NATIONAL Assessment Centre Se	vices per suron MUA	418-105147		
111111111111111111111111111111111111111		Time Completed	Done by	
- trend for	SAS e-filing			
100011191100 -1111011	E-mail (within 8hrs, AlC 2hrs)			2
	-Motor Claim Form			
JA 10AM 12.	-Motor W/O (Within: OD 2hrs. TP 4hrs)		VIII - SINGEL AND TO	
OD J TP / Penorting Only	-Photo Uploaded :			
	Assessment/Survey Report			
TP mourer:	Ass't Report by Fax / Hand to Owner	/Wksp		***
Preferred Wksp / INC Assign Wksp / QW: (Tol:	Fax:)
		on-INC ()		
TP Particulars: Veh No: ST	Tel:)	
(1991)		Type: ()	
	Date:	Time:)	
Confirmed by : (Est. Status (WO): N: 0-20%; P:		1	
	anty: YES ()/NO ()	11.00-17.00		
125777115 DE INC - 17577115 DE INC.)/\$2,000()			
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General Remarks:-	December 2012	rafor of repairer		
() Walk-In Customer: Customer's informat		Traier or repairer.		
() Total Loss Case : to e-mail Insurer U				-
Drive-In () / Towed-In (); Invoice: YI	CS()/NO(); Towing	Co. (, ,	
Remarks: (INC horline: 6788 6616)	E. Dajes	eTime Completed	Done by	
The second secon	esy Car ()			1000
2) QC Check / Post Repair Inspection	()		r = Handiniv/re	
3) Upload Resurvey Photo [Repair Cost > \$3000	1 ()		PA Section	
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Injury:		49 F90 DOTS 11 W. 1967 T. V		
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X/A/805097-	Invoice Preparati	on Checklist	1 1 1 1 1 1 1	id Bill
70718 030-71	1) AR : Accident Reporting	est (\$30); ent (\$100); INC (\$80)		
Claimant's Particulars :-	2) DA : Damege Assessm 3) TF : Towing Foc	\$40/\$45		HI-VIII
Oriver/Owner:	4) FT : Follow-Through S	urvey \$120		e de la composición dela composición de la composición de la composición dela composición dela composición dela composición de la composición dela comp
Contact No:	5) FT : Follow-Through 5 For claiming against It	(C Only (wef 10 Jan 2003)		
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Januagou i ornon.	8) NTUC Additional Ser	Outvel		
QC Checked by (Engr-In-Charge):	OD* *N5: Courtesy Cer / T			
Co Custined of Could in Custiled.	*N6: Repair Co-ordina	ition 510		
Auditors! Comments :	•N7: Post Repair Inspe •N8: DV / Collect Exc	ection 525		
Cal. 1:	TP (N11): TP (Nvn II	NC) against INC \$20		
	9) N12: Idae Mobile	Fee Charged		100
Cat. 2 / 3:	Involce dated	Fee Charged	:11-2	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.

· · · · · · · · · · · · · · · · · · ·	ACCIDENT STATEMENT
Date Of Report	14/08/2018 17:14
Date Of Accident	13/08/2018 15:20
Exact Location Of Accident	PIE TOWARDS TUAS AFTER STEVENS ROAD EXIT
Country/State of Loss	SINGAPORE
D. C.	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGA9191J
Insured/Policyholder	
Name Of Registered Owner	YEW SHAN
NRIC No	\$7127314H
Email Address	SHANYEW@YAHOO.COM
Mobile Phone No	(LOCAL) +65-81201110
Alternative Phone No	OTHERS-81201110
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	GOLF
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D 28950309 QMY
Cover Note Number	
Driver	
Name of Driver	YEW SHAN
NRIC No	S7127314H
Date Of Birth	01/08/1971
Occupation	INDOOR
Date Of Driving Pass	11/08/2004
Driving Experience	14 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81201110
Fax Number	
Contact Number	OTHERS-81201110

SHANYEW@YAHOO.COM

Address

113 UNIVERSITY ROAD

Postcode

297909

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

2

Insurance Company of Driver's Own Vehicle

3

General Information of the Accident

Type Of Accident

CHAIN COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

3

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

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

SJL2418J

Vehicle Make/Model/Colour

TOYOTA COROLLA ALTIS

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

MARSHALL LEE JIA JUN

NRIC/Passport Number

S9043225G

Contact Number

91009563

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

4

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SGQ3033M

Vehicle Make/Model/Colour

NISSAN MURANO

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)

PRIVATE CAR

WU YONG

S8064717D

81864861

1

SKETCH PLAN

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 <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:

2:20pm

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

NRIC/FIN No.:

SKETCH PLAN PIK JOU	nocos mos	AFTER	MKVAUS	ROBO	EXIT
A) SGB9191J B) SJL248J C) SGQ 3033M		AC B A A			
DESCRIBE CIRCUMSTANCES OF			(3.) N		
I was travelli	ng along	the PIE	E. The -	traffi	LWAS
Slow and a	on rested w	hen the	car in	front	of me
(SJL 2418J) h			Front of		603033M)
I was unable					
16	hit th	e car	in front	of ne	e '.
DECLARATION I/We declare the foregoing particular	irs are true in every re	spect.	ph.	1 vela	Poss
Policyholder's Signature Date & Time: 4 8 9 2.20 pm	Driver's Signature (If driver is not the Date & Time:	policyholder)	Reporting Name: NRIC/FIN	Centre Person	nel's Signature

ACCIDENT STATEMENT

LOCATION: PLE toward Tuas after Stevens Road exition: 1. DETAILS OF VEHICLE OVERHOLD SEA 9191 J DINSURANCE COMPANY: WS1 A CIPCLICY NUMBER: D 2 8 9 5 0 3 0 9 GMY CIPCLICY TYPE: (COMPREHENSIVE / IHIRD PARTY / THÎRD PARTY FIRE & THEFT) B) MAKE & MODEL: V W G of F (I) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) G) VEHICLE CATEGORY: (PRIVATE) COMMERCIAL / MOTORCYCLE) H) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (ES) NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: FEW SH IN MALE / FEMALE) D) NRIC/FIN/PASSPORT: S 7 12 7 31 4 H CONTACT: 8 1201110 C) ADDRESS: 113 UNIVERSITY ROAD **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER GINAME: YEW SH AN (AS A BOVE) (MALE / FEMALE) D) NRIC/FIN/PASSPORT: S 7 12 7 31 4 H CONTACT: 8 1201110 **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER GINAME: YEW SH AN (AS A BOVE) (MALE / FEMALE) D) NRIC/FIN/PASSPORT: S 7 12 7 31 4 H CONTACT: 8 1201110 **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER GINAME: YEW SH AN (AS A BOVE) (MALE / FEMALE) D) NRIC/FIN/PASSPORT: S 7 12 7 31 4 H CONTACT: 8 1201110 **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINGLE / FEMALE) D) NRIC/FIN/PASSPORT: S 7 12 7 31 4 H CONTACT: 8 1201110 **CONTINUE TO 3.d IP DRIVER ALSO POLICY HOLDER DINGLE / FEMALE) D) NRIC/FIN/PASSPORT: S 7 12 7 31 4 H CONTACT: 8 1201110 **UNIVERSITY ROAD DINGLE / FEMALE) D) NRIC/FIN/PASSPORT: S 7 12 7 31 4 H CONTACT: 8 1201110 **UNIVERSITY ROAD O) ADDRESS: 113 UNIVERSITY ROAD **UNIVERSITY ROAD DRIVER ON AND ON	ACCID	DENT DATE: 13 08, 2018 (DD/MM/YYYY), TIME: 15 .20 (HH:MM)
1. DETAILS OF VEHICLE OJVEHICLE NUMBER: DETAILS OF VEHICLE OJVEHICLE NUMBER: DETAILS OF VEHICLE OJVEHICLE NUMBER: DETAILS OF VEHICLE OJVEHICLE COMPANY: MSTE OJPOLICY NUMBER: DETAILS OF VEHICLE OJPOLICY TYPE: (COMPREHENSIVE / IHIRD PARTY / IMIT PARTY FIRE &THEFT) OJPOLICY TYPE: OJPOLICY FOR AND	LOCAT	DIE toulands That after Stellous Koad Pxi
OJVEHICLE NUMBER: D28950309 GMY CIPOLICY NUMBER: D28950309 GMY DJPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THÎRD PARTY FIRE &THEFT) B)MAKE & MODEL: VW Golf IJTYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) GJVEHICLE CATEGORY: (PRIVATE Y COMMERCIAL / MOTORCYCLE) I)PURPOSE OF USING AT ACCIDENT TIME: PERSONN IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: YEW SHAN (REPORTING ONLY) C)ADDRESS: 113 UNIVERSITY ROAD **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: S7127314H CONTACT: 81201110 C)ADDRESS: 113 UNIVERSITY ROAD **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: S7127314H CONTACT: 81201110 C)ADDRESS: 113 UNIVERSITY ROAD **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: S7127314H CONTACT: 81201110 **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: S7127314H CONTACT: 81201110 **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: S7127314H CONTACT: 81201110 **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: S7127314H CONTACT: 81201110 **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: S7127314H CONTACT: 81201110 **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: S7127314H CONTACT: 81201110 **CONTINUE TO 3.d IF DRIVER WITH INSURED: S01201100 **CONTINUE TO 3.d IF DR	LOCAI	ION:
OJVEHICLE NUMBER: D28950309 GMY CIPOLICY NUMBER: D28950309 GMY DJPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THÎRD PARTY FIRE &THEFT) B)MAKE & MODEL: VW Golf IJTYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) GJVEHICLE CATEGORY: (PRIVATE Y COMMERCIAL / MOTORCYCLE) I)PURPOSE OF USING AT ACCIDENT TIME: PERSONN IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: YEW SHAN (REPORTING ONLY) C)ADDRESS: 113 UNIVERSITY ROAD **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: S7127314H CONTACT: 81201110 C)ADDRESS: 113 UNIVERSITY ROAD **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: S7127314H CONTACT: 81201110 C)ADDRESS: 113 UNIVERSITY ROAD **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: S7127314H CONTACT: 81201110 **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: S7127314H CONTACT: 81201110 **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: S7127314H CONTACT: 81201110 **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: S7127314H CONTACT: 81201110 **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: S7127314H CONTACT: 81201110 **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: S7127314H CONTACT: 81201110 **CONTINUE TO 3.d IF DRIVER WITH INSURED: S01201100 **CONTINUE TO 3.d IF DR	9	DETAILS OF VEHICLE
D)INSURANCE COMPANY: MSI (C)POLICY NUMBER: D 28950309 CMY d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT) e)MAKE & MODEL: V W GOLF f)TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY: (PRIVATE) COMMERCIAL / MOTORCYCLE / OTHERS) i)ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (ESYNO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: YEW SHAN (AS ABOVE) C)ADDRESS: 113 UNIVERSITY ROAD **CONTINUE TO 3.0 IF DRIVER ALSO POLICY HOLDER D)NRIC/FIN/PASSPORT: S + 12 + 31 + H CONTACT: 8 1201110 **CONTINUE TO 3.0 IF DRIVER ALSO POLICY HOLDER D)NRIC/FIN/PASSPORT: S + 12 + 31 + H CONTACT: 8 1201110 **CONTINUE TO 3.0 IF DRIVER ALSO POLICY HOLDER D)NRIC/FIN/PASSPORT: S + 12 + 31 + H CONTACT: 8 1201110 **CONTINUE TO 3.0 IF DRIVER ALSO POLICY HOLDER D)NRIC/FIN/PASSPORT: S + 12 + 31 + H CONTACT: 8 1201110 **CONTINUE TO 3.0 IF DRIVER ALSO POLICY HOLDER D)NRIC/FIN/PASSPORT: S + 12 + 31 + H CONTACT: 8 1201110 **CONTINUE TO 3.0 IF DRIVER ALSO POLICY HOLDER D)NRIC/FIN/PASSPORT: S + 12 + 31 + H CONTACT: 8 1201110 **CONTINUE TO 3.0 IF DRIVER ALSO POLICY HOLDER D)NRIC/FIN/PASSPORT: S + 12 + 31 + H CONTACT: 8 1201110 **ODOTOR OF THE DRIVER ALSO POLICY HOLDER D)NRIC/FIN/PASSPORT: S + 12 + 31 + H CONTACT: 8 1201110 **ODOTOR OF THE DRIVER WITH INSURED: 10 + 10 + 10 + 10 + 10 + 10 + 10 + 10	**	
CIPOLICY NUMBER: D 28450369 CMY DIPOLICY TYPE: (COMPREHENSIVE / IHIRD PARTY / THIRD PARTY FIRE &THEFT) e) MAKE & MODEL: VW GOLF fitype: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (PRIVATE) COMMERCIAL / MOTORCYCLE / h) PURPOSE OF USING AT ACCIDENT TIME: PERSOND I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (VESYNO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: YEW SHEW (MALE) FEMALE) D) NRIC/FIN/PASSPORT: S + 12 + 31 + H CONTACT: 8 1201110 C) ADDRESS: 113 UNIVERSITY ROAD CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER (Including divivar) (Including divivar) D) NRIC/FIN/PASSPORT: S + 12 + 31 + H CONTACT: 8 1201110 C) ADDRESS: 13 UNIVERSITY ROAD **CJOATE OF BIRTH: (OL) 08 / 19 + 1) (DD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTDOOR) 1) DATE: OF DRIVING PASS 11/08 2044 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. O) WEATHER CONDITION (CLEAR / RAINING / OTHERS CLEAR) 6. WAS ANYBODY INJURED (YES (NO) 7. O) REPORTED TO POLICE (YES (NO)		DINSURANCE COMPANY: MS1 G
d)POLICY TYPE: (COMPREHENSIVE / JHRD PARTY / THIRD PARTY FIRE & THEFT) e) MAKE & MODEL: VW Golf f) TYPE: (SALOON / COUPE / MPY / VAN / LORRY / MOTORCYCLE / OTHERS) g) YEHICLE CATEGORY: (PRIVATE) COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: PERSOND IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: EW SHAN (AS ADVO) C) ADDRESS: 113 UNIVERSITY ROAD *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER C) NAME: YEW SHAN (AS ADVO) (1) MALE / FEMALE) b) NRIC/FIN/PASSPORT: S 7 12 7 31 4 H CONTACT: 8 1201110 C) ADDRESS: 113 UNIVERSITY ROAD *d) DATE OF BIRTH: (C) 1 08 / 1971 (DD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTDOOR) 1) DATE OF DRIVING PASS 11/08 2004 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES //NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. C) WESTHER CONDITION (CLEAR / RAINING / OTHERS 1 POR PASS 1 POR	*	CIPOLICY NILLABED. D 28950309 CMY
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FITTPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) g) YEHICLE CATEGORY: (PRIVATE) COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: PERSONNO! IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: YEW SHAN (AS ABOVE) C) ADDRESS: 113 UNIVERSITY ROAD *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER C) ADDRESS: 113 UNIVERSITY ROAD *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER C) ADDRESS: 113 UNIVERSITY ROAD *CONTACT: 81201110 C) ADDRESS: 13 UNIVERSITY ROAD *d) DATE OF BIRTH: (OL/ 08 / 1971) (DD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTDOOR) 1) DATE: OF DRIVING PASS 11/08 2044 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. C) WEATHER CONDITION (CLEAR / RAINING / OTHERS CLEAR 6. WAS ANYBODY INJURED (YES (NO)) 7. C) REPORTED TO POLICE (YES (NO))		ALMAKE & MODEL VW GOLT
GIVERICLE CATEGORY: (PRIVATE) COMMERCIAL MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: PERSONNE I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (TEXNO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: YEW SHAW (MALE / FEMALE) D) NRIC/FIN/PASSPORT: S 7 12 7 31 4 H CONTACT: 8 1201110 **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER C) ADDRESS: 113 UNIVERSITY ROAD **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINAME: YEW SHAW (AS A DIVE) (MALE / FEMALE) D) NRIC/FIN/PASSPORT: S 7 12 7 31 4 H CONTACT: 8 1201110 C) ADDRESS: 113 UNIVERSITY ROAD **d) DATE OF BIRTH: (01/08/1971) (DD/MM/YYYY) =) OCCUPATION: (INDOOR / OUTDOOR) 1) DATE OF DRIVING PASS 11/08 2044 WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) 15 NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. D) WEATHER CONDITION (CLEAR / RAINING / OTHERS CLEAR D) ROAD SURFACE: (DR) / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. D) REPORTED TO POLICE (YES / NO)		FITYPE:(SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE, OTHERS)
h)PURPOSE OF USING AT ACCIDENT TIME: PERSONAL I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (ESYNO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: YEW SHAN (AS ABOVE) C) ADDRESS: 113 UNIVERSITY ROAD *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER C) NAME: YEW SHAN (AS ABOVE) (Including driver) b) NRIC/FIN/PASSPORT: S 712 731 7 CONTACT: 81201110 C) ADDRESS: 113 UNIVERSITY ROAD *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER O) NAME: YEW SHAN (AS ABOVE) (MALE / FEMALE) b) NRIC/FIN/PASSPORT: S 712 731 7 CONTACT: 81201110 C) ADDRESS: 113 UNIVERSITY ROAD *C) ADDRESS: 113 UNIVERS		DIVERICLE CATEGORY: PRIVATE Y COMMERCIAL / MOTORCYCLE)
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IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: YEW SHAW MALE / FEMALE) D)NRIC/FIN/PASSPORT: S7127314 CONTACT: 81201110 C)ADDRESS: 113 UNIVERSITY ROAD *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER JOHNE: YEW SHAW (AS ABOVE) (MALE / FEMALE) DINRIC/FIN/PASSPORT: S7127317 CONTACT: 81201110 C)ADDRESS: 113 UNIVERSITY ROAD *d)DATE OF BIRTH: (OL) 8 1971 (DD/MM/YYYY) 4) DOCUPATION: (INDOOR) / OUTDOOR! 1) DATE: OF DRIVING PASS 11/08 2004 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES /NO) 15 NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. O) WEATHER CONDITION (CLEAR / RAINING / OTHERS CLEAR 6. WAS ANYBODY INJURED (YES (NO)) 7. O) REPORTED TO POLICE (YES (NO))		DARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
2. INSURED / POLICY HOLDER A) NAME: YEW SHAN D) NRIC/FIN/PASSPORT: S 7 127314 H CONTACT: 8 1201110 C) ADDRESS: 113 UNIVERSITY ROAD * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER C) NAME: YEW SHAN (AS A DOVE) (MALE / FEMALE) D) NRIC/FIN/PASSPORT: S 7 12 7 314 H CONTACT: 8 1201110 C) ADDRESS: 113 UNIVERSITY ROAD *d) DATE OF BIRTH: (01/08/1971) (DD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTDOOR) 1) OCCUPATION: (INDOOR / OUTDOOR) 1) OF DRIVING PASS 11/08/2044 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) 15 NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. d) WEATHER CONDITION (CLEAR / RAINING / OTHERS CLEAR 6. WAS ANYBODY INJURED (YES NO) 7. d) REPORTED TO POLICE (YES NO)		IF NO. PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
A)NAME: YEW SHAN (MALE FEMALE) D)NRIC/FIN/PASSPORT: S7127314H CONTACT: 81201110 C)ADDRESS: 113 UNIVERSITY ROAD *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER YEW SHAN (AS ABOVE) (MALE / FEMALE) D)NRIC/FIN/PASSPORT: S7127314H CONTACT: 81201110 C)ADDRESS: 113 UNIVERSITY ROAD *d)DATE OF BIRTH: (O1/08/1971) (DD/MM/YYYY) =)OCCUPATION: (INDOOR / OUTDOOR) 1)DATE: OF DRIVING PASS 11/08/2004 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES /NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. G)WEATHER CONDITION (CLEAR / RAINING / OTHERS CLEAR B)ROAD SURFACE: (DR) / WET / OTHERS 6. WAS ANYBODY INJURED (YES NO) 7. G)REPORTED TO POLICE (YES NO)	2	
DINRIC/FIN/PASSPORT: S7127314H CONTACT: 81201110 CIADDRESS: 113 UNIVERSITY ROAD *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER CINCLUding driver DINRIC/FIN/PASSPORT: S7127314H CONTACT: 81201110 CIADDRESS: 113 UNIVERSITY ROAD *d)DATE OF BIRTH: (01/08/1971) (DD/MM/YYYY) DOCCUPATION: (INDOOR / OUTDOOR) 1)DATE: OF DRIVING PASS 11/08/2004 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. D)WEATHER CONDITION (CLEAR / RAINING / OTHERS CLEAR B)ROAD SURFACE: (DR) / WET / OTHERS 6. WAS ANYBODY INJURED (YES NO) 7. D)REPORTED TO POLICE (YES NO)	G-1A	ANAME YEW SHAW (MALE FEMALE)
C)ADDRESS: 113 UNIVERSITY ROAD *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER ONAME: YEW SHAN (AS ABOVE) (MALE / FEMALE) DINRIC/FIN/PASSPORT: S 71273177 CONTACT: 81201110 **CIADDRESS: 113 UNIVERSITY ROAD **CONTACT: 81201110 **CONTACT: 8120110 **CONTACT: 81201110 **CONTACT: 8120110 **CONTACT: 81201110 **CONTACT: 8120110 **CONTACT: 8120110 **CON		
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Cincluding driver) Cinclu	19 (5 15	5297909
CINCLUDING driver) DINRIC/FIN/PASSPORT: STITTING CONTACT: 81201110 CIADDRESS: 113 UNIVERSITY ROAD *d)DATE OF BIRTH: (CI/O8/1971) (DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) 1)DATE: OF DRIVING PASS 11/08/2004 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES /NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. d)WEATHER CONDITION (CLEAR / RAINING / OTHERS CLEAR b)ROAD SURFACE: (DR) / WET / OTHERS 6. WAS ANYBODY INJURED (YES /NO) 7. d)REPORTED TO POLICE (YES /NO)		* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
CINCLUDING driver) DINRIC/FIN/PASSPORT: STITTING CONTACT: 81201110 CIADDRESS: 113 UNIVERSITY ROAD *d)DATE OF BIRTH: (CI/O8/1971) (DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) 1)DATE: OF DRIVING PASS 11/08/2004 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES /NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. d)WEATHER CONDITION (CLEAR / RAINING / OTHERS CLEAR b)ROAD SURFACE: (DR) / WET / OTHERS 6. WAS ANYBODY INJURED (YES /NO) 7. d)REPORTED TO POLICE (YES /NO)	AHO of passanas	DRIVER VELL CHANGE COST - MOVED
CIADDRESS: 113 UNIVERSITY ROAD *d)DATE OF BIRTH: (O 1 / 0 8 / 1971) (DD/MM/YYYY) *e)OCCUPATION: (INDOOR / OUTDOOR) 1) DATE: OF DRIVING PASS 11/08 2004 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. a) WEATHER CONDITION (CLEAR / RAINING / OTHERS Clear b) ROAD SURFACE: (DR) / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO)		d)NAME:
CJADDRESS: 13 UNIVERSITY KOAD *dJDATE OF BIRTH: (C I / 0 8 / 1971) (DD/MM/YYYY) #JOCCUPATION: (INDOOR / OUTDOOR) 1) DATE: OF DRIVING PASS 11/08 2004 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. a) WEATHER CONDITION (CLEAR / RAINING / OTHERS CLEAN ## b) ROAD SURFACE: (DR) / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO)	Lincluding driver)	DINKIC/FIN/FASSFORI, 3
ODATE OF BIRTH: () 108 1971)(DD/MM/YYYY) OOCCUPATION: (INDOOR / OUTDOOR) OTHER OF DRIVING PASS 11/08 2004 WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES /NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: O)WEATHER CONDITION (CLEAR / RAINING / OTHERS CLEAR D)ROAD SURFACE: (DR) / WET / OTHERS WAS ANYBODY INJURED (YES /NO) O)REPORTED TO POLICE (YES /NO)	$(\underline{1})$	CIADDRESS: 113 UNIVERSITY KOAD
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4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES /NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. a) WEATHER CONDITION (CLEAR / RAINING / OTHERS CLEAR / BAINING / B		
5. a) WEATHER CONDITION (CLEAR / RAINING / OTHERS_CLEAR / RAINING / OTH		TIDATE OF DRIVING PASS 11/08/2004
5. a) WEATHER CONDITION (CLEAR / RAINING / OTHERS	4,	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES 700)
6. WAS ANYBODY INJURED (YES NO) 7. a) REPORTED TO POLICE (YES (NO)	130	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED.
6. WAS ANYBODY INJURED (YES NO) 7. a) REPORTED TO POLICE (YES (NO)	5.	a) WEATHER CONDITION (CLEAR / RAINING / OTHERS
7. a) REPORTED TO POLICE (YES /NO)	U.	
IF TES, FLEASE STATE WHICH TO GOE STATION	/-	
MODEL: COOKIN ATTIS	Han all manages	MODEL: COPOLINA ATTIS
DI DRIVER'S NAME: MARSHALL LEE JIA JUN		DENVER'S NAME MARSHALL LEE JIA JUN
CIncluding driver b) DRIVER'S NAME: MAKSHALL CONTACT: 9100 9563	Clicitating alliant	CI NRIC/EIN/PASSPORT: 59043225G CONTACT: 91009563
	(1) .	
MODEL: NISSAN MUTATO	¥ 7 6	di VEHICLE NUMBER: SGQ 3033M MODEL: NISSAN MUTGHO
A DRIVER'S NAME: WV	spin of bassander	al DRIVER'S NAME: WO TOP
(Including driver) NRIC/FIN/PASSPORT: 58064 717D CONTACT: 81864861		DEL NRIC/FIN/PASSPORT: 58064 7/70 CONTACT: 81864861
	(12)	
	and the second	

email = shanyew@yahov.com VIDEO=

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7127314H





YEW SHAN

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CHINESE

01-08-1971 Country of Beth SINGAPORE





12-06-1992

0+

113 UNIVERSITY ROAD SINGAPORE 297909

NRIC No: \$7127314H

Dete: 06-06-2005

No: 8036903

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

PASS DATE

Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg.

11 Aug 2004

NP 428A

Licence No: 57127314H

MSIG

Murance (Singapore) Pte. Ltd. # 21-01, SGX Centre 2, Singapore 068807 # 8827 7588 Fax +65 6827 7800 m 200412212G GST Reg. No. 20-0412212G

MOTOR MAX PLUS

RENEWAL CERTIFICATE

MC	TOR MAX PLUS		
Policy Number	HELE BUILDING	Period of Insurance	Place of Issue
More to the state of the state	27/0	04/2018 to 01/03/2019	SINGAPORE
D 28950309 QMY 27/04/2018 to 01/03/2019 Name and Address of Insured		Date of Issue	
Yew Shan	and Address of in		14/02/2018
113 University Road			Account Number
Singapore 297909		393001	
	GST		Total Due
Premium	2 5 8 8		SGD1,601.67
SGD1,495.89	SGD1,496.89 SGD104.78		

RISK NUMBER 1

MOTORMAX PLUS

OCCUPATION

Music Teacher

SCOPE OF COVER Comprehensive

INTEREST INSURED

REGISTRATION NO. SGA9191J

MAKE/MODEL

Volkswagen -As details below

ENGINE NUMBER

CHASSIS NUMBER

CAV445955 WVWZZZ1KZDW067904

YEAR OF MFG

2012

CAPACITY

1390 C.C.

SEATING CAPACITY 5 (INCL. DRIVER)

WINDSCREEN

UNLIMITED

SUM INSURED

MARKET VALUE

INCL. COE/PARF

YES

OFF-PEAK CAR

NO

NO CLAIM DISCOUNT 10.00% (or F/D)

NCD PROTECTOR

NOT COVERED

EXCESS

SGD500

ANNUAL PREMIUM SGD1,768.17

ACCESSORIES

Aircon, radio/cassette/compact disc player, in-vehicle unit,

rust-proofing and other accessories that are factory fitted.

AUTHORISED DRIVERS

Yew Shan

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