NATIONAL Assessment Cont		
Date In 28/06/2018 17:19		Done by
Reino NBA/MIGIRO 11940/	SAS e-filing	
Veh No 8/60 254/D	E-mail (within 8hrs, A1C 2hrs)	
DOA 21/06/2018 16:00		
	i-Motor W/O (Within OD 2hrs, TP 4hrs)	
OD (1P) Reporting Only	i-Photo Uploaded	25.011.00.0
Th.	Assessment/Survey Report	
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax:	
TP Particulars: Veh No: Th	D 8375X INC()/Non-INC()	
Owner / Driver: (Tel:	Y
Policy No. () P	eriod () Cover Type: (1
Confirmed by : (Date: Time:	<u> </u>
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: \$0-100%]	
Year of Registration: ()	Warranty: YES ()/NO()	
Excess: (\$) Loading: \$1,		
General Remarks:-		
	Courtesy Car ()	Done by
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: ———————————————————————————————————	()	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions	Inveice Preparation Checklist And list	(S) Amt (S
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions	Invoice Preparation Checklist	(S) Amt (S
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Laimant's Particulars:-	Invoice Preparation Checklist 1) AR Accident Reporting (\$30), 2) DA Damage Assessment (\$100), INC (\$30) 3) TF : Towing Fee \$40/\$45	(S) Amt (S
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury : Date/Time Actions Laimant's Particulars :- river/Owner:	Invoice Preparation Checklist 1) AR Accident Reporting (\$30); 2) DA Darrage Assessment (\$100), INC (\$30) 3) TF: Towing Fee \$40/\$45 4) FT: Follow-Through Survey \$120 5) FT: Follow-Through Survey (Resurvey) \$30	(S) Amt (S
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury : Date/Time Actions Lumant's Particulars :- river/Owner:	Invoice Preparation Checklist 1) AR Accident Reporting (\$30); 2) DA Damage Assessment (\$100); INC (\$80) 3) TF : Towing Fee \$40/\$45 4) FT : Follow-Tarough Survey \$120	(S) Amt (3
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Laimant's Particulars:- river/Owner: ontact No: amaged Portion:	Invoice Preparation Checklist Invoice Preparation Checklist 1st 1) AR: Accident Reporting (\$30); 2) DA: Darmage Assessment (\$100); INC (\$80) 3) TF: Towing Fee \$40/\$45 4) FT: Follow-Through Survey \$120 5) FT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection \$75	(S) Amt (S
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Particulars:- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	Invoice Preparation Checklist 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100), INC (\$80) 3) TF: Towing Fee \$40/\$45 4) FT: Follow-Through Survey \$120 5) FT: Follow-Through Survey (Resurvey) \$30 Fot claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection \$75 7) N1: Idae DA + SMRT Survey \$160 8) NTUC Additional Services: OD: *N5: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination \$10	(S) Amt (S
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Claimant's Particulars: river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge): uditors' Comments:-	Invoice Preparation Checklist Invoice Preparation Checklist	(S) Amt (S
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:	Invoice Preparation Checklist 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$80) 3) TF: Towing Fee \$40/\$45 4) FT: Follow-Through Survey \$120 5) FT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection \$75 7) N1: Idae DA + SMRT Survey \$160 8) NTUC Additional Services: OD: *N5: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination \$10 *N7: Post Repair Inspection \$25	(S) Amt (S

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 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

	ACCIDENT STATEMENT
Date Of Report	28/06/2018 17:19
Date Of Accident	27/06/2018 16:00
Exact Location Of Accident	SLIP RD JLN BUKIT MERAH TO CTE/SLE LAMPOST (93S3A)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLW2541D
Insured/Policyholder	
Name Of Registered Owner	LEE LIAN PENG
NRIC No	S1768694A
Email Address	CHOOKANGSIANG@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-82185555
Alternative Phone No	OTHERS-81185960
Vehicle Particulars	
Manufacturer	BMW
Model	650I-4.4 ABS D/AB 2WD DSC HID HUD INT/S (A)
xact Purpose for which vehicle was being used at ime of accident	FETCHING BOSS SON
are you claiming under your own insurance policy or repair to your vehicle?	NO
No, Please state action to be taken	THIRD PARTY
ehicle Category	PRIVATE CAR
nsurance Company	
lame of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
ype Of Coverage	COMPREHENSIVE
leet Policy	NO
olicy Number	B 27154205 SMP
Cover Note Number	
Driver	
lame of Driver	CHOO KANG SIANG
IRIC No	S0019130B
ate Of Birth	28/06/1953
Occupation	OUTDOOR
ate Of Driving Pass	11/05/1977
riving Experience	41 YEARS AND 1 MONTH
com (1998) "" 1	MALE
labilla kitantina	(LOCAL) +65-81185960
ax Number	
ontact Number	OTHERS-82185555
Mail Address	CHOOKANGSIANG@YAHOO.COM.SG

Address

BLK 65 COMMONWEALTH DRIVE

#05-303

Postcode

140065

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

- 5

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?

Number of vehicles involved in the accident

NO

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by ambulance?

YES

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)

Q.

Details of Police Action

Was the accident reported to the police?

YES

If Yes,Please state which Police Station Police Station Name

RIVER VALLEY NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 4 DELTA AVENUE , POSTCODE: 161004 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-2789999 - FAX NO: 62786427

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20180628/2084

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

FBD8375X

Vehicle Make/Model/Colour

YAMAHA

Details Of Properties Vehicle Category

MOTORCYCLE

Name of Driver

LIM CHEE MIN

NRIC/Passport Number

S7048535D

Contact Number

93985868

Address

Postcode

Insurance Company Name

Nature Of Damage

93982868

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

LIM CHEE MIN

SLIGHT INJURY

FBD8375X

YES

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 ladgment 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/iaw 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.

40019,30B

Oslaw Chuz Knng Signe Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signarure Name: WHAT WAT TO

NRIC/FIN N

Policyholder's Signature Date & Time:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On Exportant ground 400pm I there kany Sing (50041308) driving SLW25410 From Kinn Tian to Nagyan	7,2
via Jin Br March and CTE/SLE. On turning left from the Tran Pd to Jin Br. March I saw a long queue of	7
to the late side of the country of the late of the lat	JENY.
en the left ride of the road to citisis. To I used the the right lane of the slip and . Due to the confin	N W
trathice from the appreciate side of Jin At. Merch (towards Delta Rd) turning into the stip road towards	CT
I have to stow down and step at the given way line (lamp post 1353A) while waiting for the t	rafe
to clear, I heard a barg on my vehicle's left rear gide. I turn my houd and one motorine	10
FBD 8375 X losing control to balance up Finally the motorcyle collapsed I went of my	Whi
and saw two persons from other vehicles was helping the FBD 8375 x rider.	
I call 497 to request for ambulance services because the ride was in pain.	
55 Haid: 1 Daman from Traffic Police arrived around ib30 has and becollected my andone	3
dash camera 50 card Report A 20186627 0678	
The ambutance convey the rider to hospital	
Trathic condition at the time was mederate, road was dry, weather clear.	
POLICE REPORT TOUROGOSTOSY	1
-20 N 20 20 20 N 20 1	

DECLARATION

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

SUR 1913013 Chot Kang Giana

Driver's Signature

Beporting Centre Personnel's Signature NRIC/FIN Ng.

Policyholder's Signature Date & Time:

(if driver is not the policyholder) Date & Time:





Police Station Of Origin: River Valley NPP

4 Delta Avenue #01-02 SINGAPORE 161004

Tel No: 1800-2789999

1 of 3

Report No. T/20180628/2084

REPORT OF A TRAFFIC ACCIDENT

28/06/2018 13:41		Vide Report No.:	Station Diary No.: 19			
Informa	nt's Partic	ulars				
	Informant: ANG SIAN		Address: APT BLK 65 COMMONWEALTH DRIVE #05-303 SINGAPORE 140065			
ID Type / ID No.: NRIC NO / S0019130B			Contact No.: Home/Office:	Mobile: 81185960		
Nationali SINGAP	ty: ORE CITIZ	EN	Email:			
Sex: Age: Date of Birth: Male 65 28/06/1953			Type of Informant: Driver			
Race: Chinese		Language: English	Institution / School Name:			
Occupation: PERSONAL DRIVER		Driving Licence Information: Class: Date of Expiry:				

Type of Accident:	Injury Conveyed By Ambulance		Drink Drive: No	Date/Time of Accident: 27/06/2018 16:00		Type of Location Flyover
Location: Along Road 1 JALAN BUKIT CENTRAL EX Turning to the	PRESSWAY	12		Marchael Marchael	N.	10 20 2
Weather: Clear	11 15	Road Dry	Surface:		Roa	ad Speed Limit:
Traffic Flow: One Way	_ = =		c Control: ontrolled	4	100000000000000000000000000000000000000	ffic Volume: derate
Type of Collis Between Mov	ion: ing Vehicles - Head To	Rear		(2)		one conveyed by bulance:

Details of V	ehicle Involve	d				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBD8375X	Motorcycle	YAMAHA	SPARK 135 A	Red	Slightly Damaged	0
SLW2541D	Car	BMW	650I AT ABS D/AB 2WD DSC HID HUD	Brown	Slightly Damaged	0





Police Station Of Origin:
River Valley NPP

4 Delta Avenue #01-02 SINGAPORE 161004

Tel No: 1800-2789999

CONTINUATION OF REPORT

2 of 3

Report No. T/20180628/2084

Details of Perso	n Involved	LOCAL BOOK	Short-S		
Any Pedestrian I	nvolved: No	7	-		
No. of Pedestriar	ns Injured: NIL	Use of Peo	lestriar	Cross	ing: NA
Rider		000 011 00	Cotrial	·	sirig. IVA
Name	LIM CHEE MIN	4	ID No		S7048535D
Related Vehicle	FBD8375X (Motorcycle)		Contact No.		93985868
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL.	Date Disch		NIL	
No. of Days gran	ted Medical Leave NIL	Degree of			
Driver	METALLIC TO LEGISLATION DE LA COMPANION DE LA	Toda co	mjury	TAIL	Name of Street or other Designation
Name	CHOO KANG SIANG		ID No		S0019130B
Related Vehicle	SLW2541D (Car)		Contact No.		81185960
Hospital/Clinic	NIL .	× 2 9		of g ce & Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL .	Date Disch		NIL	
No. of Days grant	ed Medical Leave NIL	Degree of		NIL	

Brief Details.

On 27/06/18 at about 1600hrs I was driving my Brown BMW Vehicle(SLW2541D) along Jalan Bukit Merah turning to the slip road to CTE/SLE(Jalan bukit merah Flyover). At the slip road I brake and stop at the slow down line. To see if there is any in-coming traffic from the right side. I then heard a bang on my rear left side of my bumper and came down to check I saw a Yamaha motorcycle(FBD8375X) hit my vehicle. I then called 999 for an ambulance as he was in pain. The police also came down to the scene. The ambulance came and conveyed the motorcyclist to the hospital. I was then given a report number. (A/20180627/0078). The IO-In charge of this case is IO Mariah Ctt:65476433

My car suffer scratches to the left rear bumper. I have a in-car camera in my vehicle.





3 of 3

Report No. T/20180628/2084

Police Station Of Origin: River Valley NPP

4 Delta Avenue #01-02 SINGAPORE 161004

Tel No: 1800-2789999

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 E / Sgt 2 TEE PENG SHENG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 28/06/2018 13:41
Officer In Charge Of Case: TP / GIT / Sgt 3 MARIAH BINTE ZAKARIA Contact No.: 65476433	Classification Of Case:
Authentication Stamp NP168 SIGN	ATURE

10 mariah 6 b47 6 43 codge Po peudent



	SSHMDLL 03	man T	09197			
of	TP	(Reciplent's	s Name, Contact N	lo. / NRIC or F	assport No. / Ra	ank and No.)
			(Address / Police	Station / NPC	/NPP)	
hereb	y acknowledge rece	ipt of the belo	w mentioned it	tems of:		
1 _(one black	16 GB	micyo si	Doard	csan dis	(L)
2						6:
3						
4						/
5						
6						
7						
В						
9 _						
10 -						
from	Choo kan	a clia	na chi	11/12/2	V2	
		J (Nam	BIC OF Pacen	0/9/30 ort No. / Rank	Control VA	
of _ P	165 com	WOOD WIAG	TH DL.	# 05.	203	C 1400
on \$	27/6/18	(4	Address / Police Si	tation / NPC /	VPP)	
011	(Date)		at	(Time)		
		er bu		(V) (S)		
Witness	ed by / * Handed ou	OI DV.		-	eceived by:	
Witness (* Delete i	ed by / * Handed ov fapplicable)	(TOUTES)		/	N	. 1
Witness (* Delete i	ed by / * Handed ov fapplicable)	(T) (T) (T))	4

10 Sin Ming Drive Singapore 575701

Tel: 1800-CALL LTA [1800-2255 582] Fax: [65] 6553 5329

Our ref 0502180203N056034379

05 Feb 2018

LEE LIAN PENG 28 KIM TIAN ROAD #36-06 SINGAPORE 169278

(00000)

նցՈրկին-իվնփ-իլԱլՈ

Dear MS LEE LIAN PENG

NOTIFICATION ON SUCCESSFUL RETENTION OF REGISTERED VEHICLE REGISTRATION NO. SGJ5555Y

You may be pleased to know that your application of 05 Feb 2018 to retain vehicle registration number SGJ5555Y is approved

2. The details of the application are as follows:

Business Transaction Ref. No.

: 20180205080309334425

Vehicle Registration Number Retained

: SGJ5555Y

Retention Fee Paid

: \$100.00

Vehicle Make

B.M.W.

Vehicle Model

6501 AT ABS D/AB 2WD DSC HID HUD WBALZ32030C579093

Chassis No. Engine No. L Motor No.

: 20074955N63B44A/-

New/Replacement Registration Number

: SLW2541DD

Assigned to Above Vehicle

3. Please note that:

- As the application is approved, it cannot be cancelled. The retained vehicle registration number is non-transferable and the retention fee is non-refundable.
- b. The retained vehicle registration number has to be used within 14 days (i.e. by 18 Feb 2018). Otherwise, an additional \$1,200 will be payable and the validity of use will be extended to 12 months from the date of retention (i.e. 04 Feb 2019). If you cannot use the retained number by 04 Feb 2019, you may apply to extend the validity period for a further 6 months, subject to payment of an extension fee of \$1,000.00 and a service charge of \$30.00 (before GST).
- There is no refund of the retention fee and any extension fee paid if the retained C. vehicle registration number is not used within its validity period.
- As the registered owner of the retained vehicle registration number, you may: d.



- Use the retained number to register a new vehicle under your name. However, you must inform your dealer of your intention to use the retained number on the new vehicle to be registered. Should the new vehicle be registered without using the retained number, the LTA will randomly assign a number to the new vehicle at no cost. The retention fee of \$1,300 will apply if you subsequently wish to use the retained number to replace the system-assigned number, i.e. an additional \$1,200 will be payable; or
- ii. Use the retained number to replace the registration number of an existing vehicle of which you are the registered owner. The fee payable in this case will be \$1,300. As you have paid a retention fee of \$100, you will need to pay an additional \$1,200. Please submit the payment and a completed Form R06 (Application to Replace a Vehicle Registration Number) which can be downloaded from http://www.onemotoring.com.sg.
- 4. Please change the number plates on your existing vehicle (ie. Chassis No.: WBALZ32030C579093, Engine No./ Motor No.: 20074955N63B44A / -) to display the new/ replacement registration number, SLW2541D by 08 Feb 2018. It is an offence to keep or use a vehicle without displaying the correct vehicle registration number assigned. The penalty for first offence is a fine not more than \$1,000 or imprisonment of not more than 3 months. For second or subsequent offence, the fine is not more than \$2,000 or imprisonment of not more than 6 months.
 - Please visit http://www.onemotoring.com.sg or contact our customer service officers on tel: 1800-CALL LTA (1800-2255 582) if you have any questions.

Yours sincerely

NG LAY CHOO (MS)
DEPUTY DIRECTOR, VRL SERVICE OPERATIONS
VEHICLE SERVICES GROUP
LAND TRANSPORT AUTHORITY

(This is a computer-generated notice that requires no signature.)

From 15 February 2017, you do not need to display road tax disc on the windscreen of your vehicle. LTA has stopped issuing physical road tax discs as part of our efforts to streamline our processes. Please ensure that your original motor insurance certificate is readily available in your vehicle at all times. If you are driving into Malaysia, you are advised to carry printed proof of the validity of your road tax in your vehicle.

ACCIDENT STATEMENT

	CCIDENT DATE: 27 , 06 , 2018			
	OCATION: Slip road Sh	n Bt Wereh to 1	CTESLE 14MP PUS	rno. 93531
7.	300,000			
41	1. DETAILS OF VEHICLE	2115	(¥)	
	a) VEHICLE NUMBER: SLW	25411)		
	-b)INSURANCE COMPANY:	· WS U		
	-CIPOLICY NUMBER: B 2715	4205 SMP		
	d)POLICY TYPE: (COMPREHE	NSIVE / THIRD PAR	TY / THIRD PARTY FIR	E & I HEFT)
	e)MAKE & MODEL: BMW	6901 AT AVIS	DIAB 200 JUSC FIL	OTHERS
	- HTYPE: (SALOON / COUPE)	MPV /V AN / LORR	AL AMOTORCYCLE	OTTIERS/
	g) VEHICLE CATEGORY: (PRIV	CIDENT TIME: FOR	ch 6055 50 h	
	I) ARE YOU CLAIMING UNDER	VOLID OWN INSUIT	PANCE IVERINO	
	IF NO, PLEASE STATE (THIRD	DADTY CLAIM / PE	POPTING ONLY	10
	2. INSURED / POLICY HOLDER	PARTI CLAIM / KC	I OKING OUTEN	
	Alname: Lee Lian Pen	q.	(MALÉ / F	EMALE)
	b) NRIC/FIN/PASSPORT:	15176 8694A	CONTACT: 8219	8 5555
	CLADDRESS: BILL 28 KIM T	ian Id \$36.06	TWIN REACTICY	
82 9				
72	. CONTINUE TO 3.d IF DRIVER	R ALSO POLICY HO	DLDER	
tho of bassan	DRIVER	the state of the s		/
Clincharding du	TINAME:	iana	(MALE / F	EMALE)
(01)	DINKIC/FIN/FA331 OKT.	500 19130 15	CONTACT:811	157
(01)	CLADDRESS: BILL 65 Commo	in wealth Drive	H02-303 .(1400	7057
	*d)DATE OF BIRTH: (/_	/ \(\(\DD\)\)	MM/YYYYI	
	- NOCCUPATION: INDOOR /	QUIDQOP!		
	DATE OF DRIVING PACE	11 03 1	977	12.
	4. WAS DRIVER AN EMPLOYE	E OF THE INSUR	ED 2 COMPANITION	ES / NO)
	IF NO, RELATIONSHIP OF	THE DRIVER WIT	H INSURED: P	1
	5. a) WEATHER CONDITION: (CL		OTHERS	
	b)ROAD SURFACE: (DRY / W		10 P)	
	6. WAS ANYBODY INJURED (YE	11151		
	 a) REPORTED TO POLICE (YES IF YES, PLEASE STATE WHICH 	A POLICE STATION	· River Valley MP	٩
	B. THIRD PARTY VEHICLE	TOUGESTATION		
sie of nervan	er a) VEHICLE NUMBER: FBD	9375×	MODEL: Yamar	na motul
to de de	() b) DRIVER'S NAME: LIM (chee Min		
	c) NRIC/FIN/PASSPORT:	67048535D	_CONTACT: 439	185868
01	9. THIRD PARTY VEHICLE			
Live A seven	d) VEHICLE NUMBER:		MODEL:	
dies of both				
Industrial de	f) NRIC/FIN/PASSPORT:		CONTACT:	
1 7	2			
(100 m)			Hi	
	C 18	22		16
	a ,	2 0000	126 - NAMES - 1716 - 411	75
9 6	email	= theo kang giar	ng @ yahoo.com.si)
		12	N 24	
14	٠ - 0	_ /		

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S0019130B





CHOO KANG SIANG







Race CHINESE Date of birth 28-06-1953

Country/Prece of birth SINGAPORE



5955393





81185960

APT BLK 65 COMMONWEALTH DRIVE #05-303 SINGAPORE 140065

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

PASS DATE

Motor (are == 3000 kg with == 7 passengers, excharge of the street; and motor (radiotal chains == 2.00 kg

50019130B

S / No.9000280581

NF 426A





MSIG Insurance (Singapore) Pte. Ltd. 4 Shenton Way. # 21-01. SGX Centre 2. Singapore 068807 Tel *65 5827 7888, Fax *65 6827 7800 Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

Sime Darby Insurance Brokers (Singapore) Pte Ltd Tel: 6222 2244 Mon to Fri lexpluding PHI (8,35 am - 5,45 pm)

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) (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 SIME MOTOR PRIVATE Comprehensive

Certificate No. B 27154205 SMP.

Excess: 9GD3,000

Index Mark and Registration Number of Vehicle SGJ5555Y

2. Name of Policyholder

Lee Lian Peng

 Effective Date of the Commencement of Insurance for the purposes of the Act 28/06/2017

Date of Expiry of Insurance

27/06/2018 /

Persons or Classes of Persons entitled to drive*

Lee Lian Peng

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 PERFORMANCE MOTORS LTD OR AT ANY WORKSHOP OF YOUR CHOICE.

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. Fallure 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

quin? for Chief Executive Officer



MSIG Insurance (Singapore) Pte. Ltd. 1 Stenton Way, # 21-01, SGA Centre 2, Singapore (ISE207 Tot +65 6827 7888 if su +03 6827 7800 Co Aug Ma 2004122121, UST HEY NO 20-04122120

SIME MOTOR PRIVATE

ENDORSEMENT

Polloy Number	Period of Insurance	Place of Issue
B 27154205 SMP	28/06/2017 to 27/06/2018	SINGAPORE
Name and A	ddress of insured	Date of Issue
Lee Lian Peng 26 Kim Tian Road		28/02/2018
#36-06		Apopunt Number
Twin Regency Singapore 169278		212165
Premium	OST L	Total Due
SGD1,145.09 S	GD80.16	SGD1,225.25

RISK NUMBER

SIME MOTOR PRIVATE

OCCUPATION

Homemaker

FINANCIAL INTEREST

United Overseas Bank Limited as Hire Purchase Owners

SCOPE OF COVER Comprehensive

INTEREST INSURED

REGISTRATION NO. SLW2541D

MAKE/MODEL BMW 650I

ENGINE NUMBER 20074955N63B44A

CHASSIS NUMBER WBAL232030C579093

YEAR OF MFG

CAPACITY

2011

SEATING CAPACITY

4395 C.C. (INCL. DRIVER)

WINDSCREEN

UNLIMITED

SUM INSURED

MARKET VALUE

INCL. COE/PARF

YES NO

OFF-PEAK CAR

NO CLAIM DISCOUNT NIL

NCD PROTECTOR

NOT COVERED

EXCESS.

SGD3,000

ANNUAL PREMIUM

9GD5, 830.95

ACCESSORIES

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

AUTHORISED DRIVERS

Lee Lian Peng



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffies Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: 5663500200 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: MUAY (80 83658 Wehicle Drivery Vehicle Owner) (*) Please delete as appropriate Singapore(Address 211859 Contact (Tel) Email Address 27/06/2018 Date of Accident LIP ROAD JUN BY Place of Accident Insurance Company: (8) ADDITIONALINFORMATION AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: UNTUR FROM 124 CHONICK OF LICENCE PLANTY 70 FBD 8375X HILLE RUMBAR WELLAD VIDEO Reporting Cepthe Personnel's Signature Policyholder / Driver's Signature Date: