VALITONAL ASSESSITED Dute In: 9409008 REINO: 84 33 10 P DO A: 24 04 2008 T? Insulet:	1209 7580/Y - 09:55	SAS c-Illing B-12011 (while	\$hm, \(\sigma\)	Date (4) Yang Com	plated	Done by
OD (Repening Only	7580/Y - 09:55	SAS colling Bornoll (while fortiotor Cial totalor NY/O	the () () () () () () () () () (,
OD (Repening Only	09.55	Bernoll Iwala f-Motor Cist	Mar. Alexan)			*
OD (Repening Only)	9.55	1-Motor Citi	תויסינ ת			
	- 12		VALODINALDO IN		and the second second second	
		I-Minoto Uple		12 5.4 CHAIL		
T? Insureh		-	1000d		,	
		AssessmenV81	acheh grhoid			05-12-12-12-12-12-12-12-12-12-12-12-12-12-
	A.A. Parasa da españo de la composición	Assil Report b	y <u>Pax/Hand</u> (O OWNER/ WHER		
Proformed Wilos LING At algn Wks	5 P / QWII			Tell	Faxl	
TP Pomicologia Yel	II NOI SHA	62224	, INC () OM-MOK () 4 ,	
Olyner / Drivers (Established MARKS		Tell		1
Polloy No: () Perl	od:(,)	Cover Typel (<u> </u>
Confirmed by 114		¥	Dales	Timer)
Insured/Oriver Univillity: (The same of the sa			0%1 Pt 21.79%	P: 30+1005	<u>//</u>
Year of Registrations (The second secon	arranty: YES()/40() '1		
The state of the s	osd(ng \$1,00	0.7 0.7 0.00	9 ()	* 100 m = 100 m	-	-
Drive-in ()/ Towed-in (Settion is: III) Invoice: Invoice: 	nation strictly Co URGENTLY, YBS () /	HO() 1	Vely NO rater of r		W. Mill. W
Drive-in ()/Towed-in (slomers information in the survey of the sur	THE CONTROL OF THE CO	HO() 1	Vielly NO rater of r	e palier, '	
Drive-in ()/ Towed-in (Zethioris III BUNG Epilline G I) Apply for Transport Allower 2) QC Cheek/ Post Repair Inspec 3) Uploed Reservey Photo [Rep	slomers information in the survey of the sur	THE CONTROL OF THE CO	HO() 1	Vielly NO rater of r	e palier, '	
Drive-in ()/ Towed-in (Rethorist Hispan Ribballine (1) Apply for Transport Allowed 2) QC Check/ Post Repair Inspect 3) Uplood Reservey Photo [Rep	slomers information in the survey of the sur	THE CONTROL OF THE CO	HO() 1	Vielly NO rater of r	e palier, ') John Done, by
Drive-in ()/ Towed-in (Remorks: 1990/Repulline 6 1) Apply for Transport Allowed 2) QC Cheek/ Peul Repair Inspect 3) Uploed Reservey Photo [Rep ////////	slomers information in the survey of the sur	THE CONTROL OF THE CO	MO()1	Vielly NO rater of r	e peliter, '	John Dane jey
Drive-In ()/Towed-Ib (Refficely: 119 UN Flep Illine, 6 1) Apply for Transport Allowed 2) QC Cheek/ Pour Repay I to apo 3) Uplosed Reservey Photo [Rep /////////	slomers information in the survey of the sur	nation suiduy or URGENTLY, YES () / OUTLLY Cat (NO()1	Towing Cor(Towin	e peliter, '	- Done ky
Drive-in ()/Tolved-in (Remorks	slomers information in the survey of the sur	THE CONTROL OF THE CO	onfidential & S HO() 1 ANAMARIA	TOWING COI (TO	BISISS CALL	Done by
Drive-In ()/Towed-In (Remorks: Hay Mis Orline; 6 1) Apply for Transport Allowed 2) QC Cheek/Post Repair Inspect 3) Uplood Reservey Photo [Rep ////////////////////////////////////	slomers information in the survey of the sur	nation suiduy or URGENTLY, YES () / OUTLLY Cat (Onfide nilet & S NO() 1 NO(Towing Cor (To	B S	Eonopey The Bond of the Control of
Drive-In ()/Towed-Ib (Remorks: ISSUNRABDILINE: 6 1) Apply for Transport Allowed 2) QC Cheek/ Post Repay I to spec 3) Upload Resolvey Photo [Rep ////////////// Division (Particulars)	slomers information in the survey of the sur	nation suiduy or URGENTLY, YES () / OUTLLY Cat (Onfide nilel & S HO() 1 Covologia DARIAGE DATE Traile DET Traile DET Traile DET ALL TOTAL	TOWING COLL TOWIN	P P P P P P P P P P	Eonopey One Property One Pro
Drive-In ()/Towed-Ib (Remorks: Insulan Allowab 1) Apply for Transport Allowab 2) QC Cheek/ Pear Repay I to ape 3) Upload Resolvey Photo [Rep INULY) I Diplet Turbo (Sepandoline) Islanda (Sepandoline) Fivet/Owner	slomers information in the survey of the sur	nation suiduy or URGENTLY, YES () / OUTLLY Cat (Onfide nilet & S NO() 1 NO(TOWING COLU TOWIN	P P P P P P P P P P	Eonopy And
Drive-In ()/Towed-Ib (Sefficial Spilling of Allowab 1) Apply for Transport Allowab 2) QC Cheek/ Post Repair Inspect 3) Uplosed Reservey Photo (Rep ///////////////////////////////////	slomers information in the survey of the sur	nation suiduy or URGENTLY, YES () / OUTLLY Cat (Onfide nile E S NO () NO ()	TOWING COI (TO	P P P P P P P P P P	Donoley
Drive-In ()/Towed-Ib (Remorks: ISSUNRABDILINE: 6 1) Apply for Transport Allowed 2) QC Cheek/ Post Repay I to spec 3) Upload Resolvey Photo [Rep ////////////// Division (Particulars)	slomers information in the survey of the sur	nation suiduy or URGENTLY, YES () / OUTLLY Cat (Onfide nile E S NO () NO ()	TOWING COI (TO	P P P P P P P P P P	Done
Drive-In ()/Towed-Ib (Sefficial Spilling of Allowab 1) Apply for Transport Allowab 2) QC Cheek/ Post Repair Inspect 3) Uplosed Reservey Photo (Rep ///////////////////////////////////	slomers information in the survey of the sur	nation suiduy or URGENTLY, YES () / OUTLLY Cat (Involve And State of The Land	TOWING COI (TO		Donoley
Drive-in ()/ Towed-in (Retrostis: III) III N Fispilline; (6) I) Apply for Transport Allows b 2) QC Check/ Post Repair I bape	slomers information in the survey of the sur	THE CONTROL OF THE CO	HO() 1	Vielly NO rater of r	e palier, '	

SINGAPORE ACCIDENT STATEMENT

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 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 ladgement 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

. By the ladgement of this report to the insurers, you hareby conse foresaid.	nt to the archiving of this report at the centre and to sopple of the section of
· · · · · · · · · · · · · · · · · · ·	ACCIDENT STATEMENT
Date Of Report	24/04/2018 12:09
Date Of Accident	24/04/2018 09:55
Exact Location Of Accident	AIRPORT ROAD ,KPE ENTRANCE
Country/State of Loss	SINGAPORE
DI DI	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLA3370P
Insured/Policyholder	
Name Of Registered Owner	HU FANGJIE
NRIC No	S9277120B
Email Address	FHU2@E.NTU.EDU.SG
Mobile Phone No	(LOCAL) +65-92207277
Alternative Phone No	OTHERS-92207277
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 CLASSIC CVT (A)
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	S 28885033 SMF
Cover Note Number	
Driver	

Driver

HU FANGJIE Name of Driver S9277120B NRIC No 14/08/1992 Date Of Birth INDOOR Occupation 13/04/2015 Date Of Driving Pass

3 YEARS AND 0 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-92207277 Mobile Number

Fax Number

OTHERS-92207277 Contact Number FHU2@E,NTU.EDU.SG EMail Address

BLK 461 CLEMENTI AVENUE 3 Address

#08-606

120461 Postcode

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

CHAIN 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

NO

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)

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

SHA6222L

Vehicle Make/Model/Colour

HYUNDAI

Details Of Properties

Vehicle Category

TAXI

Name of Driver

KOH SENG KAH

NRIC/Passport Number

S1719465H

Contact Number

90084204

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SKF328T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

TOYOTA ESTIMA

PRIVATE CAR

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 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
- 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.:

->	15HA 15LA 8 6K7 12221 8 3370P 8 3287	KPE Turnel Fifter line
Tripord Rd	Broke	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

brake I applied brake for my car (5/4 3370 P) on fine the
The incident happed at 0950 Hrs of 24/4/18, the weather
TARATION.

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 Signaturant Name:
NRIC/FIN No.:

NRIC/FIN No.:

AGGIDENT STATEMENT

ACCID	DENT DATE: (24. 104) 20/6) (DD/MM/YYYY), TIME: (0) : 55) (HH:MM)	
LOCAT	Arouse Rd XPE portrance	
1.	DETAILS OF VEHICLE	
1.	a VEHICLE NUMBER: 3LA 33 70 P	
	b)INSURANCE COMPANY: M310	
14	CIPOLICY NUMBER: 288 5 0 33 3 MT	
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)	
	HTYPE: (SALOOD / COUPE PMPV /VAN / LORRY / MOTORCYCLE / OTHERS)	
	EXPURPOSE OF USING AT ACCIDENT TIME: 1 TAYLANT	
	ILASE YOU'CLAIMING UNDER YOUR OWN INSURANCE	
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)	
2.,	ALMANE: HU FORMIE MACETALITY	
	DINRIC/FIN/PASSPORT: 139571100 CONTACT	
	CIADDRESS. TO U.S. Ext. 10-47	
, i	* CONTINUE TO 3.4 IF DRIVER ALSO POLICY HOLDER	
And of bussands	DRIVER AS above (MALE / FEMALE)	
(Including driver)	bjnric/fin/passport:Contact:	
(7)	c)ADDRESS:	St.
	ODATE OF BIRTH: (14/08/11/2008)	
	e OCCUPATION: (INDOOR / OUTDOOR)	¥.
4.	PLATE DEDIVING PASS 13 Apr 2015	¥
	POCCUPATION: (NDOOR / OUTDOOR) () DATE DEDIVING PASS 13 Apr 2015 WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: DIMET B) WEATHER CONDITION: (CLEAR / CAINING / OTHERS	¥
5.	e OCCUPATION: INDOOR / OUTDOOR) () DATE DEDRIVING PASS 13 Apr 2015 WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: DIMET G) WEATHER CONDITION: (CLEAR / RAINING / OTHERS	
5.	POCCUPATION: INDOOR / OUTDOOR) () DATE OF DRIVING PASS WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: DIMET B) WEATHER CONDITION: (CLEAR / CAINING / OTHERS B) ROAD SURFACE: (DRY / WE) / OTHERS WAS ANYBODY INJURED (YES / NO) B) REPORTED TO POLICE (YES / NO)	¥1
5. 6. 7.	DOCCUPATION: INDOOR / OUTDOOR) () DATE OF DRIVING PASS WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: DIMET G) WEATHER CONDITION: (CLEAR / CAINING / OTHERS	F)
s. 6.	POCCUPATION: INDOOR / OUTDOOR) () DATE OF DRIVING PASS WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: DIMET D) WEATHER CONDITION: (CLEAR / CAINING / OTHERS D) ROAD SURFACE: (DRY / WE) / OTHERS WAS ANYBODY INJURED (YES / NO) O) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE D) VEHICLE NUMBER: SILT 3781 MODEL: 1511MA	
5. 6. 7. 8,	EJOCCUPATION: INDOOR / OUTDOOR) [] DATE OF DRIVING PASS WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: DIMET G) WEATHER CONDITION: (CLEAR / CAINING / OTHERS b) ROAD SURFACE: (DRY / WE) / OTHERS WAS ANYBODY INJURED (YES / NO) O) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE G) VEHICLE NUMBER: SILT 328 MODEL: ISTIMA B) DRIVER'S NAME:	
5. 6. 7. 8. 4) He of passinger	POCCUPATION: [NDOOR / OUTDOOR) () DATE OF DRIVING PASS WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: DIMET G) WEATHER CONDITION: [CLEAR / CAINING / OTHERS	×
5. 6. 7. 8. 4) He of Passenger (Including distor) () 9.	e JOCCUPATION: INDOOR / OUTDOOR) [] DATE OF DRIVING PASS WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: DIMET G) WEATHER CONDITION: (CLEAR / CAINING / OTHERS B) ROAD SURFACE: (DRY / WE) / OTHERS WAS ANYBODY INJURED (YES / NO) O) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE G) VEHICLE NUMBER: SK + 3> & 1	× ×
5. 6. 7. 8. 4) He of passinger	DOCCUPATION: [NDOOR / OUTDOOR) () DATE OF DRIVING DASS 13 Apr 2015 WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 0 MET G) WEATHER CONDITION: (CLEAR / RAINING / OTHERS WAS ANYBODY INJURED (YES / NO) O) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE G) VEHICLE NUMBER: 5K + 32 0 MODEL: 1511MA C) NRIC/FIN/PASSPORT: CONTACT: THIRD PARTY VEHICLE d) VEHICLE NUMBER: 5H A 2222 MODEL: 1 ymdai C) DRIVER'S NAME: 6H 51 MG KAN DODEL: 1 ymdai	X K
5. 4) He of passanger (Including differ) () %; He of passanger	DOCCUPATION: [NDOOR / OUTDOOR) () DATE OF DRIVING DASS 13 Apr 2015 WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 0 MET G) WEATHER CONDITION: (CLEAR / RAINING / OTHERS WAS ANYBODY INJURED (YES / NO) O) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE G) VEHICLE NUMBER: 5K + 32 0 MODEL: 1511MA C) NRIC/FIN/PASSPORT: CONTACT: THIRD PARTY VEHICLE d) VEHICLE NUMBER: 5H A 2222 MODEL: 1 ymdai C) DRIVER'S NAME: 6H 51 MG KAN DODEL: 1 ymdai	× ×
5. 4) He of passanger (Including differ) () %; He of passanger	ODCCUPATION: INDOOR / OUTDOOR) I) DATE OF DRIVING PASS WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: DIMET G) WEATHER CONDITION: (CLEAR / GAINING / OTHERS D) ROAD SURFACE: (DRY / WP) / OTHERS WAS ANYBODY INJURED (YES / NO) O) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE G) VEHICLE NUMBER: SKT 3> 8 T MODEL: ISTIMA C) NRIC/FIN/PASSPORT: CONTACT: THIRD PARTY VEHICLE G) VEHICLE NUMBER: SH A BYDL MODEL: HYM dai C) DRIVER'S NAME: SH A BYDL MODEL: HYM dai C) DRIVER'S NAME: KAH GAING KAH C) DRIVER'S NAME: KOH STING KAH C) NRIC/FIN/PASSPORT: STITHES H CONTACT: 9008 4204	
5. 4) He of passanger (Including differ) () %; He of passanger	ODCCUPATION: INDOOR / OUTDOOR) I) DATE OF DRIVING PASS WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: DIMET G) WEATHER CONDITION: (CLEAR / GAINING / OTHERS D) ROAD SURFACE: (DRY / WP) / OTHERS WAS ANYBODY INJURED (YES / NO) O) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE G) VEHICLE NUMBER: SKT 3> 8 T MODEL: ISTIMA C) NRIC/FIN/PASSPORT: CONTACT: THIRD PARTY VEHICLE G) VEHICLE NUMBER: SH A BYDL MODEL: HYM dai C) DRIVER'S NAME: SH A BYDL MODEL: HYM dai C) DRIVER'S NAME: KAH GAING KAH C) DRIVER'S NAME: KOH STING KAH C) NRIC/FIN/PASSPORT: STITHES H CONTACT: 9008 4204	
5. 4) He of passanger (Including differ) () %; He of passanger	DOCCUPATION: [NDOOR / OUTDOOR) () DATE OF DRIVING DASS 13 Apr 2015 WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 0 MET G) WEATHER CONDITION: (CLEAR / RAINING / OTHERS WAS ANYBODY INJURED (YES / NO) O) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE G) VEHICLE NUMBER: 5K + 32 0 MODEL: 1511MA C) NRIC/FIN/PASSPORT: CONTACT: THIRD PARTY VEHICLE d) VEHICLE NUMBER: 5H A 2222 MODEL: 1 ymdai C) DRIVER'S NAME: 6H 51 MG KAN DODEL: 1 ymdai	

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9277120B





HU FANGJIE

方捷

CHINESE

14-08-1992 Country/Place of birth





9392258



CHINESE 02-02-2016

APT BLX 461 CLEMENTI AVENUE 3 #08-606

SINGAPORE 120461 NRIC No: 59277120H

Date: 25/07/2017

REPUBLIC OF SINGAPORE DRIVING LICENCE S9277120B HU FANGJIE Bit Die 14 Aug 1992 Date: 23 Jan 2017

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

EFFECTIVE DATE

Motor cars with unladen weight =< 3000kg with *= 7 13 Apr 2015 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

Licence No:S92771298

NP 428A



MSIG Insurance (Singapore) Pte. Ltd. 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 058807 Tel +55 6827 7888, Fax +65 6827 7800

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)

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION)

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.

Excess: SGD2,000 S 28885033 SMF

1. Index Mark and Registration Number of Vehicle SLA3370P

Name of Policyholder

Hu Fang Jie

- Effective Date of the Commencement of Insurance for the purposes of the Act 26/02/2018
- Date of Expiry of Insurance 25/02/2019
- 5. 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.
- 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 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.