM fax = NA

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$2163606A



LIM KHENG NGO JEAN



CHINESE 07-05-1956 F SARAWAK



0293654

MRCHE S2163606A

8+ 27-03-1992 63 MOUNT SINAI DRIVE #15-04 SINGAPORE 277116

S2163606A

26/09/2013

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

PRP DATE

Motor Cars and Butter Tractors the weight of which unladen once and exceed 2500 kilograms

21 Apr 1976



MSIG Insurance (Singapore) Pte. Ltd. (in long No. 2004) 22121. STY Mag. No. 20 G4122126.

Certificate of Insurance

THE MOTOR VEHICLES (THIRD-PARTY RISKS RULES, 1999 (FEDERATION OF MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF ROAD TRANSPORT ACT 1987 (MALAYSIA)

Form St. x 1 ndividual Describing

MOTOR MAX PLUS Comprehensive

Certificate No. D 27613389 QMX

Excess: SGD500 Windscreen Excess: SGD100

1. Index Mark and Registration Number of Vehicle SJU3624B

Name of Policyholder Lim Kheng Ngo Jean

3. Effective Date of the Commencement of Insurance for the purposes of the Act 30/11/2017

4. Date of Expiry of Insurance 29/11/2018

Persons or Classes of Persons entitled to drive*

Lim Kheng Ngo Jean 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 (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

MSIG Insurance (Singapore) Pte. Ltd.

Approved Ins

for Chief Executive Officer