

NATIONAL Assessment Centre Services

(not 1 Jan 2000)

MNA477170245

Date In: 28/12/2017 10:33

Ref No: NBA/M8 517024609/1

Veh No: SUP65DY

D.O.A: 26/12/2017 at: 45

OD TP / Reporting Only

TP Insurer:

Job description

Date & Time Completed

Done by

SAS e-illing

E-mail (with/3hrs, AIO 3hrs)

I-Motor Claim Form

I-Motor W/O (with/3hrs, AIO 3hrs)

I-Photo Uploaded

Assessment/Survey Report

Ass'l Report by Fax/ Hand to Owner/Wksp

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: SHB 6240Z

INC () / Non-INC ()

Owner / Driver (

Tel:

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date:

Time:

Insured/Driver Liability: (

%)

(Note: B/L Status (WO): N: 0-20%; P: 21-79%; P: 80-100%)

Year of Registration: (

Warranty: YES (

NO (

Excess: (\$

Loading: \$1,000 (

)/ \$2,000 (

)

General Remarks:

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repair.

() Total Loss Cost: (to e-mail Insurer URGENTLY.

Drive-In (

)/ Towed-In (

); Invoice: YES (

NO (

); Towing Co: (

)

Remarks:

INC Hotline: 6788 0016

Date & Time Completed

Done by

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury:

Date/Time

Action:

MNA180007

Human's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

C Checked by (Bldr-In-Charge):

Writor's Comments:

L1:

2/3:

Invoice Preparation Checklist

1) AR: Accident Reporting (\$20)

2) DA: Damage Assessment (\$100) INC (\$50)

3) TP: Towing Fee \$40/\$40

4) FT: Follow-Through Survey \$120

5) XT: Follow-Through Survey (Resurvey) \$10

6) TR: Re-inspection \$10

7) NTUC Additional Services \$160

8) NTUC Additional Services

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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 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	28/12/2017 10:33
Date Of Accident	26/12/2017 08:45
Exact Location Of Accident	BLK 5 DELTA AVENUE OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP650Y
Insured/Policyholder	
Name Of Registered Owner	HWEE HON FAI
NRIC No	S8326849B
Email Address	CHERRIELIEW@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98516650
Alternative Phone No	OTHERS-93899081
Vehicle Particulars	
Manufacturer	SUBARU
Model	FORESTER
Exact Purpose for which vehicle was being used at time of accident	SENT DAUGHTER TO MOTHER IN LAW PLACE B/F GOING TO WORK
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	S 28986558 SMF
Cover Note Number	

Driver

Name of Driver	LIEW GUAT TING
NRIC No	S8780170E
Date Of Birth	18/01/1987
Occupation	INDOOR
Date Of Driving Pass	31/03/2005
Driving Experience	12 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93899081
Fax Number	
Contact Number	OTHERS-98516650
Email Address	CHERRIELIEW@GMAIL.COM

Address	BLK 13 CANTONMENT CLOSE #26-29
Postcode	080013
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 391 NEW BRIDGE ROAD POLICE CANTONMENT COMPLEX BLOCK A , POSTCODE: 088762 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2369999 - FAX NO: 62268438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20171226/2069 (TYPE OF COLLISION IS HEAD TO SIDE)

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 Witness 1

Name	HWEE KWAI KUEN
Phone Number	98186273
Email Address	

Details of Witness 2

Name	HWEE HON LOONG
Phone Number	96345553
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB6340Z
Vehicle Make/Model/Colour	SONATA I40

Details Of Properties

Vehicle Category	TAXI
Name of Driver	LEONG
NRIC/Passport Number	
Contact Number	98186028
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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 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.

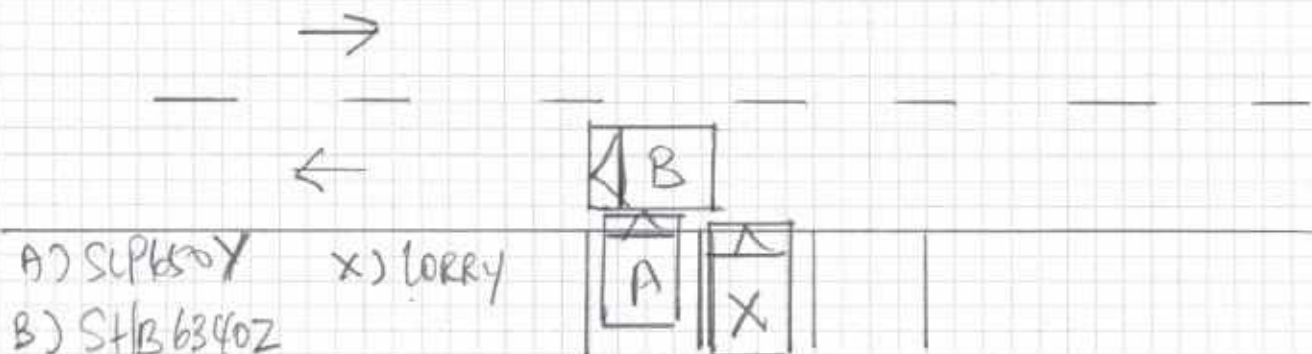
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

BIK 5 DECTA AVENUE CARPARK



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls refer to police report
T/2017/226/2069

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.:



**SINGAPORE
POLICE FORCE**



T/20171226/2069

1 of 3

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

Report No. T/20171226/2069

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/12/2017 13:46		Vide Report No.:		Station Diary No.: 55	
Informant's Particulars					
Name of Informant: LIEW GUAT TING			Address: APT BLK 13 CANTONMENT CLOSE #26-29 SINGAPORE 080013		
ID Type / ID No.: NRIC NO / S8780170E			Contact No.: Home/Office:		Mobile: 93899081
Nationality: MALAYSIAN			Email:		
Sex: Female	Age: 30	Date of Birth: 18/01/1987	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: BANK EXECUTIVE			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 26/12/2017 08:45	Type of Location: Car Park
Location: Along Road 1 DELTA AVENUE				
Blk 5 Delta Avenue Carpark				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between moving and stationary- Head to side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB6340Z	Car					0
SLP650Y	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL		



**SINGAPORE
POLICE FORCE**



T/20171226/2069

2 of 3

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

Report No. T/20171226/2069

CONTINUATION OF REPORT

Driver			
Name	LEONG	ID No.	NIL
Related Vehicle	SHB6340Z (Car)	Contact No.	98186028
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LIEW GUAT TING	ID No.	S8780170E
Related Vehicle	SLP650Y (Car)	Contact No.	93899081
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 26/12/2017 at about 0842hrs, I was moving off from a parking lot at Block 5 Delta Avenue carpark. While moving off, I saw a Taxi oncoming as such I stop to allow the Taxi to pass. The Taxi drove pass and collided onto the front of my vehicle. I alighted and check the damages on my car, the registration plate and frame, scratches on the front bumper and parts of the bumper came off. After exchanging details the Taxi driver left.



**SINGAPORE
POLICE FORCE**



T/20171226/2069

3 of 3

Report No. T/20171226/2069

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: A / Sgt 1 LOO CHIN HWEE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 26/12/2017 13:46
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:
Authentication Stamp NP168	

Signature
Singapore Police Force

ACCIDENT STATEMENT

ACCIDENT DATE: 26/12/2017 (DD/MM/YYYY), TIME: 08.45 (HH:MM)

LOCATION: BLK 5 DELTA AVENUE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLP6SDY
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: S289E6558 SMF
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: SUBARU FORESTER
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: SENT DAUGHTER TO MOTHER IN LAW PLACE
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO BEFORE GOING TO WORK
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: HWEE HON FAI (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8326849B CONTACT: 98516630
 c) ADDRESS: 8 LORONG 28 GEYLANG, #04-12 THE WATEREDGE, SINGAPORE 398106

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger
(including driver)
(1)

DRIVER

- a) NAME: LEONG LIEW GUAT TING (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8326849B CONTACT: 9818 6028 9389 9081
 c) ADDRESS: 8 LORONG 28 GEYLANG, #04-12 THE WATEREDGE, SINGAPORE 398106
 *d) DATE OF BIRTH: 18/01/1987 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING LICENSE: 18/01/1987

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: POUSE

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

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

6. WAS ANYBODY INJURED (YES/NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: CANTONMENT Bukit Merah East NRC

8. THIRD PARTY VEHICLE

No of passenger
(including driver)
(1)

- a) VEHICLE NUMBER: SHR63402 MODEL: SONATA 140
 b) DRIVER'S NAME: LEONG
 c) NRIC/FIN/PASSPORT: _____ CONTACT: 9818 6028

9. THIRD PARTY VEHICLE

No of passenger
(including driver)
()

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email: chemieliew@gmail.com

Fax: _____

V1080

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8780170E



Name

LIEW GUAT TING

Race

CHINESE

Date of birth

18-01-1987

Country/Place of birth

MALAYSIA

Sex

F



9302924



SPIC No. S8780170E



Nationality

MALAYSIAN

Date of issue

18-07-2013

Address

APT BLK 13 CANTONMENT CLOSE
#26-29
SINGAPORE 080013



**SINGAPORE
POLICE FORCE**

Private & Confidential

LIEW GUAT TING

APT BLK 13 CANTONMENT CLOSE #26-
SINGAPORE 080013

S8780170E
(2B/3)

C001318895

28/12/2017

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DBS

28 DEC 2017 12:03:09
009755 218776 00

TOTAL: \$25.00

DBS

APPROVED

NETS

**TRAFFIC POLICE
SINGAPORE POLICE FORCE
10, UBI AVENUE 3
SINGAPORE 408865
Tel : 65470000
www.police.gov.sg**

You will receive your photocard driving licence by registered post within 10 ~~to 14~~ working days from the date of application unless you made a special request to collect at Traffic Police at the time of application

You can drive while awaiting the delivery of your photocard driving licence

Please turn overleaf for important notes.

**I DRIVE WHILE AWAITING THE
Y OF YOUR PHOTOCARD**

DRIVING LICENCE:



LESEN MEMANDU
DRIVING LICENCE



MALAYSIA

LIEW GUAT TING



Warganegara / Nationality No. Pengenalan / Identity No.

MALAYSIA

870118055154

Kelas / Class

B2 D

Tempoh / Validity

31/03/2015 - 18/01/2018

Alamat / Address

200

KAMPONG BARU

28380 KEMAYAN

PAHANG

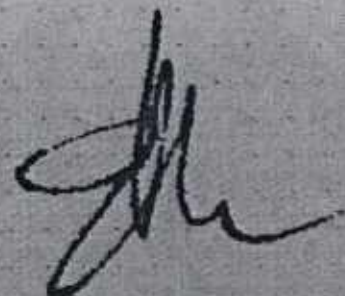


JPJL6

10833297

- A Kenderaan Orang Cacat (Motosikal) BTM tidak melebihi 450 kg
Invalid Carriage (Motor Cycle) unladen weight not exceeding 450 kg
- A1 Kenderaan Orang Cacat (Motokar) BTM tidak melebihi 3500 kg
Invalid Carriage (Motor Car) unladen weight not exceeding 3500 kg
- B Motosikal melebihi 500 sp
Motor Cycle exceeding 500 cc
- B1 Motosikal tidak melebihi 500 sp
Motor Cycle not exceeding 500 cc
- B2 Motosikal tidak melebihi 250 sp
Motor Cycle not exceeding 250 cc
- C Motosikal Tiga Roda
Three Wheels Motor Cycle
- D Motokar BTM tidak melebihi 3500 kg
Motor Car unladen weight not exceeding 3500 kg
- DA Motokar Tanpa Pedal Klac BTM tidak melebihi 3500 kg
Motor Car Without Clutch Pedal unladen weight not exceeding 3500 kg
- E Motokar Berat BTM melebihi 7500 kg
Heavy Motor Car unladen weight exceeding 7500 kg
- E1 Motokar Berat BTM tidak melebihi 7500 kg
Heavy Motor Car unladen weight not exceeding 7500 kg
- E2 Motokar Berat BTM tidak melebihi 5000 kg
Heavy Motor Car unladen weight not exceeding 5000 kg
- F Traktor/Jentera Bergerak Ringan (Beroda) BTM tidak melebihi 5000 kg
Tractor/Mobile Machinery Light (Wheeled) unladen weight not exceeding 5000 kg
- G Traktor/Jentera Bergerak Ringan (Berantai) BTM tidak melebihi 5000 kg
Tractor/Mobile Machinery Light (Tracked) unladen weight not exceeding 5000 kg
- H Traktor/Jentera Bergerak Berat (Beroda) BTM melebihi 5000 kg
Tractor/Mobile Machinery Heavy (Wheeled) unladen weight 5000 kg
- I Traktor/Jentera Bergerak Berat (Berantai) BTM melebihi 5000 kg
Tractor/Mobile Machinery Heavy (Tracked) unladen exceeding 5000 kg
- M Hukuman Mahkamah
Court Conviction

0106031 NDp6d31x



Ketua Pengarah Pengangkutan Jalan



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

ULTIMATE CAR PROTECTOR-PREMIER Comprehensive

Certificate No. S 28986558 SMF

Excess: SGD3,000

1. Index Mark and Registration Number of Vehicle

SLP650Y

2. Name of Policyholder

Hwee Hon Fai (Xu Hanhui)

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

28/06/2017

4. Date of Expiry of Insurance

27/06/2018

5. Persons or Classes of Persons entitled to drive*

Hwee Hon Fai (Xu Hanhui)

Liew Quat Ting

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

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: M40417170245 Vehicle Registration No: SLP 650Y
Name (as shown in NRIC): LIU GUO TING NRIC/FIN/Passport No: S8780170K
(☒ Vehicle Driver / ☐ Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 93899081
Email Address: _____
Date of Accident: 26/12/2017 Time of Accident: 08:45
Place of Accident: BLK 5 DUKTA AVENUE OPEN SPACE CARPARK
Insurance Company: M&L

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TIP CONTACT NUMBER TO 98186028

Policyholder / Driver's Signature
Date:

an
Reporting Centre Personnel's Signature
Name: Reshi WADAB
NRIC/FIN No.: 28/12/2017
Date:

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MMA417170245-01 Vehicle Registration No: SLP 650Y

Name (as shown in NRIC): LIAN GUAT TING NRIC/FIN/Passport No: S8780170E

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: 93899081

Email Address: _____

Date of Accident: 26/12/2017 Time of Accident: 08:45

Place of Accident: BLK 5 DELTA AVENUE, EPEN SPARK CARPARK

Insurance Company: MIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

to ZUSKAT WITNESS NAME HWAKE KWAT KUAN - 98186273
HWAKE HONG LOONG - 96345513

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: ROSLI MATIAS
NRIC/FIN No.:
Date: 02/01/2017