

[Date: 1 Jan 2001]

OD (TP) Reporting Only

Owner / Driver: (

Injury : \_\_\_\_\_

|               |                               |        |        |
|---------------|-------------------------------|--------|--------|
| (u) NA1801730 | Invoice Preparation Checklist | Amicus | Amicus |
|---------------|-------------------------------|--------|--------|

Driver/Owner:

Contact No:

measured Pardon:

Checked by (Engr-In-Charge):

[Others' Comments](#)12 / 3:1) A.R. - Accident Reporting (530);

|   |             |
|---|-------------|
| 2) DA : Damage Assessment (\$100):                    | INC (\$30)  |
| 3) TP : Towing Fee                                    | \$40/\$40   |
| 4) FT : Follow Through Survey                         | \$120       |
| 5) FT : Follow Through Survey (Re survey)             | \$30        |
| <u>Forfeiting against INC Only (w/ef 10 Jan 2005)</u> |             |
| 6) TR : Re-inspection                                 | \$75        |
| 7) N1 : Idn DA + SMRT Survey                          | \$160       |
| 8) NTUC Additional Services:-                         |             |
| Q11:  |             |
| * N5: Courtesy Car / Tpl Allowance                    | \$5         |
| * N6: Repair Coordination                             | \$10        |
| * N7: Post Repair Inspection                          | \$25        |
| * N9: DY / Collect Unacc Coordination                 | \$4         |
| TP (N11) : TP (N1n INC) against INC                   | \$20        |
| 9) N12: Idn Mobile                                    | 10          |
| Invoice dated   | Fee Charged |
| Invoice dated   | Fee Charged |



## 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 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             | 19/03/2018 16:05                           |
| Date Of Accident           | 17/03/2018 17:40                           |
| Exact Location Of Accident | ALONG CROSS STREET LOADING / UNLOADING LOT |
| Country/State of Loss      | SINGAPORE                                  |

### DETAILS OF OWN VEHICLE

|                             |                         |
|-----------------------------|-------------------------|
| Vehicle Registration Number | SJR7729Y                |
| <b>Insured/Policyholder</b> |                         |
| Name Of Registered Owner    | CHRISTOPER TAN ENG KOON |
| NRIC No                     | S7039071Z               |
| Email Address               | NOEMAIL                 |
| Mobile Phone No             | (LOCAL) +65-96915500    |
| Alternative Phone No        | OTHERS-96915500         |

### Vehicle Particulars

|  |                           |
|--|---------------------------|
| Manufacturer   | MITSUBISHI                |
| Model  | LANCER 1.5 MIVEC GLS 4A/T |
| 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                                       | 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             | A 80452389 QMX                       |
| Cover Note Number         |                                      |

### Driver

|                      |                         |
|----------------------|-------------------------|
| Name of Driver       | CHRISTOPER TAN ENG KOON |
| NRIC No              | S7039071Z               |
| Date Of Birth        | 04/11/1970              |
| Occupation           | INDOOR                  |
| Date Of Driving Pass | 11/01/1995              |
| Driving Experience   | 23 YEARS AND 2 MONTHS   |
| Gender               | MALE                    |
| Mobile Number        | (LOCAL) +65-96915500    |
| Fax Number           |                         |
| Contact Number       | OTHERS-96915500         |
| Email Address        | NOEMAIL                 |

|   |                                    |
|---|------------------------------------|
| Address   | BLK 626 WOODLANDS AVE 6<br>#09-880 |
| Postcode  | 730626                             |
| 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   | COLLIDED INTO PARKED 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   |     |
| Was any body injured in the Accident?   | YES |
| 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?  | YES  |
| If Yes, Please state which Police Station |  |
| Police Station Name                       | KAMPONG UBI NEIGHBOURHOOD POLICE POST  |
| Police Station Address                    | ROAD: BLK 9 EUNOS CRESCENT #01-2687 , POSTCODE: 400009 ,<br>COUNTRY: SINGAPORE |
| Police Station Contact                    | TEL NO: 1800-7479999 - FAX NO: 67453410  |
| Was notice of intended Prosecution given? | NO   |
| If Yes, against whom?                     |  |

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180317/2121

#### 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 | SLC9308X     |
| Vehicle Make/Model/Colour   |              |
| Details Of Properties       |              |
| Vehicle Category            | PRIVATE CAR  |
| Name of Driver              | NG SIOW PEIN |
| NRIC/Passport Number        | S0140188B    |
| Contact Number              | 96466393     |
| Address                     |              |
| Postcode                    |              |
| Insurance Company Name      |              |
| Nature Of Damage            |              |

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

|   |                         |
|---|-------------------------|
| Name  | CHRISTOPER TAN ENG KOON |
| Approximate Age                                     |                         |
| Injuries Sustain                                    | BACK PAIN               |
| Injured person in which vehicle?                    | SJR7729Y                |
| Were seat belts worn?                               | YES                     |
| Was this injured conveyed to hospital by ambulance? |                         |
| Address   |                         |
| Postcode  |                         |



## 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:  
NRIC/FIN No.:

Loading/unloading  
 CROSS STREET

Ref: to police report T/20180317/2121

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

GLAMC SketchUpForum V3

Date & Time:

NRIC/FIN No.:





**SINGAPORE  
POLICE FORCE**



T/20180317/2121

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

1 of 3

Report No. T/20180317/2121

**REPORT OF A TRAFFIC ACCIDENT**

|  |                  |                          |
|--|------------------|--------------------------|
| Date/Time Report Made:<br>17/03/2018 17:20 | Vide Report No.: | Station Diary No.:<br>20 |
|--|------------------|--------------------------|

**Informant's Particulars**

|  |            |                              |  |  |                            |
|--|------------|------------------------------|--|--|----------------------------|
| Name of Informant:<br>CHRISTOPHER TAN ENG KOON |            |                              | Address:<br>APT BLK 626 WOODLANDS AVENUE 6 #09-880<br>SINGAPORE 730626 |  |                            |
| ID Type / ID No.:<br>NRIC NO / S7039071Z       |            |                              | Contact No.:<br>Home/Office: Mobile: 96915500                          |  |                            |
| Nationality:<br>SINGAPORE CITIZEN              |            |                              | Email:   |  |                            |
| Sex:<br>Male                                   | Age:<br>47 | Date of Birth:<br>04/11/1970 | Type of Informant:<br>Driver   |  |                            |
| Race:<br>Chinese                               |            |                              | Language:<br>English   |  | Institution / School Name: |
| Occupation:<br>SALES EXECUTIVE                 |            |                              | Driving Licence Information:<br>Class: Date of Expiry:                 |  |                            |

**General Information of the Accident**

|  |                      |                                    |  |                                     |
|--|----------------------|------------------------------------|--|-------------------------------------|
| Type of Accident:  | Non-Injury<br>Others | Drink Drive:<br>No                 | Date/Time of Accident:<br>17/03/2018 15:00 | Type of Location:<br>Straight Road  |
| Location:<br>Along Road 1<br>CROSS STREET<br><br>along the side parking of Lau Pa Sat market |                      |                                    |  |                                     |
| Weather:<br>Clear  |                      | Road Surface:<br>Dry               |  | Road Speed Limit:                   |
| Traffic Flow:<br>One Way   |                      | Traffic Control:<br>Not Controlled |  | Traffic Volume:<br>Light            |
| Type of Collision:<br>Moving Vehicle Against - Parked Vehicle                                |                      |                                    |  | Anyone conveyed by ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make       | Model                           | Color | Condition           | No of Passenger |
|-------------|------|------------|---------------------------------|-------|---------------------|-----------------|
| SJR7729Y    | Car  | MITSUBISHI | LANCER 1.5<br>MIVEC GLS<br>4A/T | Black | Slightly<br>Damaged | 0               |
| SLC9308X    | Car  | TOYOTA     | COROLLA<br>ALTIS 1.6<br>CVT     | Grey  | Slightly<br>Damaged | 1               |



**SINGAPORE  
POLICE FORCE**



T/20180317/2121

2 of 3

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

Report No. T/20180317/2121

**CONTINUATION OF REPORT**

| <b>Details of Person Involved</b> |                          |  |                                   |
|-----------------------------------|--------------------------|--|-----------------------------------|
| Any Pedestrian Involved: No       |                          |  |                                   |
| No. of Pedestrians Injured: NIL   |                          | Use of Pedestrian Crossing: NA         |                                   |
| <b>Driver</b>                     |                          |  |                                   |
| Name                              | CHRISTOPHER TAN ENG KOON | ID No.                                 | S7039071Z                         |
| Related Vehicle                   | SJR7729Y (Car)           | Contact No.                            | 96915500                          |
| Hospital/Clinic                   | NIL                      | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                      | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                      | Degree of Injury                       | NIL                               |
| <b>Driver</b>                     |                          |  |                                   |
| Name                              | NG SIOW PEIN             | ID No.                                 | S0140188B                         |
| Related Vehicle                   | SLC9308X (Car)           | Contact No.                            | 96466393                          |
| Hospital/Clinic                   | NIL                      | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                      | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                      | Degree of Injury                       | NIL                               |

**Brief Details.**

On the above mentioned date and time, I was inside my car (SJR7729Y) which was parked along the side parking of Lau Pa Sat at Cross Street. After about 5 minutes, I felt an impact on the rear right of my vehicle and discovered that another vehicle (SLC9308X) had hit onto mine. Subsequently, we alighted from our vehicles and exchanged particulars. I managed to get the other party's particulars verbally as she mentioned that she did not bring her IC and driving licence. She also mentioned that she might have driven too closely to the left which caused the accident. Nobody was injured due to the accident however my vehicle had sustained scratches on the rear right. I wish to state that my vehicle was not on the move during the accident and there are CCTV around the vicinity. Thus, I wish to lodge a report for insurance claiming purposes.





**SINGAPORE  
POLICE FORCE**



T/20180317/2121

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

3 of 3

Report No. T/20180317/2121

**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:

G /

Sgt 2 MANDRIC NGOH

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

17/03/2018 17:20

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

Classification Of Case:

Authentication Stamp

NP168



**SINGAPORE  
POLICE FORCE**

SIGNATURE



claims @ unitedsg.com.sg

claims @ unitedsg.com.sg

## 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: 17/5/15 (DD/MM/YY) Time: 5.40pm (HH:MM) |
| Exact location of accident | Along CROSS St Loading/unloading Lot          |

Details of vehicle

|  |  |
|--|--|
| Vehicle registration number                        | SSR 7729Y  |
| Vehicle make and model                             | Mitsubishi Lander  |
| Type of vehicle                                    | Saloon <input checked="" type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/><br>Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others: _____ |
| Vehicle category                                   | Private <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle <input type="checkbox"/>  |
| Purpose of using at said time                      |  |
| Are you claiming under your own insurance company? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> if no, please select:<br>Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>  |

Insurance information

|                   |   |
|-------------------|---|
| Insurance company | MSIG  |
| Policy number     |   |
| Type of policy    | Comprehensive <input type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/> |

Insured / Policy holder

|                              |                            |  |
|------------------------------|----------------------------|--|
| Name                         | Christopher Tan Eng Koon   | Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | S70390712                  |  |
| Contact                      | 9645550                    |  |
| Address                      | 626 Woodlands Ave 6 #09-55 |  |

DriverSame as insured above ☒ (skip to D.O.B)

|                              |   |   |
|------------------------------|---|---|
| Name                         |   | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| NRIC / Fin / Passport number |   |   |
| Contact                      |   |   |
| Address                      |   |   |
| Email address                |   |   |
| Date of birth                | 24/11/1979  |   |
| Occupation                   | Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/> |   |
| Driving date pass            | 11/1/1995   |   |



### General information of the accident

|  |  |
|--|--|
| Was driver an employee of the insured's company? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                      |
| Accident captured by camera?                     | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                      |
| Weather condition                                | Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____ |
| Road surface                                     | Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>                     |
| No of passenger                                  | 1 (Inclusive of driver)  |

### Passenger 1

|        |  |
|--------|--|
| Name   | Christopher Tan Eng Koo  |
| Gender | Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> |

### Passenger 2

|        |   |
|--------|---|
| Name   |   |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

### Passenger 3

|        |   |
|--------|---|
| Name   |   |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

### Passenger 4

|        |   |
|--------|---|
| Name   |   |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

### Passenger 5

|        |   |
|--------|---|
| Name   |   |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

### Passenger 6

|        |   |
|--------|---|
| Name   |   |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

### Other information

|                            |   |
|----------------------------|---|
| Was anybody injured?       | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Was other vehicle damaged? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

### Details of police action

|                     |  |
|---------------------|--|
| Reported to police? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station. |
| Police station name |  |

Third party vehicle 1

|                              |            |
|------------------------------|------------|
| Name                         |            |
| Contact number               |            |
| NRIC / Fin / Passport number |            |
| Vehicle registration number  | SLC 9308 X |
| Vehicle make model           |            |

Third party vehicle 2

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

Third party vehicle 3

|                              |  |
|------------------------------|--|
| Name                         |  |
| Contact number               |  |
| 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           |  |

Third party vehicle 5

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

Third party vehicle 6

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



Witness 1

|      |  |
|------|--|
| Name |  |
|------|--|

Witness 2

|      |  |
|------|--|
| Name |  |
|------|--|

Injured person 1

|  |   |
|--|---|
| Name   | CHRISTOPHER TAN ENG KIN   |
| Injuries sustained                             | BACK  |
| Which vehicle person in?                       | SSR 7724Y   |
| Were seat belts worn?                          | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

Injured person 2

|  |  |
|--|--|
| Name   |  |
| Injuries sustained                             |  |
| Which vehicle person in?                       |  |
| Were seat belts worn?                          | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Injured person 3

|  |  |
|--|--|
| Name   |  |
| Injuries sustained                             |  |
| Which vehicle person in?                       |  |
| Were seat belts worn?                          | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Injured person 4

|  |  |
|--|--|
| Name   |  |
| Injuries sustained                             |  |
| Which vehicle person in?                       |  |
| Were seat belts worn?                          | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

|  | PASS DATE   |
|--|-------------|
| Class 2B Motorcycles not exceeding 200 cc  | 03 Aug 1988 |
| Class 2A Motorcycles between 201 cc and 400 cc   | 11 Feb 1992 |
| Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms | 11 Jan 1995 |

NP 428A



Licence No: S7039071Z



45245C

NRIC No: S7039071Z



Date of issue  
14-06-2010

APT BLK 826 WOODLANDS AVENUE 6 #09-880  
SINGAPORE 730626

NRIC No: S7039071Z Date: 04/06/2015

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7039071Z

Name: CHRISTOPHER TAN ENG KOON

Birth Date: 04 Nov 1970

Issue Date: 04 Jul 2003

0006262618



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7039071Z

Name: CHRISTOPHER TAN ENG KOON

Race: CHINESE

Date of birth: 04-11-1970

Country of birth: SINGAPORE

Sex: M

67039071Z







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

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, 1996 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 80452389 QMX

Excess : SGD500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle

SJR7729Y

2. Name of Policyholder

CHRISTOPHER TAN ENG KOON

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

14/01/2018

4. Date of Expiry of Insurance

13/01/2019

5. Persons or Classes of Persons entitled to drive\*

CHRISTOPHER TAN ENG KOON

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 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 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.

Serene Chinn  
Quotigo Pte Ltd  
Senior Operations Manager  
60 Paya Lebar Road

Signature / Date

Counter-Signatory:  
Quotigo Pte. Ltd.  
Singapore 409051  
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Email : serene@quotigo.com  
Website : www.quotigo.com

MSIG Insurance (Singapore) Pte. Ltd.  
Approved Insurers

Amy Ler  
Senior Vice President, Agencies

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.

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