NATIONAL Assessment Cer					
Date In: 15/10/19-13:38	Job description	on	Date & Time Complete	d Do	ne by
Res No: NA/MSG M033833/24	SAS e-filing	g			
Veh No: SICOSIYU	E-mail (with	in Shrs, AIC 2hrs)			9
D.O.A : 14/12/ 17- 17:20	i-Motor Cla	aim Form	L		
		O (Within: OD 2hrs	TP 4hrs)		
OD . I.I. reporting Only	i-Photo Upl	oaded			
TP Insurer:	Assessment/S	Survey Report			
·· insurvi.	Ass't Report	by Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: P	AJZIAK	INC ()/Non-INC()	W	-
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%]	110000
Year of Registration: ()	Warranty: YES ()/NO()			
Excess: (\$) Loading: \$	1,000 ()/\$2,000	0()			
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. 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 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.

- 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

	ACCIDENT STATEMENT
Date Of Report	15/12/2017 13:38
Date Of Accident	14/12/2017 17:20
Exact Location Of Accident	SENTOSA BCH VIEW RD ROUND ABOUT TWDS ATRILLENY AVE
Country/State of Loss	SINGAPORE

Country/State of Loss	SINGAPORE
CENTRAL PROPERTY AND ADDRESS OF THE PARTY OF	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJK2514U
Insured/Policyholder	
Name Of Registered Owner	WONG CHUI SAN
NRIC No	S7376170J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91060671
Alternative Phone No	OFFICE-91060671
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	HD AVANTE 1.6 A
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 NO

If No, Please state action to be taken Vehicle Category THIRD PARTY PRIVATE CAR

Insurance Company

Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE. LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number A80415853QMX

Cover Note Number

Driver

Name of Driver WONG CHUI SAN

 NRIC No
 \$7376170J

 Date Of Birth
 05/07/1973

 Occupation
 OUTDOOR

 Date Of Driving Pass
 15/07/2000

Driving Experience 17 YEARS AND 4 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-91060671

Fax Number

Contact Number OFFICE-91060671

EMail Address NOEMAIL

BLK 506A YISHUN AVENUE 4

Address #12-156

Postcode 761506

Was driver an employee of the Insured's Company NO

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

NO

NO

NO

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? YES

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver) 3

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES NO

NO

PA5279K

Was there any video captured by Car Camera?

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver MURAD JURAINY

NRIC/Passport Number

Contact Number 18007368672

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

WONG CHUI SAN Name

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SJK2514U

Were seat belts worn? YES

Was injured conveyed to hospital by ambulance? NO

Address Postcode

DETAILS OF INJURED PERSON 2

Name ALFRA ANG

Approximate Age

Injuries Sustain NECK & BACK
Injured person in which vehicle? SJK2514U

Were seat belts worn? YES
Was injured conveyed to hospital by ambulance? NO

Address Postcode

DETAILS OF INJURED PERSON 3

Name ALVINA ANG

Approximate Age

Injuries Sustain NECK & BACK
Injured person in which vehicle? SJK2514U

Were seat belts worn? YES
Was injured conveyed to hospital by ambulance? NO

Address Postcode

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.
- 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>.
- 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.
- 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 aforesald.
- 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;
 - (lii) 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

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car was completely stationary along the Sentosa Beach View Road before the stop-line, giving way to vehicles travelling along the roundabout before filtering in. While I was waiting, all of a sudden I felt an impact from the rear of my car. I got off my car and found that a Sentosa vehicle (B) had hit onto the rear portion of my car.

DECLARATION

I

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

Policyholder's Signature Date & Time:

Selection steps of hearters of

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

Name: NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre. Please report correctly on the details of the accident to speed up the claim process. This form must be filled up by the policy holder and/or authorised driver.

- information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 traffic police department for investigation.

Accident details

Date and time of accident	Date: 4 12 17	(DD/MM/YY) Time:	1720	(HH:MM)
Exact location of accident	Beads View Rol	round about t	nds Art	7.0

Details of vehicle

Vehicle registration number	80K2514U
Vehicle make and model	
Type of vehicle	Saloon
Vehicle category	Private D Commercial D Motorcycle D
Purpose of using at said time	transfer commencer to the first firs
Are you claiming under your own insurance company?	Yes □ No □ If no, please select: Third part claim □ Reporting only □

Insurance Information

1	Insurance company	MS(G
	Policy number	A804 5853 QMX
1	Type of policy	Comprehensive a Third party fire & theft a TP only a

Name	aba Chair San Male p	Female D
NRIC / Fin / Passport number	37346170	क कार्य सम्बद्ध
Contact	91060671 / 97914200	31.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2
Address	BIE 50GA YORW AVE 4	4 1 1 1 1 1 1 1 1
2011 1828 1824 L	#12-156-(761506)	Strategy and second

Same as insured above □ (skip to D.O.B)

Name	Male o Female o
NRIC / Fin / Passport numbe	
Contact	in the companies of the contraction of the contract
Address	
Email address	
Date of birth	05.07.1973
Occupation	Indoor D Outdoor D
Driving date pass	15.04.2000

General Information of the accident

Was driver an employee of the insured's company?	Yes D No D If no, relationship of the driver and insured:	Owner
No of passenger	0/3.	(Inclusive of driver)
Accident captured by camera?	Yes ti No.er	
Weather condition	Clearer Raining D Others:	COORDINATE OF THE PARTY OF THE
Road surface	Dry D Wet D	

Other Information

Was anybody Injured?	Yese	No 🗆	
Was other vehicle damaged?	Yese	No 🗆	

Details of police action

Reported to police?	Yes 🗆	No d If yes, please state which police station.
Police station name	1444	A STATE OF THE PROPERTY OF THE PARTY OF THE

Third party vehicle 1

Name	murad Jurainy	raturs un a s	21	
Contact number	1800 736 8672	The same and the	0 10	-
NRIC / Fin / Passport number	S1430065H	DOB: 10	03/19	6
Vehicle registration number	PA 5279K		4 + · · · · · · · · · · · · · · · · · ·	200
Vehicle make model	There is the state of the state of the	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4.1 17.1	_

Third party vehicle 2

Name	The state of the s
Contact number	
NRIC / Fin / Passport number	Name of the second seco
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	4.74	1900 900	CONT.	
Contact number	***			1
NRIC / Fin / Passport number		/:-		
Vehicle registration number				
Vehicle make model		/		

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1

Name		
	·	

Witness 2

Name

Injured person 1

Name	Wong Chur San
Injuries sustained	Nect / Bad
Which vehicle person in?	3JK 2514U
Were seat belts worn?	Yes a No a
Was injured conveyed to	Yes D No D
hospital by ambulance?	

Injured person 2

Name	AHVa Ang
Injuries sustained	Neck /Bock
Which vehicle person in?	18JK 2514U
Were seat belts worn?	Yes pr No 🗆
Was injured conveyed to	Yes D No.D
hospital by ambulance?	The state of the s

Injured person 3

Name	Alvina Ana
Injuries sustained	Neck /1500 C
Which vehicle person in?	80K 2514u
Were seat belts worn?	Yes No.0
Was injured conveyed to	Yes a No a
hospital by ambulance?	

Injured person 4

Name	
Injuries sustained	
Which vehicle person in?	The state of the s
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes D No D

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7376170J



H

WONG CHUI SAN

黄 翠 珊

CHINESE Date of Bern 05-07-1973

Country of Bath MALAYSIA



™c™ \$7376170J

MALAYSIAN

MALAYSIAN Blood Group Date of Issue

04

27-04-1998

APT BLK 506A YISHUN AVENUE 4 #12-156 SINGAPORE 781506

NRIC No: S7376170J

Date: 07/11/2017

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

PASS DATE

Class 3

Meter Cars of unladen weight not exceeding 1000 kg with not more than 7 passangers, exclusive of the driver; and Moter Tractors and other Moter Vehicles of unladen weight not exceeding 2500 kg

15 Jul 2000

NP 426A





MSIG Insurance (Singapore) Ptc. Lkf. 4 Sharton Way #21-01 SGX Centre 2 Singapore 088807 Tel: (65) 6827 7868 Frx: (65) 6827 7800 Cô. Reg. No. 200412212G GST Reg. No. 20-0412212G

Certificate of Insurance

ORIGINAL.

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, 1998 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 80415853 QMX

Excess: SGD500

Windscreen Excess: SGD100

- Index Mark and Registration Number of Vehicle SJK2514U
- Name of Policyholder RONG CHUI SAN
- Effective Date of the Commencement of Insurance for the purposes of the Act 14/10/2017
- Date of Expiry of Insurance 13/10/2018
- 5. Persons or Classes of Persons entitled to drive*

WONG CHUI SAN

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 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 tost 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).

IME 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.

Signature / Date

Counter-Signatory:

Assura Pte Ltd

Amy Ler Senior Vice President, Agencies

MSIG Insurance (Singapore) Pte. Ltd.
Approved Insurers

This certificate is not valid unless it is signed for & on behalf of the Company and Counter-Signed by a duly authorised representative of the Counter-Signatory.