NATIONAL Assessment Centre	Services	(wet i Janios)	MMA 11800817	9		
Date In: 1611118 16:46	Jeb description		Date & Time Compl	oted	Donet	1
Re[No: NA! MSG 18000987144	SAS e-filing					
Veh No: 50A 2813 E	E-mail (within 8	ibrs, AIC 2hrs)				
D.O.A : 13/1/19 11:50	i-Motor Clair	n Form				
	i-Motor W/O	(Within: OD 2h	rs, 7°P 4hrs)			
OD / TP / Reputing Only	i-Photo Uplo:	aded				
	Assessment/Su	rvey Report				
TP Insurer:	Ass't Report by	y Fax/Hand	to Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:		
TP Particulars: Veh No:	4	, INC)/Non-NC().		
Owner / Driver: (Tel:			
Policy No: () Perio	od: ()	Cover Type: ()	
Confirmed by : (Date:	Times)	
Insured/Driver Liability: (%) [No	ote-Est. Status (V	VO): N: 0-	20%; P: 21-79%. F	: 30-100%	6]	
Year of Registration: () W	arranty: YES ()/NO()			
Excess: (\$) Loading: \$1,000	0()/\$2,000	()				
General Remarks:-					1010	
115 WESTER THE STATE OF THE STA	A Chine John Manager and Co.		Notes NO selection	ntene		
() Walk-In Customer: Customer's inform	nation strictly Cor	nfidential & S	strictly NO rater of rep	aner.		
() Total Loss Case : to e-mail Insurer	URGENTLY.			11707		
Drive-In ()/ Towed-In (); Invoice:	YES()/N	10();	Towing Co: ((+)
				200000000000000000000000000000000000000	OP BY ALL ON	
Remarks:- (INC horline: 6788 6616)		***	Date&Time Compl	erad P	Done	DY
Apply for Transport Allowance ()/Co	ourtesy Car ()				
	()					
2) QC Check / Post Repair Inspection						
3) Upload Resurvey Photo [Repair Cost > \$30	000] ()			-	
Injury:					-	
		SEASON STREET, CO.		(Cap. 1941)		
Date/Time Actions					MOX VE	
EFFILE E						
				7.51		
				100		
	1					
		Inveice P	reparation Checklist		Anif (5)	Add Sill
N	4 1800391	1) AR : Accid		20000112-110	30.00	1200
Claimant's Particulars :-		2) DA : Dame	ge Assessment (\$100);	INC (\$30)	34	
Driver/Owner:		3) TF : Towin	g Fee	\$40/\$45		
J. IVEI/OWILEI.		4) FT : Follow	v-Through Survey v-Through Survey (Resurvey	\$120 } \$30		
Contact No:		For claimin	e esainst INC Only (wef 10	Jan 2005)		
		6) TR: Re-in:		\$70	5	
Darnaged Portion:			A + SMRT Survey	\$16		
	•		tilional Services			
C Checked by (Engr-In-Charge):		OD*	esy Car / Tpt Allowance	\$	5	
27, (2.18)		*N6: Repa	r Co-ordination	31		
	EXTENSION OF GREEK	• N7: Fost 1	Repair Inspection			
Auditors' Comments :-	AND THE PROPERTY.		Collect Excess Coordination	52		
at. It		9) N12: (das	TP (Non INC) against INC Mobile	3	0	
01.2./2		Invoice dated		Charges	1 10-24	
at_2/3.		Invalce dains		Charger		

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.
- 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.
 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.	sent to the archiving of this report at the centre and to copies of the report being made available
SERVICE THE CHECKER AND COLUMN	ACCIDENT STATEMENT
Date Of Report	16/01/2018 16:46
Date Of Accident	13/01/2018 11:50
Exact Location Of Accident	TPE TWDS PIE BEFORE LOYANG EXIT
Country/State of Loss	SINGAPORE
in the state of th	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SDA2813E
Insured/Policyholder	
Name Of Registered Owner	KWAUK YU TANG ANDREW
NRIC No	S1822155A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96794684
Alternative Phone No	OFFICE-96794684
Vehicle Particulars	
Manufacturer	BMW
Model	116I AT ABS D/AIRBAG 2WD HID 5DR
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	B 27348049 SMP
Cover Note Number	The second secon
Driver	
Name of Driver	KWAUK YU TANG ANDREW
NRIC No	S1822155A

Date Of Birth 17/02/1967 Occupation INDOOR Date Of Driving Pass 24/07/1985

Driving Experience 32 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96794684

Fax Number

OFFICE-96794684 Contact Number

EMail Address NOEMAIL Address BLK 7 FLORA DRIVE #02-26

Postcode 507012 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 NO COLLISION Weather Conditions RAINING Road Surface WET

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

Number of Passengers (Including Driver)

Passenger 1

NAME: : BRANSON KWAUK

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TAMPINES NORTH NEIGHBOURHOOD POLICE POST

NO

YES

2

ROAD: BLK 461 TAMPINES STREET 44 #01-56, POSTCODE: 520461, Police Station Address

COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-7818999 - FAX NO: 67838603

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

NO

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.
- 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.
- 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)

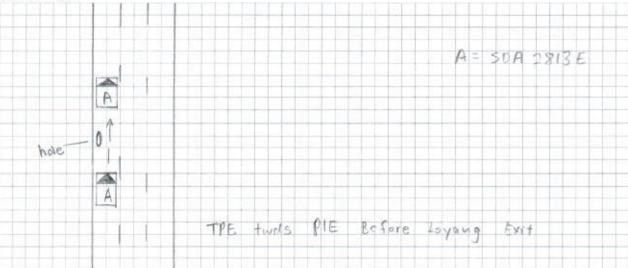
I understand, acknowledge, agree and consent that:

- (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:
 - (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

NRIC/FIN No .:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please	Refer	to	Police	Report

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.:



1 of 2

Report No. G/20180113/2130

POLICE REPORT (NP299)

Police Station Of Origin Tampines North NPP 461 Tampines Street 44 #01-56 SINGAPORE

Tel No. 1800-7818999

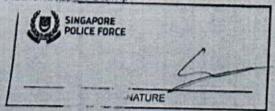
Date/Time Report Made 13/01/2018 20:47	Vide Report No.		Station Diary No 41		
Name Of Informant KWAUK YU TANG ANDREW	Address BLK 7 FLORA DRIVE #02-26 SINGAPORE 507012				
ID Type / ID No. NRIC NO / \$1822155A	CONTRACTOR OF STREET	Contact No. Home/Office Mobile 96794684			
Nationality SINGAPORE CITIZEN	Email Address				
Occupation	Sex	Age	Date of Birth	Race	
IT Manager	Male	50	17/02/1967	Chinese	
Institution/School Name	Language English				
Date/Time Of Incident 13/01/2018 11:50	TAMPIN	Location Of Incident TAMPINES EXPRESSWAY SINGAPORE TPE TOWARDS PIE BEFORE LOYANG EXIT			

Brief details.

On 13 January 2018 at about 11.52am while I was driving my car a silver BMW 116 bearing plate number SDA2813E along the third lane of TPE towards PIE before Loyang Avenue exit when my left tires ran over a hole on the road just beside the signboard 600m before Loyang Exit causing my left front and rear tires to vibrate thus I stopped at the road shoulder. I made a check and discovered both my left tires burst and rim dented. I called for my car to be towed away.

I wish to state that I have the footage of the incident. I am lodging this report for my insurance follow up

Signature Of Officer Recording The Report:	Signature Of Informant:
G / Sgt 2 MUHAMMAD AL-HASSAN BIN ABDUL	
Signature Of Interpreter: Not applicable	Date/Time: 13/01/2018 20:47
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Insp MOHAMAD FAHMI BIN MOHAMAD SANI Contact No.: 62447200	Classification Of Case:
Authentication Stamp	





Report No. G/20180113/2130

POLICE REPORT (NP299)

CONTINUATION OF REPORT

action.

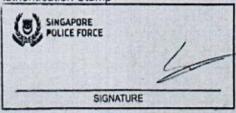
Signature Of Officer Recording The Report:

G / Sgt 2 MUHAMMAD AL-HASSAN BIN ABDUL RAHMAN

Signature Of Interpreter: Not applicable

Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Insp MOHAMAD FAHMI BIN MOHAMAD SANI Contact No.: 62447200

Authentication Stamp



Signature Of Informant:

Date/Time: 13/01/2018 20:47

Classification Of Case:

Tax Invoice No: LS157919

Invoice To:

CASH

Singapore

Date: 13-Jan-18

hicle No: SDA2813E

Mileage: 95730

Stockcode	Description	Quantity	Unitprice	Amount
03.60.238	BBS CH 8518 5/120 +35 BLACK	AND SERVICE AND	\$467.29	\$1,869.16
P-ZERO-04	PI P-ZERO 225/4018 92Y XL		TO SALES	
ALIGN-02	4-WHEEL ALIGNMENT	1	\$56.07	\$56.07

Remarks:

TOTAL \$1,925.23

7% GST \$134.77

GRAND TOTAL \$2,060.00

Customer Signature

Sold By





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

Class 28 Motorcycles not exceeding 200 cc
Class 2A Motorcycles between 201 cc and 400 cc
Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms

03 Aug 1989 06 Aug 1991 24 Jul 1985

NP 428A







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



COPY

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 SIME MOTOR PRIVATE Comprehensive

Certificate No. B 27348049 SMP

Excess: SGD500

1. Index Mark and Registration Number of Vehicle

2. Name of Policyholder

Kwauk Yu Tang Andrew

- 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*

Kwauk Yu Tang Andrew

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 PERFORMANCE MOTORS LTD OR AT ANY WORKSHOP OF YOUR CHOICE.

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

Counter-Signatory:

Sime Darby Insurance Brokers (\$ingapore) Pte. Ltd.

Signature Detex 0889

Approved Insurers

MSIG Insurance (Singapore) Pte. Ltd.

Katherine Yeo Senior Vice President, Brokers

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.

XSIBCP2018011616383418