THE PARTY OF A STATE OF THE STA		e da		
Dute In: 10 0x 001 12'1		MUACU	660891	
	100, describiton		my Completed	. Done by
THE INO NBO MSG (18008678)	gantifie egg.			
Veli No: SJN 22525	the Bernoll (while the Are)	alm) n	-	7
0.00 051051800 11.35	" I-Miotor Claim Youn	1		
OD (TP) Repenning Only	I-Missor YY/O (IV/AMIL)	00 1874 17 (1077)	- 1	
T? Insutat:	Assessment/Survey Re	P 9 5 5		
	Assil Report by Box/1	Handle Owner/W	810	
TO STORE WELL LING TO 18 M KAD (OM!		T + i t	DESCRIPTION OF THE PERSON OF T	W.
P Panticular Yell Not S	# 2383 V	NO()/ Non		
Olyner/Dilver: (Tell)
Policy Noil	orlogit .	') Cover Ty	pei ()
Confirmed by 114	Dalti		Thrive	
Insured/Diver Link/Illry (9/4)	Mole Bit Shall (MO): 1	NI Q-20%; PI 21	.7990. P1301	00N)
Control Contro	Warranty: YES()/HO	0()		
Execution) Loading (\$1,	000 () / \$2,000 ()		THE PERSON NAMED IN	
The state of the s		Charle Mar Div	Majorphia (Majorphia)	324 36 C a 1. L
) Weik-in Givennar i Customers in) Telal Less Case 1 to 6-mail Insur	ormation attropy Contractil	HE SMAIN HOU	ler of repalier	
Drive-in()/Tolyed-in() Inyole	THE RESERVE ASSESSMENT OF THE PARTY OF THE P	\		
7 1 101 7 1	: c1 Y B9 () Towing Co		
(tHotis:		Dave T	49,64 A PIS 164	A September
) Apply (or Transport Allowades () /	CONTRAY CIT ()		CONTENED OF	
) Uplant Resurvey Photo (Repair Cast > S	30001	1		
	507 (707 (804)			
INVUENT INTO THE PROPERTY OF T		(a)		
Inducy i in-			Control of the Control	WERELL C
Inducy i in-				SECTION OF THE
INVERSE THE PROPERTY OF THE PR			Processor Court of the Court of	Allend Asset 1
INVERSE TO STATE OF THE STATE O				Service 1
Injury ()				
Injury ()		Ne Proposition	Wali 2 (00: 20 W22)	THE THE SAME STOP ASSET
NAUGS 016		Nes Proports Vor	G (33 0))	
MAUGS 016	1) AR (1)	i Aosideni Rago N'ny i Demaji Aisi Umi Gl	GRY CKUTS (33.0)1 (33.0)1 (31.00)()NC (
NACO3 016	1) AA 1) DA 3) 77 1) []	i Acaldani Rope PUng i Demogra Assilumia ch Tewing Pas Pasigwith/outh Sury	(33.0)) (31.00)) INC (1011 1111 1111 1111
MAUGS OF STATE STA	1) AA 1) DA 1) T7 1) F7 1) F7 1) F7 12-1	i Aesideni, Reserving i Demegi Airi Umi el Teving Fil Ferry Thierri Sury Pulleu Thierri Sury Pulleu Thierri Sury	(33.0)) (31.00)) INC (1011 1111 1111 1111
MANS OF CHARLES THE STREET OF	1) AA 1) DA 1) T7 1) F1 291 4) TR 1) H1	Academi Referring Deme ji Antumi ch Teving fill Frigur Through Sury Puller Through Sury Sury Puller Through Sury Sury	(33.0)) (31.00)) (31.00)) (31.00)) (31.00)) (31.00)) (31.00)) (31.00)) (31.00)) (31.00)) (31.00)) (31.00)) (31.00)) (31.00)) (31.00)) (31.00)) (31.00)) (31.00	100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
MANS OF CHARLES THE STREET OF	1) AA 1) DA 1) T7 1) F1 1) F1 2) TR 1) H1 1) N1	I Acelden's Referring I Deme 11 ATTI Umical Teving Ful Fellow Threath Surv Pulled ATTI Umical I Artifus ATTI Umical I Artifus ATTI Umical I Artifus ATTI Umical UC AUGINIENT SU	(33.0)) (31.00)) (31.00)) (31.00)) (31.00)) (31.00)) (31.00)) (31.00)) (31.00)) (31.00)) (31.00)) (31.00)) (31.00)) (31.00)) (31.00)) (31.00)) (31.00)) (31.00	(3) (3) (4) (4) (5) (6) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7
MANOS OLO MINI SINGHAMAN CANADA CONTRACTOR		I Actident Referring I Deme 11 ATTI Umical Teving Fill I Fellow Throwth Surv I Pulled Throwth Surv I I I Actident Surv I I I Actident Surv I I Actident Surv I I I I Actident Surv I I I I I I I I I I I I I I I I I I I	(1100), INC (1100)	(3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
NAUS 016 1101		I Actident Referring I Deme 11 ATTI Umi Cl Teving Fil I Fellow Threath Surv I Pulled Threath Surv I I Coult me I Wen I Coulty City Tel A I Coulty City Tel A I Coulty City Tel A I Ripal Coulding Jey	(1100), INC (1100)	(3) (3) (4) (4) (5) (6) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7
APLICA 016 1111 WHICH CONTROL OF THE PROPERTY	3) DA 3) DA 3) T? 1) E1 3) E1 3) E2 3) E2 3) E2 4) E2 5) E2 7) E2 7) E2 8) E2 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	I horidon; Rosporung I Demagi Anni Umical Foring Fill Fangwith (page 8 Sury Foring Control 1 No. 6 I And private I (And privat	(33.0)) (33.0)) (31.00)) NC((31.00)) NC((31.00)) NC((31.00)) NC((31.00)) NC((31.00)) NC((31.00)) NC((31.00)) NC((31.00))	(3) (3) (4) (5) (5) (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6
NAUGO 016 WARDON O16 WEIGHT STREET ON THE STREET OF THE STREET ON THE	20 DA 20 DA 20 DA 20 PR 20	I Actident Referring I Deme 11 ATTI UMI CL Teving 711 I FAUTHITH OF THE SULY I PUBLIC THIS WITH SULY I SULF THIS WITH SULY I SULF THIS WITH SULY I CONTENT OF THE A O REPORT CONSTRUCTOR I CONTENT CONSTRUCTOR O REPORT CONSTRUCTOR I FOIL CONSTRUCTOR I CONTENT CONSTRUCTOR I FOIL CONS	(33.0)) (33.0)) (31.00)) NC((31.00)) NC((31.00)) NC((31.00)) NC((31.00)) NC((31.00)) NC((31.00)) NC((31.00)) NC((31.00))	11

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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 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.
- 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	10/05/2018 12:15
Date Of Accident	09/05/2018 11:35
Exact Location Of Accident	TURNING RIGHT AT JUNCTION OF STEVENS RD/DUNEARN RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJN2252J
Insured/Policyholder	
Name Of Registered Owner	LEE WEE KIAT
NRIC No	S1607051C
Email Address	MALINIWEEKIAT@GMAIL,COM
Mobile Phone No	(LOCAL) +65-97883735
Alternative Phone No	OTHERS-97883735
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	
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 27247437 QMY
Cover Note Number	
Driver	
Name of Driver	LEE WEE KIAT
NRIC No	\$1607051C
Date Of Birth	31/12/1963
Occupation	INDOOR
Date Of Driving Pass	19/01/1987
Driving Experience	31 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97883735
Fax Number	

OTHERS-97883735

MALINIWEEKIAT@GMAIL.COM

Address

34 NAMLY CRESCENT

Postcode

267549

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

COLLISION - HEAD TO REAR

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)

2

Passenger 1

NAME:

: MOTHER

GENDER:

: FEMALE

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 AND ATTACHMENT

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

SLH2383Y

Vehicle Make/Model/Colour

HONDA VEZEL

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 <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 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)
 - (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

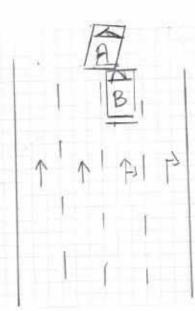
Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 1052/ WATHAB



TURMING RIGHT OM INTERSECTION OF STEVENS RO / DUNGERN ROAD

A) SJN 2252J B) 32H 2383Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFFEL	20	ATTACHMENT.
V		

DECLARATION

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

10/3/18

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time:

NRIC/FIN No.:

My car: SJN2252J

Other car that hit my car: SLH 2383Y

Date and time of accident: 9 May 2018 at 11.34am

Place of accident: Turning right on Intersection of Stevens Rd and Dunearn Rd.

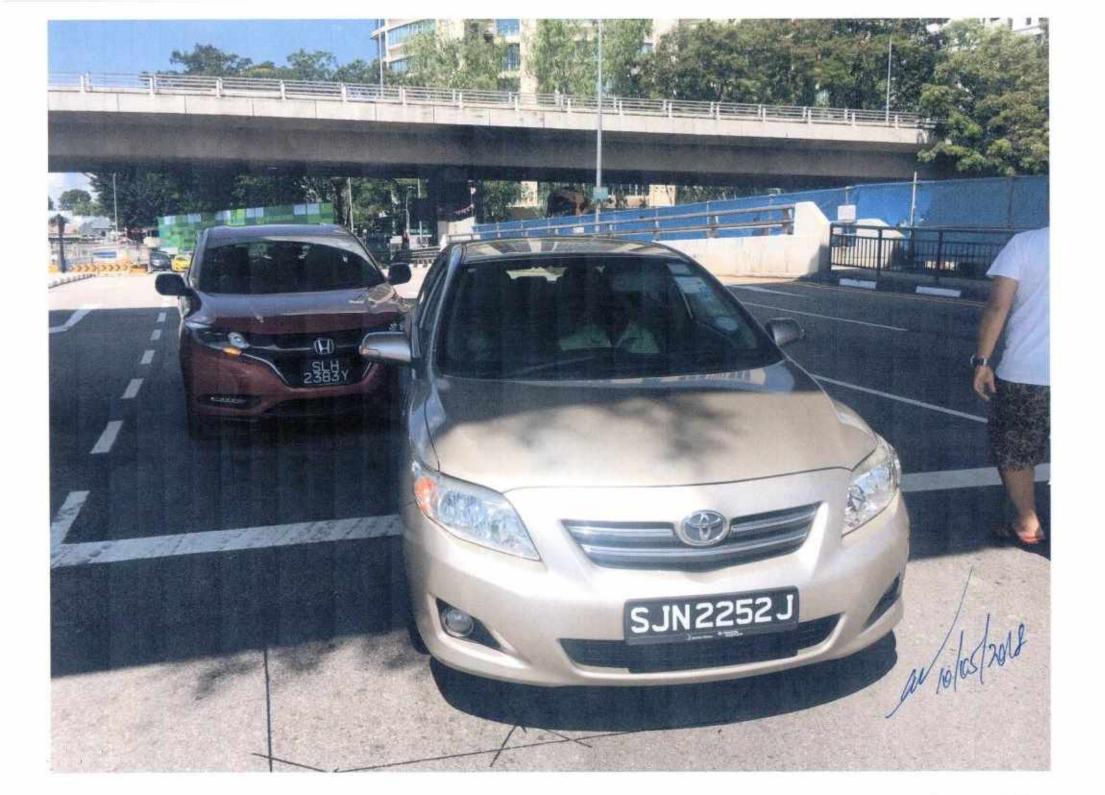
I was following the car in front of me to complete the right turn into Dunearn Road when the driver suddenly stopped. I then stopped moving to avoid hitting him. The next thing I knew was that the car SLH2383Y came behind and hit the rear end of my car.

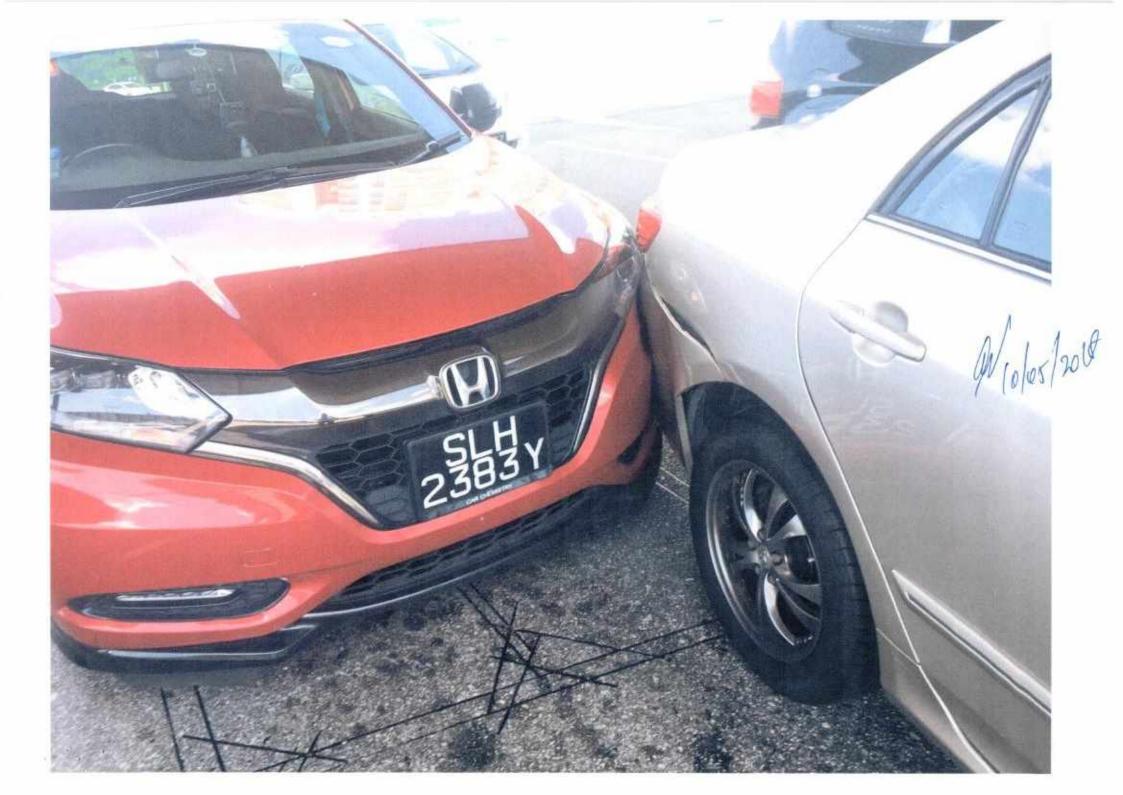
The driver asked for my IC and address which I refused to give. I requested that he reports to his insurer and I would do the same. He did not seem to like the proposal and said that "I bully him". I told him that he should not worry because the insurers should know what to do.

After a while a police officer came and I gave the officer my IC as requested and told him I would be happy to allow the respective insurers to decide and deal with the case.

pr 10/05/2018

Lee Wee Kid





ACCIDENT STATEMENT

	ACCI	DENT DAYEL OG OS JOCK KODIMMIN	YYY), TIME:(// : 3 /)(HH:MM))
1905	LOCA	TION: TURNING RIGHT ON INTER	RSKUDION OF SHVEALS RD/OU
fi	LOCA	HON. CHILLIA	
	1.	DETAILS OF VEHICLE	- v
		OVEHICLE NUMBER: SJN 22527	
		blinsurance Company: M516	
		OPOLICY NUMBER: A 22247437	QMY
		dIPOLICY TYPE: (COMPREHENSIVE / THIRD I	PARTY / THIRD PARTY FIRE &THEFT)
		eIMAKE & MODEL: (090/9 DEK	ALLA MUNS.
		FITYPE: (SALOON / COUPE / MPV /VAN / LO	DRRY / MOTORCYCLE / OTHERS)
		g) VEHICLE CATEGORY: (PRIVATE / COMME	RCIAL / MOTORCYCLE)
		h) PURPOSE OF USING AT ACCIDENT TIME:_	CONTROL OF THE PROPERTY OF A STATE OF THE PROPERTY OF THE PROP
		I) ARE YOU CLAIMING UNDER YOUR OWN IT	
		IF NO, PLEASE STATE (THIRD PARTY CLAIM	/ REPORTING ONLY)
345	2.	INSURED / POLICY HOLDER	
		AINAME INA LUKK KIBT	(MALE / FEMALE) 72 F
ale.a			CONTACT:965335
matter		c) ADDRESS:	
			(HOLDED
W. Santa	528 528	 CONTINUE TO 3.d IF DRIVER ALSO POLICY 	HOLDER
- No of pass	iau eliza	DRIVER	(MALE / FEMALE)
Including e	(vivar)	o)NAME:	CONTACT:
(2)		cJADDRESS:	
**		C)ADDRESS.	
		*d) DATE OF BIRTH: (/)(0	DD/MM/YYYYI
	2	e)OCCUPATION: (INDOOR / OUTDOOR)	
		HOUTE DEDRIVING DARE	,
	4.	THE TALE AND END OVER OF THE TALE	URED'S COMPANY? (YES / NO)
		IF NO, RELATIONSHIP OF THE DRIVER V	WITH INSURED:
	5.	a) WEATHER CONDITION: (CLEAR / RAINING	3 / OTHERS
		b)ROAD SURFACE: IDRY / WET / OTHERS	
		WAS ANYBODY INJURED (YES / NO)	
	7.	a)REPORTED TO POLICE (YES / NO)	
		IF YES, PLEASE STATE WHICH POLICE STATE	ION:
	8.	THIRD PARTY VEHICLE	MODEL: HOMOD VEZAL
AL AL PASAGE	0-331	a) VEHICLE NUMBER: SLH 2383	MODEL: NACO 1.E
hedroling a	ce es)	b) DRIVER'S NAME:	CONTACT:
1 1		c) NRIC/FIN/PASSPORT:	
*****		THIRD PARTY VEHICLE	MODEL:
grandle par	72.447.5	d) VEHICLE NUMBER:	NODEC.
THE STATE	determ	e) DRIVER'S NAME:	CONTACT
2		, I) NKIC/FIN/PASSFORE	
4			

cmail = malin; week int @gmail.com

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1607051C



Name



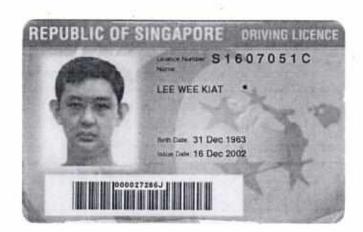
LEE WEE KIAT

CHINESE Date of their

31-12-1963 Charty of Britis SINGAPORE

M





1816732



₩C = \$1607051C



Marco Company Charles of season

A+ 23-03-1994

34 NAMLY CRESCENT SINGAPORE 267548

NRIC No: \$15070510

Date: 24-05-2000 (R) No: \$806798

3-2000 (N) Not \$806798

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

PASS DATE

Class 2 Motor Cars and Motor Tractors the weight of which unladers does not exceed 2500 kilograms

19 Jan 1987

NP 428A

Licence No. 51607061C



MSIG Insurance (Singapore) Pte. Ltd. 4 Shenton Way, # 21-01, SDX Centre 2, Singapore 068807 Tel +65 6827 7888, Fax +65 6827 7800 Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

MOTOR MAX PLUS

RENEWAL CERTIFICATE

California (Palley Jamileo)	Period v house	Se de la serie
A 27247437 QMY	17,7-7,2323 10 00/0/	2/2019 SINGAPORE
Nôm Lyôn	estro rejente al linguale.	Programme Section 1981
Lee Wee Kiat 34 Namly Crescent		11/01/2018
Singapore 267549	Average (supplied to a	
		122022D
Panien .	Control of the Contro	Thom En
SGD1,013.05	SGD70.91	SGD1,083.96

RISK NUMBER

MOTORMAX PLUS

OCCUPATION

Manager

SCOPE OF COVER Comprehensive

INTEREST INSURED

REGISTRATION NO. SJN2252J

MAKE/MODEL

Toyota Corolla Altis 1.6 Auto ENGINE NUMBER 3ZZZ4830071

CHASSIS NUMBER

MR0532EE106128972

YEAR OF MFG CAPACITY

2008 1598 C.C.

SEATING CAPACITY 5 (INCL. DRIVER)

WINDSCREEN

UNLIMITED

SUM INSURED

INCL. COE/PARF

YES

NO

OFF-PEAK CAR

NO CLAIM DISCOUNT 50.00% (or F/D)

GOOD DRIVER'S

DISCOUNT

SGD53.32

NCD PROTECTOR EXCESS

NOT COVERED

ANNUAL PREMIUM

SGD1,500

SGD1,013.05

MARKET VALUE

ACCESSORIES

Aircon, radio/cassette/compact disc player, in-vehicle unit, rust-proofing and other accessories that are factory fitted.

AUTHORISED DRIVERS

Lee Wee Kiat

Any other person provided he is driving on the Insured's order or with the Insured's permission.

LIMITATION AS TO USE