NATIONAL Assessment Centre	Services y	e : japenj	-	Ph 1				
Date In: 31/13/17	Jeb description	Date &T	ime Completed	Done b	1			
Rei No NA/m54/7024211/13	SAS e-filing	i						
Veh No 4W17315	E-mail (within Shr	E-mail (within Shrs. AEC 20rs)						
DOA 20/12/17 /650	i-Motor Claim	lotor Claim Form						
	i-Motor W/O (Within: OD 2hrs. TP 4hrs)						
OD . (TP) Reporting Only	i-Photo Upload	led :						
	Assessment/Surv	ey Report						
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp							
Preferred Wksp / INC Assign Wksp / QW: (SIN HOCK	CEG Tel:	Fax:)			
TP Particulars: Veh No:	SGN95619	INC()/Not	ı-INC ()					
Owner / Driver: (Tel:)				
Policy No: () Peri	od: () Cover T	уре: ()				
Confirmed by : (Date:	Time:)				
Insured/Driver Liability: (%) [N	ote-Est. Status (Wo	O): N: 0-20%; P: 2	1-79%: F: 80-100%	0]				
Year of Registration: () W	arranty: YES ()/NO()						
Excess: (\$) Loading: \$1,00	0 () / \$2,000 ()						
General Remarks:-			adekt, till se					
() Walk-In Customer : Customer's inform	nation strictly Conf	idential & Strictly NO	refer of repairer.					
() Total Loss Case : to e-mail Insurer								
Drive-In () / Towed-In (); Invoice:		O () ; Towing Co). ()			
			ime Completed	Done	hv			
Remarks:- (INC horline: 6788 6616)		Dateaci	Ine Completed		-			
- V - VP Proj	ourtesy Car ()			-	44100			
2) QC Check / Post Repair Inspection	()							
3) Upload Resurvey Photo [Repair Cost > \$30	000] ()			7	7			
Injury:	***	The second secon						
Date/Time Actions					1			
Daniel McCom	** (.1 to 0.1 to 1 to			Maria III				
					-			
		at .			10000			
		Invoice Preparation	Checklist	Amt (5)	Amt (5)			
NA 170785		1) AR : Accident Reporting	(\$30);	TRE DILL	- SMI DITI			
laimant's Particulars :-		2) DA : Demage Assessment	The second secon	5				
Driver/Owner:		3) TF: Towing Fee 4) FI: Follow-Through Sur	vey \$120					
Contact No:		5) FT : Follow-Through Sur For claiming against JNC.	vey (Resurvey) \$30 Only (wef 10 Jan 2005)					
		6) TR: Re-inspection	57.					
Damäged Portion:	1	7) N1 : Idae DA + SMRT Su 8) NTUC Additional Service	11.01		512 122			
C Charles I Charman		01)*		5				
C Checked by (Engr-In-Charge):		*N5: Courtesy Car / Tpt / *N6: Repair Co-ordination	n \$1	0				
		*N7: Post Repair Inspect	on 52	-				
Auditors' Comments :-	MARIN ISS R X-WE	*N8: DV / Collect Excess TP (N11); TP (Non-INC) against INC \$2	0				
lat 1:		9) N12: Idae Mobile	Fee Charged	01	Mal 7			
at. 2/3;		Invaice dated	Fee Charged	- 1-feta				

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed</u> 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.

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

AND AND PROPERTY OF THE PARTY O	ACCIDENT STATEMENT		
Date Of Report	21/12/2017 12:16		
Date Of Accident	20/12/2017 16:50		
Exact Location Of Accident	JURONG WEST AVE 1		
Country/State of Loss	SINGAPORE		
Market in Cast Market Cast Cast D	ETAILS OF OWN VEHICLE		
Vehicle Registration Number	GW1721S		
Insured/Policyholder			
Name Of Registered Owner	YSE GLOBAL PTE LTD		
Co Reg No	SCIENCE STANDARD STAN		
Email Address	NOEMAIL		
Mobile Phone No			
Alternative Phone No	OFFICE-66610690		
Vehicle Particulars			
Manufacturer	TOYOTA		
Model	LITEACE		
Exact Purpose for which vehicle was being used at time of accident	t OTW BACK HOME		
Are you claiming under your own insurance policy for repair to your vehicle?	NO		
If No, Please state action to be taken	THIRD PARTY		
Vehicle Category	COMMERCIAL VEHICLE		
Insurance Company			
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE, LTD.		
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT		
Fleet Policy	NO		
Policy Number	A 28617123 MKC		
Cover Note Number	The second secon		
Driver			
Name of Driver	RANGANATHAN KARTHIKEYAN		
Passport No/FIN	G5205381T		
Date Of Birth	07/06/1988		
Occupation	OUTDOOR		
Date Of Driving Pass	04/02/2012		
Driving Experience	5 YEARS AND 10 MONTHS		
Gender	MALE		
Mobile Number	(LOCAL) +65-96603133		
Fax Number			
Contact Number			
	TR VARTUREVAHOO COM		

TR_KARTHI@YAHOO.COM

BLK 553 JURONG WEST ST 42

Address #11-313

640553

Postcode

Was driver an employee of the Insured's Company YES

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

SIDE SWIPE Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by NO

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

1

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

I WAS TRAVELLING STRAIGHT ALONG JURONG WEST AVE 1 ON THE RIGHT LANE OF A2-LANES RD.INFRT OF MY LANE WAS CLEAR SO I PROCEED TWDS THE YELLOW BOX, SUDDENLY VEH B CAME OUT FROM THE CARPARK AND HIT ONTO MY LEFT SIDE PORTION OF MY VEH DUE TO THE BLIND SPOT.

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

SGN9561G

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

YA'ACOB BIN MOHD NAYAN Name of Driver

S1461926G NRIC/Passport Number 90704213 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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 truthful 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.
- 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.

Relicion lider's Signatur

Policyholder's Signature Date & Time: Driver's Signature

(if driver is not the policyholder)

Date & Time:

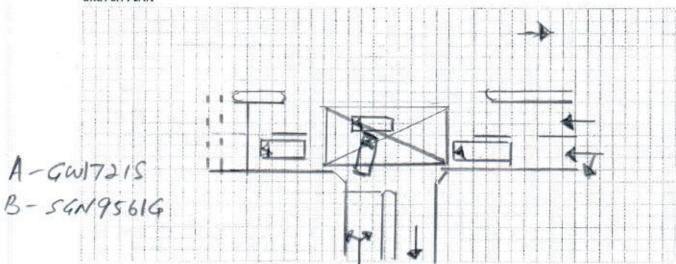
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

JURONG WEST AVE 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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THE STATE OF	100-10-0820	mesta-	1000	-				

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 .:

Google Maps

Jurong West Ave 1

TP exiting car park beside Blk 491

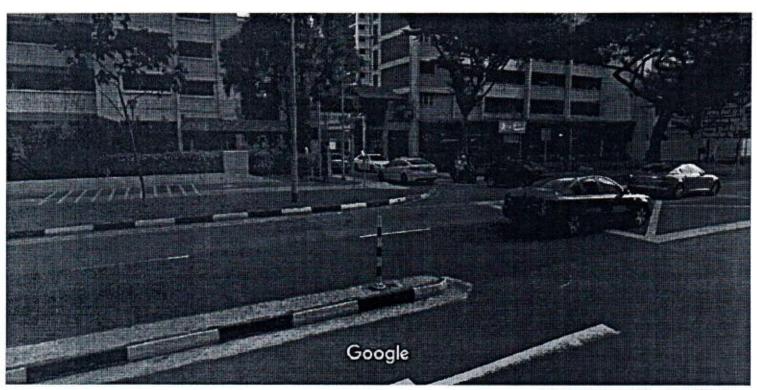
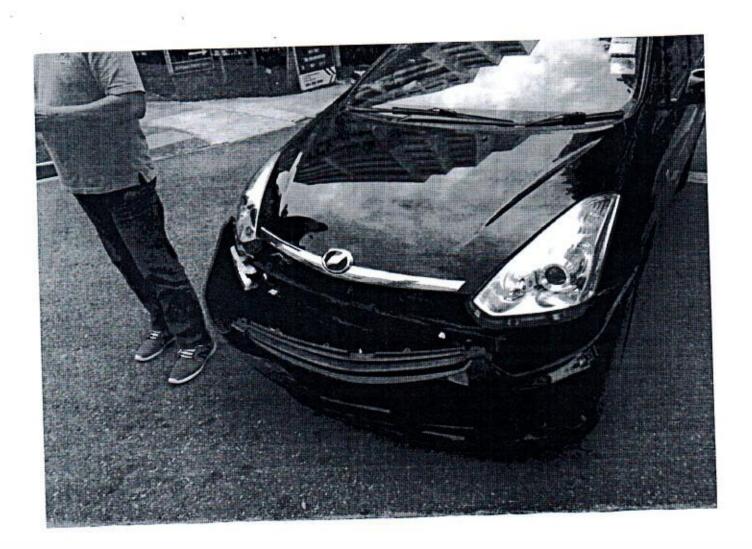
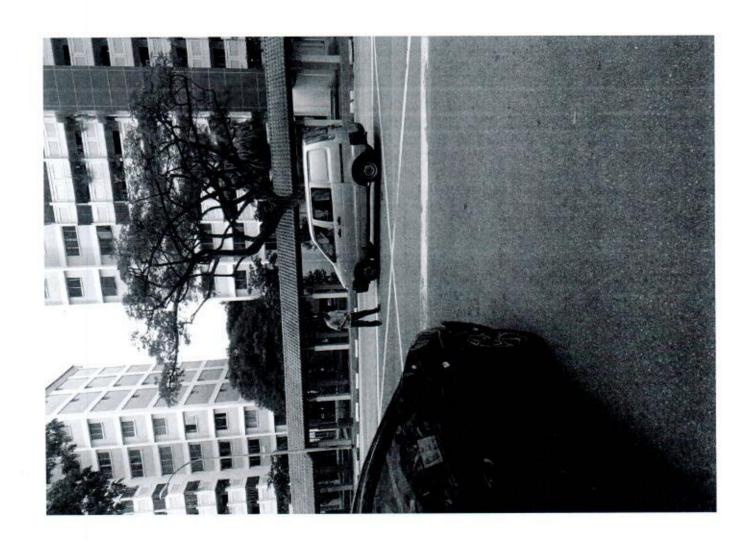


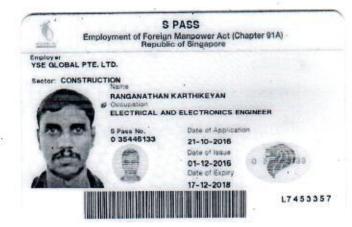
Image capture: Sep 2016 © 2017 Google

Singapore















MSIG Insurance (Singapore) Pte. Ltd. 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068607 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 RIŞKS) 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.Z.300

Goods Carrying Vehicle - Sch I

COMMERCIAL VEHICLE Third Party Fire & Theft

Certificate No. A 28617123 MKC

Index Mark and Registration Number of Vehicle

2. Name of Policyholder

YSE Global Pte. Ltd.

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

4. Date of Expiry of Insurance

01/10/2018

5. Persons or Classes of Persons entitled to drive

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 in connection with the Policyholder's business.
Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
Use for social domestic and pleasure purposes.

The Policy does not cover

(1) Use for hire or reward or for racing pace-making reliability trial or speed-testing.

(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

* 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.

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