NATIONAL Assessment Centre Se	21-11/CBS. [mil 1 2000]	MARAGIN	28360	
001000000000000000000000000000000000000	b'description	Date (Climo Co		one by
REINO: X/BA/MSG18003850M S	3A3 c-Ming "	* 1	1 1	
Val. Va. Nav. 934 1 12: 17	E-moll (withle shee, Ale the	.,		<del></del> /
0//00/00/00/	f-Motor Claim Morin			
OD / TP & Reporting Only	1-Place Tyle (White	D Their TF Cherry		
	Assessment/Survey Repo	ort Total		
12.41190191	Assil Report by Fax/Hn			
Professed Wesp (INC Assign Wksp / OW)		Toli	Faxt	1
TP Paralculary Yell Not SKV 3	3520A IN	C( , )/ HON.MC	( ) " , .	
Owner / Driver: (	202 V N	Teli	2	
Polloy No:(, ) Period:	( , ,	) Cover Type: (		)
Confirmed by : "(	1 Dalei	Time	,	)
Insured/Driver Clability: ( %) [Note:	Bs L Status (WO): N:	0.20%; Pi 21.79%	-	
	anty: YES( )/NO	( )		
Execus: (5 ) Loading : \$1,000 (	)/\$2,000( )	· · · · · · · · · · · · · · · · · · ·		
Seneral Reministration	15755886648454949	Marching State College		P. 4 . 1
( ) Walk-in Gustomar i Customers informati	on strioty Confidential			
) Total Loss Case   10 e-mail Insurer Us		<del></del>		
CALL STATE OF THE				
Drive-In ( )/Towed-In ( )   Invoice   YE		) I Towing Col (		. )
Drive-In ( )/ Towed-In ( )   Invoice   YE		)   Towing Co: (	e me ave salestiere mestler	Retroet.
Drive-in ( )/ Towed-in ( )   Invoice: YE	38( )/ 1/0( )	)   Towing Co. (	mereven province	Dionejby .
Drive-in ( )/ Towed-in ( )   Invoice: YE  Remoris	38( )/ 1/0( )		m pielog (1916)	Dionalby .
Drive-in ( )/ Towed-in ( )   Invoice   YE  Cemorical III in Charling of 88 100 Toy  I) Apply for Transfort Allowance ( ) / Court  2) QC Check/Post Repair Inspection	28( ) / NO( )  Asy Car ( ) '		m pusiver Commit	Done by .
Drive-In ( )/ Towed-In ( )   Invoice   YE  Cemorical III ( )   Invoice   YE  Lemorical III ( )   Invoice   Y	28( ) / NO( )  Asy Car ( ) '		th pie Voll (all)	Dionelby .
Drive-In ( )/Towed-In ( )   Invoice   YE  Cemorical III ( Double of 88 is Clov)  1) Apply for Transfort Allowance ( ) / Court  2) QC Check/Post Repair Inspection	28( ) / NO( )  Asy Car ( ) '		m più Volle	Dionejby · ·
Drive-In ( )/Towed-In ( )   Invoice   YE  Temorisa   10   10   10   10   10   10   10   1	28( ) / NO( )  Asy Car ( ) '	DAVATO-EXEC		True Chart
Drive-in ( )/Towed-in ( )   Invoice: YE  Remoris	28( ) / NO( )  Asy Car ( ) '	DAVATO-EXEC	m pie li g	True Chart
Drive-In ( )/Towed-In ( )   Invoice   YE  Temorisa   10   10   10   10   10   10   10   1	28( ) / NO( )  Asy Car ( ) '	DAVATO-EXEC		True Chart
Drive-In ( )/Towed-In ( )   Invoice   YE  Remoris   10   10   10   10   10   10   10   1	28( ) / NO( )  Asy Car ( ) '	DAVATO-EXEC		True Chart
Drive-In ( )/Towed-In ( )   Invoice   YE  Temorisa   10   10   10   10   10   10   10   1	28( ) / NO( )  Asy Car ( ) '	DAVATO-EXEC		True Chart
Drive-in ( )/Towed-in ( )   Invoice   YE  Remoric	28( ) / NO( )  Asy Car ( ) '	DAVATO-EXEC		True There
Drive-in ( )/Towed-in ( )   Invoice   YE  Remorks	28( )/NO( )  csy Car ( )'  ( )	DAVATO-EXEC		FACTOR CONTROL OF THE PARTY OF
Drive-in ( )/Towed-in ( )   Invoice   YE  Remoric	28( )/NO( )  Asy Car ( )' ( ) ) ( )	Francisuon Gras		Face (March
Drive-in ( )/ Towed-in ( )   Invoice   YE  Remorks	28( )/NO( )  Asy Car ( )' ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	Frank Jung Grad	140243 14024 140243	Face (March
Drive-In ( )/Towed-In ( )   Invoice   YE  Remoric	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	CALATUTECO	1136 240713 110 110 110 110 110 110 110 110 110 1	Face (March
Drive-in ( )/Towed-in ( )   Invoice   YE  (emorical in the hardine of 88 in Color)  () Apply for Transport Allowance ( ) / Court  (2) QC Check/Povi Repair Inspection  () Upload Resurvey Photo (Repair Cost > \$3000)  Infury :  (interpretal Actions  (interpretal Acti	28( )/NO( )  ( )  ( )  ( )  ( )  ( )  ( )  ( )	CAPATURES	110 (TI (TI) (TI) (TI) (TI) (TI) (TI) (TI)	Face (March
Drive-in ( )/Towed-in ( )   Invoice   YE  (emorical with Charling of 88 in Cuto)  () Apply for Transport Allowance ( ) / Court  (2) QC Check/Povi Repair Inspection  () Upload Resurvey Photo (Repair Cost > \$3000)  Infury :  () Arter Tural Actions  () Upload Resurvey Photo (Repair Cost > \$3000)  Infury :  () Arter Tural Actions  () Upload Resurvey Photo (Repair Cost > \$3000)  Infury :  () Arter Tural Actions  () Invoice   YE  ()	( ) / NO ( ) (	ENGLANTS OF THE CONTROL OF THE CONTR	110 110 110 110 110 110 110 110 110 110	Face (March
Drive-In ( )/Towed-In ( )   Invoice   YE  Cemoric	( ) / NO ( )  ( ) ( ) ( )  ( ) ( ) ( )  ( ) ( )	ENGLANTS CONTROL (STORT CONTROL (STO	115 (TO THE TIME TO THE TIME T	Face (March
Drive-In ( )/Towed-In ( )   Invoice   YE  Remorks	28( )/NO( )  ( )  ( )  ( )  ( )  ( )  ( )  ( )	EFFEDRIS UD TI GREEN  seldeni Reporting (320)  smage Fit ellew-Through Survey (Resorted to the Control of the C	NC (150)  110 (150)  110 (150)  110 (150)  1115  115  115  115  115  115	Face (March
Drive-In ( )/Towed-In ( )   Invoice   YE  Cemoric	28( )/NO( )  Asy Car( )' ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	DAPA TUTORO  STREET SUDING TO STREET  STREET SUBJECT SURVEY  SECOND TO SURVEY  SELD TO SURVEY  AND TO SURVE	MC (110)  110  110  110  110  110  110  110	Face (March
Drive-In ( )/Towed-In ( )   Invoice   YB  Remoris   In ( )   Towed-In ( )   Invoice   YB  Remoris   In ( )   Towed-In ( )   Invoice   YB  I) Apply for Transport Allowance ( ) / Court  2) QC Check / Post Repris Inspection  3) Upload Resurvey Paolo (Repair Cost > \$3000)  In ( )   Invoice   YB  AND SO 1316  In ( )   Invoice   YB  AND SO 1316  In ( )   Invoice   YB  In ( )	28 ( ) / NO ( )  ( )  ( )  ( )  ( )  ( )  ( )  ( )	Contint Continue Continue  Continue	NC (110)  110  110  110  110  111  110  111  111  111  111  111  111  111  111  111  111  111	Managara Carana
Drive-In ( )/Towed-In ( )   Invoice   YE  Remorisa   (In Chailine 6788   GCTo)  1) Apply for Transpan Allowance ( )/Court  2) QC Check/Post Report Inspection  3) Upload Resurvey Photo (Repair Cost > \$3000)  ////////  //////////  //////////  ////	28 ( ) / NO ( )  ( )  ( )  ( )  ( )  ( )  ( )  ( )	DAPA TUTORO  STREET SUDING TO STREET  STREET SUBJECT SURVEY  SECOND TO SURVEY  SELD TO SURVEY  AND TO SURVE	NC (110)  110  110  110  110  111  110  111  111  111  111  111  111  111  111  111  111  111	Managara Carana

### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

EMail Address

- 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 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.

- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for inits report will be rorwarded by the inacress of the GIA Resords was against Control established by the GEI
  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

We have the rest of the state of the state of	ACCIDENT STATEMENT
Date Of Report	28/02/2018 12:08
	26/02/2018 10:45
	JALAN ARNAB
Country/State of Loss	SINGAPORE
District Control of the Control of t	ETAILS OF OWN VEHICLE
Vehicle Registration Number	YM3216K
Insured/Policyholder	
Name Of Registered Owner	SANTA FE RELOCATION SERVICES (S) PTE LTD
Co Reg No	
Email Address	SALES@SANTAFE.COM.SG
Mobile Phone No	(LOCAL) +65-84849140
Alternative Phone No	OFFICE-63988588
Vehicle Particulars	
Manufacturer	NISSAN
Model	LORRY
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	B 29067217 MKF
Cover Note Number	
Driver	
Name of Driver	TAN CHAI TECK
NRIC No	S0222001F
Date Of Birth	09/05/1952
Occupation	OUTDOOR
Date Of Driving Pass	03/12/1974
Driving Experience	43 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84849140
Fax Number	
Contact Number	OFFICE-63988588
	THE CONTRACT COMEC

SALES@SANTAFE.COM.SG

Address

BLK 288D BUKIT BATOK STREET 25

#04-40

Postcode

653288

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

÷

insulation of the state of the

.

General Information of the Accident

Type Of Accident

COLLISION - OPENING DOOR OF VEHICLE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

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)

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

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

SKV3520A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

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
- 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
- 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
- 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)

l 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 altency/authority (such as the police), for the purpose(s)
  - (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
  - (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 services (5) Pred Car regulations, laws or court orders.

Jukit Mittah Central #04-07 Singapore 159835

6398 8588 Fax: 6265 0245

singapore@santaferelo.com helle www.santaferelo.com

Policyholder's Signature

Date & Time:

Driver's Signature

(if driver is not the policyholder)

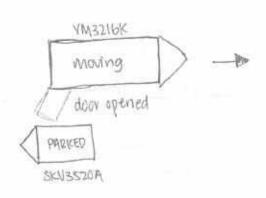
Date & Time:

Aring Centre Personnel's Signature

JFIN No.: KONN WORMS

John ARNAB

SKETCH PLAN



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

CENSE PLATE: Y	M3216t	ACCIDENT DATE 8 TIME: 10. 1/5 PWV   26 FEb 18
	5484 0140 -	E-MAIL ADDRESS: -
OCATION JONAN A	rnap	
dow's see mil	g Jalan Arnap, the door lowy's door nitting the sta lovry's door damaged the	of the back of the larry suddenly opened. Itionary verticle but according to passer by. Stationary verticle.
NOTE PLEASE	NOTE THAT YOUR INSURER MAY	HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN PLEASE CHECK YOUR POLICY FOR MORE INFORMATION
OWN DAMAGE C	LAIM UNDER YOUR OWN POLICY.	PLEASE OFFICA TOOM
Please state:	plicy ( ) Claim Third Party	( ) Claim OD/TP at other workshop ( ) Reporting Only
( ) Classic Commit	named and the passes	

DECLARATION

SauWerecketbicarisonsServices (Sh. Pte-latchespect.

2 Bukit Merah Central #04-07 Singapore 159835

Tel: 6398 8588 Fax: 6265 0245

Politing : Standard Company Standard Com Date & Time:

Cook

Reporting Centre Porsonnel's Bignature
Name:
NRIC/FIN No.: Kof L/ WAHAB



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

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. ROAD TRANSPORT ACT 1987 (MALAYSIA)

M.Z.301 Form

Goods Carrying Vehicle -Sch II

COMMERCIAL VEHICLE - FLEET

Comprehensive

Certificate No. B 29067217 MKF

Excess: SGD1,000

Index Mark and Registration Number of Vehicle YM3216K

2. Name of Policyholder

Santa Fe Relocation Services (S) Pte Ltd

Effective Date of the Commencement of Insurance for the purposes of the Act 01/01/2018

4. Date of Expiry of Insurance

31/12/2018

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.
- 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

Use 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.

(3) Use for the carriage of passengers for hire or reward.

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 (Malaysla), 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





09-05-1952 M









GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6324 0030 Operating Hours : Monday to Friday, 09:00 - 17:00 UEN: 5555300200 / GST Reg. No.: M400017735

- Not the Marin

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: Mudus 18369. Vehicle Registration No: Vm 3×6K
	Namelas shownin NRIC): 100 Cton 14CK NRIC/FIN/Passport No: 8022001 F
1	(*Vehicle Driver/ Vehicle Owner) (*) Please delete as appropriate
	Address :Singapore(
	Contact (Tel) :Mobile No.:
	Email Address :
	Date of Accident : 26 07 2018
	Place of Accident : JAIN ARNAB
	Insurance Company:
(B)	ADDITIONALINFORMATION AMENDMENTS
9 8	I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:
	OCCIDENT LOCATION SHOULD BK JACAN ARMAD
	SHO
	m
	Policyholder / Orlver's Signature  Date:  Reporting Centre-Personnel's Signature Name: NRIC/FINNo.: Date:  Reporting Centre-Personnel's Signature Name: NRIC/FINNo.: Date: