NATIONAL Assessment Centre Servi	CCS [met) January	MMA 118113488.		
Date In 1/9/18 15:08. Jeb de:	scription	Date & Time Completed	Don	e by
The second secon	c-filing			
	il (within Shrs, AIC 2hrs)			
	tor Claim Form			
i-Mol	tor W/O (Within: OD 2hrs	TP 4brs)		
OD (IP) ' Reporting Only	to Uploaded	1		i wai wai
	ament/Survey Report			
TP insurer: Ass't l	Report by Fax / Hand t	Owner/Wksp	remains a second	
Preferred Wksp / INC Assign Wksp / QW: (Tel; Fax)
TP Particulars: Veh No: XE 1519	s. INC)/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est S	Status (WO): N: 0-20	%; P: 21-79%. P: 80-100)%]	
Year of Registration: () Warranty:	YES()/NO()		
Excess: (\$) Loading: \$1,000 ()/	A STATE OF THE STA			
General Remarks;-				
() Walk-In Customer; Customer's information str	ictly Confidential & Str	ictly NO rafer of repairer.		
() Total Loss Case : to e-mail Insurer URGEN	TLY.	90 0 01	-	
Drive-In ()/ Towed-In (); Invoice: YES () / NO(); To	owing Co: (,)
		The second secon	G Colonia de la colonia de	enger con
Remarks: (INC hodine: 6788 6616)		Date&Time Completed	Don	bby
Apply for Transport Allowance () / Courtesy C:	ır ()			
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost > \$3000]	()			
Injury:				
The state of the s	te testane de la presidente de la composición de la composición de la composición de la composición de la comp		- A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
Date/Fime Actions		Programme and the state of the	Marsh	
		*		
			4p-27010-100	**************************************
MA18055	Invoice Prep	aration Checklist	Ant (S)	Amt (\$)
Claimant's Particulars :-	1) AR : Accident		30.00	
	2) DA : Damage /	270720	5	
Driver/Owner:	3) TF : Towing Fe 4) FT : Follow-Th	The second secon		
Contact No:	5) FT : Follow-Th	rough Survey (Resurvey) \$3 ajust INC Only (wef 10 Jan 2005)	0	
Nameral Bertian	6) TR : Re-inspec		5	
Damaged Portion:	7) N1 : Idnc DA +	SMRT Survey 516	0	
Chalate Co. V. Co.	8) NTUC Addition	INI DETVICES		
C Checked by (Engr-In-Charge):	The second secon	Car/Tpt Allowance S		
Name of the second of the seco	*N6: Repair Co	and the second s		
Anditors' Comments :-	*N8: DV / Coll	et Excess Coordination 5	No. of the last of	
at. E	9) N12: Idac Mob	le 3	0	
at. 2/3,	Invoice dated	Per Chargea		MERCH
	Invalce dated	Fee Charged	Picilal Lan	

- part -

SINGAPORE ACCIDENT STATEMENT

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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the 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.

State of the State of	ACCIDENT STATEMENT
Date Of Report	01/09/2018 15:08
Date Of Accident	24/08/2018 07:20
Exact Location Of Accident	CORPORATION RD ENTRANCE PARC VISTA
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SDT999R
Insured/Policyholder	
Name Of Registered Owner	TING TECK JIN
NRIC No	S6870597E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96862848
Alternative Phone No	OFFICE-96862848
Vehicle Particulars	
Manufacturer	BMW
Model	ACTIVEHYBRID 7 L 3.0 SR LED NAV HUD
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B 27825185 SMP
Cover Note Number	

Driver

 Name of Driver
 TING TECK JIN

 NRIC No
 \$6870597E

 Date Of Birth
 30/08/1968

 Occupation
 INDOOR

 Date Of Driving Pass
 19/11/1987

Driving Experience 30 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96862848

Fax Number

Contact Number OFFICE-96862848

EMail Address NOEMAIL

Address

80 CORPORATION RD #11-01

Postcode

649819

OWNER

Was driver an employee of the Insured's Company NO

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?

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

I WAS DRIVING ALONG CORPORATION RD WHILE ENTER INTO PARC VISTA, I SLOW DOWN MY VEH GIVE WAY TO A CYCLIST PASSING BY, SUDDENLY I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I REALIZED VEH B (BEARING NO XE1514S) FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

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

XE1514S

Vehicle Make/Model/Colour Details Of Properties

COMMERCIAL VEHICLE

Vehicle Category Name of Driver

KHARTIK S/O KUNA SHEKARAN

NRIC/Passport Number

S8625873J

Contact Number

96430070

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.
- 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:
 - (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

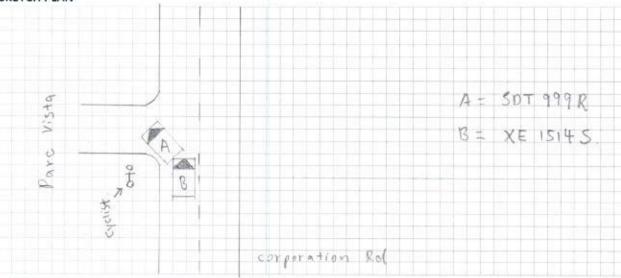
(ii) for complying with requirements under any regulations, laws or court orders.

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 .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

fleuse	Refer	to	Statement

DECLARATION

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

Policyholder's Signature

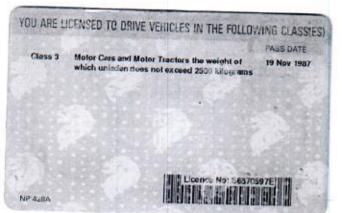
Date & Time:

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

Name: NRIC/FIN No.:











Your alternative contact:

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

Sime Darby Insurance Brokers (Singapore) Pte Ltd

Tel: 6222 2244

Certificate of Insurance Mon to Fri (excluding PH)

(8.30 am - 5.45 pm)

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 27825185 SMP

Excess: SGD1,000

- Index Mark and Registration Number of Vehicle
 - SDT999R
- 2. Name of Policyholder

Ting Teck Jin

- Effective Date of the Commencement of Insurance for the purposes of the Act 24/12/2017
- 4. Date of Expiry of Insurance

23/12/2018

Persons or Classes of Persons entitled to drive*

Ting Teck Jin

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,
- 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. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurers

for Chief Executive Officer