NATION II. Assessment Centre	Services	o on Asi		*	
Date In 29/03/18	Jcb description		Date & Time Completed	Done	pi
Ret NA /M5418005828/13	SAS e-filing	E	1		
VehNo SJK3418H	E-mail (w.dm 8b	rs, Alt. 2hrsy			
DOA 16/03/18 1500	i-Motor Claim	Form	1		
	i-Motor W/O (Within: OD 2hr	s, TP 4hrs)		
OD TR (Ceputing Cinly)	i-Photo Uploac	led			
TD Ivenovie	Assessment/Surv	vey Report	1		
TP Insurer	Ass't Report by	Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel; Fa	9X1)
TP Particulars: Veh No: 3	JH7055K	INC ()/Non-INC ()		
Owner / Driver. (Tel)	
Policy No. () Perio	od: ()	Cover Type: ()	
Confirmed by : (Date:	Time:	J	
			0%; P: 21-79%. F: 80-1	(0%)	
	arranty: YES ()/NO()		
Excess: (\$) Loading: \$1,000	0 () / \$2,000 ()			
General Remarks;-		3.45	Total Assert Telegraphic	32-	
() Walk-In Customer: Customer's inform	nation strictly Confi	idential & St	rictly NO rafer of repairer.		
() Total Loss Case : to e-mail Insurer	URGENTLY.				
Drive-In () / Towed-In (); Invoice:	YES () / NO	T; ()	owing Co. ()
Remarks:- (INC hotline: 6788 6616)			Date&Time Completed	Done	by
	urtesy Car ()				
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost > \$30	001 ()				
Injury:					
Date/Time Actions	NAME AND DESCRIPTION				
	- 40 0.000 - 0.000 0.0000	NU 5 5 207 10 5 5 2 2	151. <u>* 1223</u>		
					7.0
W-19-11-2					
NA1801965		Invoice Pre	paration Checklist	Ant (5)	Amt (3) Add Bill
laimant's Particulars :-) AR : Acciden	(\$30);		7,001,1711
	The second secon) DA : Damage) TF : Towing I	Assessment (\$100); INC (\$8	400 1993	
river/Qwaer:	4) FT : Follow-T	hrough Survey	\$120 \$30	
ontact No:	3	For claiming e	hrough Survey (Resurvey) ngainst INC Only (wef 10 Jan 2005		
amaged Portion:) TR : Re-inspe	The state of the s	\$75	
) NI : Idae DA I) NTUC Additi	- Contract Contract	1.00	
C Checked by (Engr-In-Charge):		OD*	Car / Tpt Allowance	\$5	
		* N6: Repair C	Co-ordination	\$10	
uditors† Comments :-	Control of the same	*N7: Post Rep	mir Inspection Heet Excess Coordination	\$25	
E 1: -		TP (N11): TI	(Nen INC) against INC	\$20	
it 2/3:		 N12: Idae Me Invoice dated 	bile Fee Charged		MINE AND AND
ADD STREET, STREET	1	nvoice dated	Fee Charged	100	00/200000000000000000000000000000000000

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.
- 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.

- 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.			
Selfent of the Colonial State States	ACCIDENT STATEMENT		
Date Of Report	29/03/2018 09:16		
Date Of Accident	16/03/2018 15:00		
Exact Location Of Accident	ALONG JB CHECKPOINT TWDS SINGAPORE		
Country/State of Loss	SINGAPORE		
Branch Branch Branch	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SJK3418H		
Insured/Policyholder			
Name Of Registered Owner	WANG LOKE JUAN DANNY		
NRIC No	S7575727A		
Email Address	DANNYWANG.MY@GMAIL.COM		
Mobile Phone No	(LOCAL) +65-97693005		

Alternative Phone No
Vehicle Particulars

Manufacturer NISSAN Model QASHQAI

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE USE

OTHERS-97693005

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 A 28937660 QMX

Cover Note Number

Driver

Name of Driver WANG LOKE JUAN DANNY

 NRIC No
 S7575727A

 Date Of Birth
 18/09/1975

 Occupation
 INDOOR

 Date Of Driving Pass
 06/02/1999

Driving Experience 19 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-97693005

Fax Number

Contact Number OTHERS-97693005

EMail Address DANNYWANG.MY@GMAIL.COM

BLK 606 ELIAS ROAD Address

#05-204 510606

Postcode NO. Was driver an employee of the Insured's Company

OWNER

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

AFTER RAIN Weather Conditions

Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

3

Number of Passengers (Including Driver)

Passenger 1

NAME: : LEE EE FANG

GENDER: FEMALE

Passenger 2 NAME: : WANG LIYANG

> GENDER: : MALE

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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SJH7055K Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver SHAIK MOHD DANIAL BIN ABDUL MANNAN

S74255291 NRIC/Passport Number 98517170 Contact Number

Address Postcode Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <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:
 - 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.

rolicyholder's Signature

Date & Time:

Driver's Signature

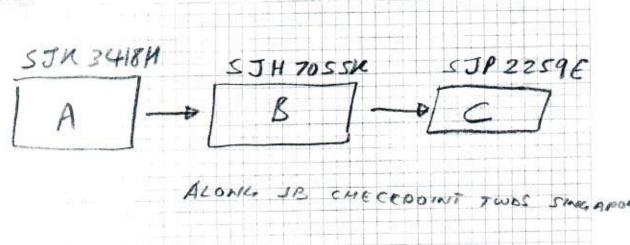
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I Wa	s approaching the JB curtoms traffic lights (tow). The road was wet as it was dizzling
Singapore). The road was wet as it was onzeling
Taffic	light was green and all cas were mouning
Sudd	ally car 'C' baked suddaily and car B'
T b	aked too. Howeve as the road was stipped on the skidded and touched onto can 'B'.
The Negl	damage of my cor(A) and car 'B) was
	Dog. 1

DECLARATION

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

Policyholder's Signature

Date & Time:

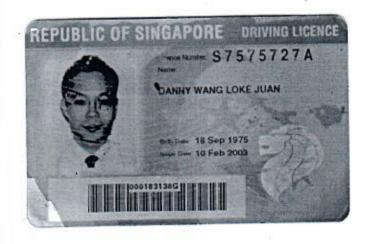
Oriver's Signature (If driver is not the policyholder)

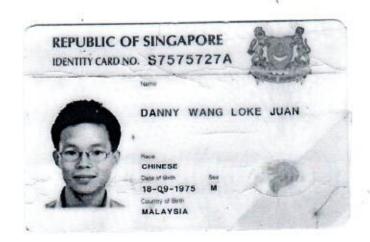
Date & Time:

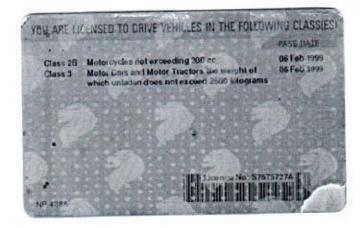
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:











MSIG Insurance (Singapore) Pte. Ltd. 4 Sheston 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.

Form M.X.1 Individual Ownership

MOTOR MAX Comprehensive

Ch. Rolling

Certificate No. A 28937660 QMX

Excess: SGD700 Windscreen Excess: SGD100

- 1. Index Mark and Registration Number of Vehicle SJK3418H
- 2. Name of Policyholder Wang Loke Juan Danny
- 3. Effective Date of the Commencement of Insurance for the purposes of the Act 16/04/2017
- 4. Date of Expiry of Insurance 15/04/2018
- 5. Persons or Classes of Persons entitled to drive*

Wang Loke Juan Danny Lee Es Fang 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 (Maleysia), 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.

MSIG Insurance (Singapore) Pte. Ltd. Approved insurers

for Chief Executive Officer