NATIONAL Assessment	Centre Services	[sef : Jan Se]	MUA41807308	7	
Date In 05/06/2018 17	Off. Job description	1	Date &Time Completed	Done	by
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OD / TP. Peporting Only	i-Photo Uple		1 - 1 - 1		4.00
	Assessment/S				
TP Insurer		by Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / C			Tel: Fax	C	
TP Particulars: Veh No	SOLL ONL - 1	INC ()/Non-INC()		
Owner / Driver: (DETA COLO		Tel		
Policy No: () Period: ()	Cover Type: (-
Confirmed by : (Date:	Time:		
Insured/Driver Liability: (%) [Note-Est Status (9%; P: 21-79%. F: 80-10	0%]	
Year of Registration: () Warranty: YES ()/NO()	SS-M.	4 85
	g:\$1,000()/\$2,000		5/		
General Remarks;-	Pulse - Constantino	WHAT THE WAY	TOYANG CL.		
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Drive-In ()/ Towed-In ();	We do responsible to the We	NO();T	- C- /		v
7, 20, 100, 11, 17,	invoice. TES()/	NO(),1	owing Co. (
Remarks:- (INC hotline: 6788 6	6616)		Date&Time Completed	Done	by
1) Apply for Transport Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection	1 ()			
3) Upload Resurvey Photo [Repair C	ost > \$3000] ()		- BAZESH	
Injury:				- 14	
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Date/Time Actions					-1.0
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NAT803572	1/422	Invoice Pres	paration Checklist	Ant (\$)	Amt (
laimant's Particulars :-		1) AR : Accident		Lat Bill	Add B
		2) DA : Damage	Assessment (\$100); INC (\$80)	tarial	
river/Owner:		3) TF : Towing F 4) FT : Follow-T		20	armines i
ontact No:		5) FT : Follow-T	CONTRACTOR	30	
amaged Portion:		6) TR : Re-inspec		75	
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C Checked by (Engr-In-Charge):		OD*			
(Engr-in-Charge):		*N5: Courtesy *N6: Repair C		\$5	
auditors' Comments :-	APPLEMENT SAME	*No: Repair C		25	
at 1:	三分3000000000000000000000000000000000000			\$5	
		9) N12: Idao Mol	And the state of t	30	
nt 2/3;		Invoice dated	Fee Charged		Min
		Invoice dated	Fee Charged	· 415	

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.
- 5. 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.	name available
MARKASER TO STATE OF	ACCIDENT STATEMENT
Date Of Report	05/06/2018 17:04
Date Of Accident	04/06/2018 18:20
Exact Location Of Accident	HOUGANG AVENUE 3 B/F RIGHT TURN TO TAMPINES ROAD
Country/State of Loss	SINGAPORE
DESCRIPTION OF THE PROPERTY OF	DETAILS OF OWN VEHICLE
Vehicle Registration Number	EK90Y
Insured/Policyholder	
Name Of Registered Owner	TAN BROTHERS INSURANCE AGENCIES PTE LTD
Co Reg No	197500491N
Email Address	EDWIN.TAN@TPSGROUP.COM.SG
Mobile Phone No	(LOCAL) +65-93388201
Alternative Phone No	OFFICE-62201822
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER
Exact Purpose for which vehicle was being used at time of accident	RETURNING HOME FROM WORK
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 28808588 MCY
Cover Note Number	
Driver	
Name of Driver	EDWIN TAN YEW HOCK (EDWIN CHEN YOUFU)
NRIC No	S8201531J
Date Of Birth	01/01/1982
Occupation	INDOOR
Date Of Driving Pass	25/04/2003
Driving Experience	15 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93388201
Fax Number	

OFFICE-62201822

EDWIN.TAN@TPSGROUP.COM.SG

Address

BLK 338 HOUGANG AVENUE 7

#01-405

Postcode

530338

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

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)

Details of Police Action

Was the accident reported to the police?

NO

1

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

SDN8010Y

Vehicle Make/Model/Colour

AUDI A7

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

GAN GEOK TOH (WINNIE)

NRIC/Passport Number

S2560605A

Contact Number

97958010

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 1. 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.
- 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.

Policyholder's Signature

Date & Time:

Driver's Signature

(it driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.3

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 Signature
Name:
Name:
Noic/Filin No.: Wald Watter

	ACCIDENT DATE: 106, 2018 (DD/MM/YYYY), TIME: 18: 20 (HH:MM)
	LOCATION: HOUGHIG AVES BEFORE RIGTH TURN TO OND
	TAMPINES RIAD
	I. DETAILS OF VEHICLE
	a) VEHICLE NUMBER: EK904
	b)INSURANCE COMPANY: MAI G
	C)POLICY NUMBER: 388 0 8583 MCY
	d)POLICY TYPE: TCOMPREHENSIVEY THIRD PARTY / THIRD PARTY FIRE & THEFT)
	OMAKE & MODEL: MITSINGSHI LANCEK
	f)TYPE: (8ALOON) COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE) COMMERCIAL / MOTORCYCLE)
	HIPURPOSE OF USING AT ACCIDENT TIME: RETURNING HONE FROM NOR
	I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NOT)
	IF NO, PLEASE STATE (THIRD PARTY CLAIM (REPORTING ONLY)
(1)	2. INSURED / POLICY HOLDER
E 11 5	ANAME: HAN BROTHERS INGUARREL ARENCIES PIE LID (MALE/FEMALE)
NUMBER OF	b) NRIC/FIN/PASSPORT: 19750049TN CONTAGT: 6229 1822
PACSANGER	CIADDRESS: 10 ANSON ROAD #11-15/16 3 (079803)
INCLUDING DELVIAL	
	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
W.E.	3. DRIVER
2	GINAME: FOWIN 7AN YEW HOCK MALEGEMALE
	DINRIC/FIN/PASSPORT: PAZO 15817 CONJACT: 78388201
	CIADDRESS: 388 HOUGANG AVE-7, #61-405 ,3(530353)
	AND ARE DESIGNATION OF THE PARTY.
	*d)DATE OF BIRTH: (1) 61 / 1/82 (DD/MM/YYYY)
	FIDATE OF DRIVING PAGE : 25/64/2013
	4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
	5. g) WEATHER CONDITION: WELEAR / RAINING / OTHERS
	b)ROAD SURFACE: JORY / WET / OTHERS
	6. WAS ANYBODY INJURED (YES / G)
	7. a) REPORTED TO POLICE (YES / NO)
	IF YES, PLEASE STATE WHICH POLICE STATION:
()	8. THIRD PARTY VEHICLE SON SCIOY a) VEHICLE NUMBER: SON SCIOY MODEL: And A7
NUMBER OF	b) DRIVER'S NAME: GAN GEOK TOH (WINNIE)
	c) NRIC/FIN/PASSPORT: 32560 605A CONTACT: 7795 8010
PASSANGRER	9. THIRD PARTY VEHICLE
INCTROINED DEMAIL	d) VEHICLE NUMBER: MODEL:
()	e) DRIVER'S NAME:
manufick of	f) NRIC/FIN/PASSPORT: CONTACT:
POSSANGAR	
INCLUDING DRIVER	

ACCIDENT STATEMENT

1) EMAIL: EDNIN. TAN OTPS & ROUP. com. 3G

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8201531J



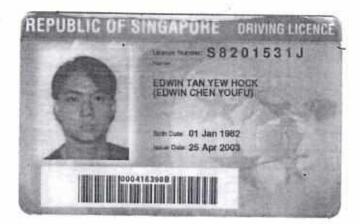
EDWIN TAN YEW HOCK (EDWIN CHEN YOUFU)

陈有福

CHINESE

Date of birth Sex 01-01-1982 M

Guerry of birth





5048613

NRC No S8201531J

13-06-2012

APT BLK 338 HOUGANG AVENUE 7 #01-405 9INGAPORE 530338

TO LARE LICENSED TO DRIVE VEHICLES PARTY FOLLOWING CLASS Motor Cars and Motor Tractors the weight of which unloden does not exceed 2000 kilograms



MSIG Insurance (Singapore) Pto. Ltd. 4 Sherton Way, # 21-01, SGX Contre 2, Singapore 068807 Tel +65 6827 7888, Fax +65 6827 7800 Co. Reg. No. 2004122126 GST Reg. No. 20-04122126



Tan Brothers Insurance Agencies Pte Ltd

10 Anson Road #11-16 International Plaza, Singapore 079903. Tel: 62201822 Fax: 62246806 CO. REG. NO. 197500491N

Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1958 (FEDERATION OF MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 188 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.4 Company Ownership MOTORMAX PLUS-COMMERCIAL Comprehensive

Cortificate No. A 28808588 MCY

Ехсева: 200400

Windscreen Excess: SGD100

1. Index Mark and Registration Number of Vehicle

Name of Policyholder

Tan Brothers Insurance Agencies Pte Ltd

- 3. Effective Date of the Commencement of Insurance for the purposes of the Act 24/05/2017
- 4. Date of Expiry of Insurance

23/08/2018

5. Persons or Classes of Persons entitled to drive*

Tan Yew Hock Edwin

Tan Tok Juny

Any other person provided he is in the Policyholder's employ and 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 Votricle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any encetment 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 199) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

PLEASE NOTE ALL CHAIMS RELATED REPAIR CAN BE CARRIED OUT AT ANY WORKSHOP OF YOUR CHOICE ON AT ANY MSIG AUTHORISED WORKSHOP LISTED IN THE ATTACHED.

This Certificate is not transferable to a new owner of the vehicle. If for any leason 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 fost 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-Purty 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) Pie. Ltd.

BROTHERS INSURINCE THEREES FIE LTD.

observance was

Yor Erraf Executive Officer