ASSIGNMENT (Office) bustume of og 2018 OD TO JWS/TP RES / OD RES / EVA / INV / MV / CS PC 3006 J MIFFFDD2 borners MSM Logistics at Workshop m/: Tel 9107 4212 160 8in Ming Drive # 03-08 Policy No. 288 61316 QMX 563835 Claim No: Sum lasured Excess: 306/FO/FO ADD Make of Vel: (Clical's itread) CA / REV / REP. / REV 24 HRS (up) Date/Time 9:37cm 117 18 Person Contacted Mr.Sipw Vehicle IN/OUT Date/Time Action/Instruction ( × ) Estimate PC 3006 | - NATINCISOIS879/0 DOA: 18/09/2015 179/18 Submit US \$ 1700, 4 days. (Red & n50, 56%)

RECEIVED 1 3 SEP 2018

aring Un 12/9/18 ADVOCATES AND SOLICITORS COMMISSIONER FOR OATHS

FROM RIAZ 8849 PDX Box No. 563835

PDX Intercompany Exchange Pte Ltd

REG/CS/PAY/FA 2 3 AUG 2018

ACRA NUMBER : 200911678H

Your Reference: Our Reference:

Your Insured (SGC 7771M) RIAZ QAYYUM ILLE HORSE NUS

RA.512843.V

MUHO RIDHWAN ABOUL RAHIM

BY FAX & PDX# 8173

(Fax No. 6225-7402)

17 AUGUST 2018

ABDUL HALIM BIN ROSALAN ILLE HONSI UTAS

MSIG Insurance (Singapore) Pte Ltd 16 Raffles Quay #24-01 Hong Leong Building Singapore 048581

Attn: Motor Claims Department

Dear Sirs.

ACCIDENT ON 07.07.2018 ALONG RACE COURSE ROAD INVOLVING MOTOR VEHICLES PC 3006J AND SGC 7771M

We act for ALBERT PANG TRANSPORT, the owner of motor vehicle No.PC 3006J

From our LTA search, you are the insurer of motor vehicle No. SGC 7771M

We are instructed by our client to claim damages against your insured in connection with a road traffic accident on 07.07.2018 at about 2140 hours along RACE COURSE ROAD INVOLVING MOTOR VEHICLES PC 3006J AND SGC 7771M driven by your insured and/or your insured's servant and/or agent at the material time.

We are instructed that the accident was caused by your insured and/or your insured's servant and/or agent negligent driving and/or management of the motor vehicle. As a result of the accident, our client's motor vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows:-

a)	Cost of repairs	\$ 3,850.00	
b)	Loss of Use (5 days x S\$ 250.00)	\$ 1,250.00	
c)	Survey Fee	\$ 395.00	
d)	Color Photocopies (15 pcs x S\$ 1.50)	\$ 22.50	
e)	LTA / GIA	\$ 36.49	
f)	Incidentals	\$ 120.00	
g)	Costs contribution incl GST	\$ 856.00	
		\$ 6,529.99	
			_

133 NEW BRIDGE ROAD #09-09 CHINATOWN POINT SINGAPORE 059413 TEL: 65340110 FAX: 65340220 EMAIL: RIAZ@JUSTICE.COM.SG (PLEASE NOTE THAT OUR FAX IS NOT FOR SERVICE OF COURT DOCUMENTS) WWW.INJURYCLAIMS.SG

# Page 2

A copy each of the following supporting documents marked [X] is enclosed:-

[x]	GIA reports
[x] [x] [ ]	Repairers bill and evidence of payment
[]	Excess bill/receipt
ij	Vehicle Registration Card
ij	COE/PARF Certificate
[]	Names and addresses of witnesses
[x]	Original photographs of damage to our client's motor vehicle (15 pcs)
[]	Photocopied photographs of damage to our client's motor vehicle
[ ] [x]	Rental Agreement, Invoice, survey report and receipt for rental
[x]	Supporting documents for all other expenses claimed

Please take note that you should send to us an acknowledgement of receipt of this letter within 14 days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against your insured without further notice to you.

Yours faithfully

Encs

CC client (PC 3006J)

# MSM LOGISTICS PTE LTD

Block 20 Sin Ming Industrial Estate Sector A

#01-14 Singapore 575678

Name: ALBERT PANG TRANSPORT

Vehicle No.: PC 3006J

Date of Accident : 17.08.2018

Make & model: MITSUBISHI

Final Repair cost for PC 3006J

\$ 3,850.00

#### 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 <u>truthful and accurate</u> 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	09/07/2018 17:47
Date Of Accident	07/07/2018 21:40
Exact Location Of Accident	RACE COURSE ROAD TO BALESTIER ROAD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	PC3006J
Insured/Policyholder	
Name Of Registered Owner	ALBERT PANG TRANSPORT
Co Reg No	52922438X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98789970
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	BUS
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	BUS
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5094460479
Cover Note Number	
Driver	
Name of Driver	MOHAMMED ZAKII BIN BASIR
NRIC No	S1481053F

 NRIC No
 \$1481053F

 Date Of Birth
 14/05/1961

 Occupation
 OUTDOOR

 Date Of Driving Pass
 24/03/1995

Driving Experience 23 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91704446

Fax Number Contact Number

EMail Address NOEMAIL

Address

BLK 139 JALAN BUKIR MERAH

#07-1464

Postcode

160139

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

SIDE SWIPE

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?

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)

41

**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

REFER ATTACHED

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

SGC7771M

Vehicle Make/Model/Colour

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 Pg. 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 Signatul Date & Time:

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

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

GIARMC SEntchPlanEquir. V3

# Sketch Plan #2 Pg. 1

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CLARATIGADR7	rticulars are true in e	very respect.			Your	

NRIC/FIN No.:

Date & Time:

GIARMIC ShetchillanFatra\_V3













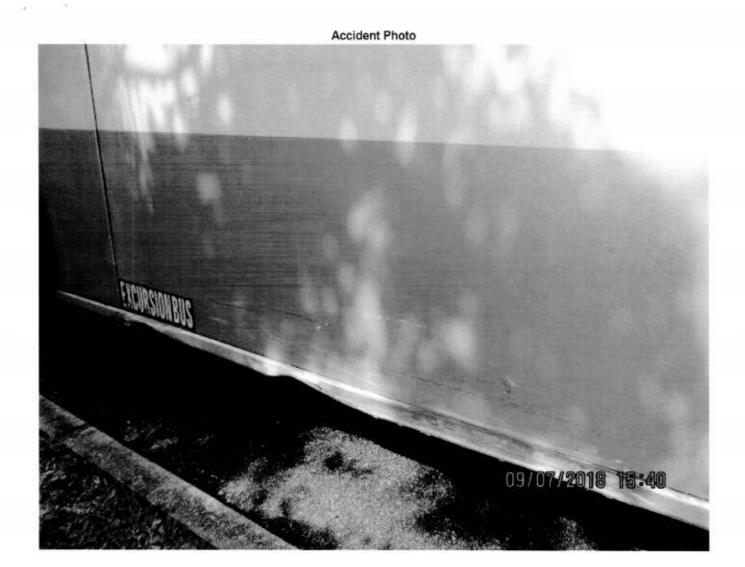






**Accident Photo** 













# 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
- 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.

	ACCIDENT STATEMENT
N. O. P. Cont.	09/07/2018 10:15
Date Of Report Date Of Accident	07/07/2018 21:35
Exact Location Of Accident	RACE COURSE ROAD (BEFORE TURNING TO BALESTIER)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGC7771M
Insured/Policyholder	
Name Of Registered Owner	CHAN WAI MENG
NRIC No	S7106690H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90181288
Alternative Phone No	OFFICE-90181288
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS

time of accident Are you claiming under your own insurance policy YES

for repair to your vehicle?

If No, Please state action to be taken

PRIVATE CAR Vehicle Category

Insurance Company

MSIG INSURANCE (SINGAPORE) PTE. LTD. Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

7VPCB1757720 Policy Number

Cover Note Number

CHAN WAI MENG Name of Driver S7106690H NRIC No 24/02/1971 Date Of Birth INDOOR Occupation 02/12/1993 Date Of Driving Pass

24 YEARS AND 7 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-90181288 Mobile Number

Fax Number

OFFICE-90181288 Contact Number

NOEMAIL EMail Address

Address

BLK 728 TAMPINES ST 71 #09-19

Postcode

520728

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

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

#### Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

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)

Passenger 1

NAME:

: TAN JIAN KAI

GENDER:

: MALE

#### **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

MY VEHICLE WAS STATIONARY. VEHICLE B MAKING A LEFT TURN AND HIT ONTO MY VEHICLE.

#### 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

PC3006J

Vehicle Make/Model/Colour

VEHICLE B

Details Of Properties Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan Pg. 1

#### SKETCH PLAN

#### IMPORTANT NOTICE

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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 c(alms (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.:

SME

# Sketch Plan #2 Pg. 1

My VEHICLE WAS SANDWARY, VEHICLE B MACING LEFT AND HIT ONTO MY VEHICLE O	
my vertice was sationary, vertice & macios	
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ESCRIBE CIRCUMSTANCES OF THE ACCIDENT	H
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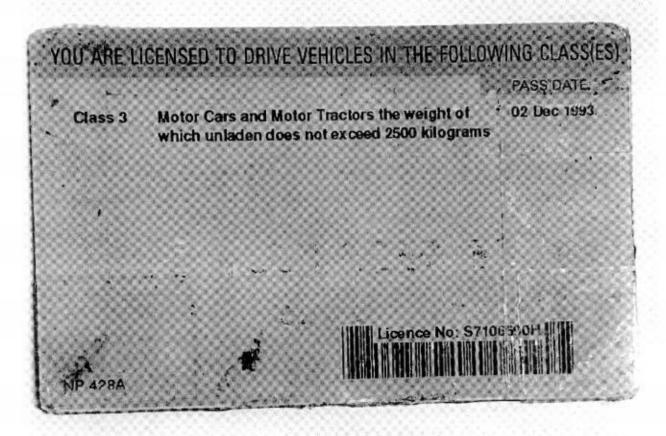
Page 4 of 18

#### **Identification Card**









#### INSURANCE



MSIG Insurance (Singapore) Pte. Ltd. pc. eg. nc. acet 37 (20) 4 Sherron Way, # 21-01, 53X Centre 2, Singapure 068807 Tel 155 6827 7888 Fox 163 5827 7800 www.msig.com.sg

## MOTOR VEHICLE COVER NOTE

Motor Vehicles (Third Party Risks And Compensation) Act (Chapter 189) Motor Vehicles (Third Party Risks And Compensation) Rules, 1960 Road Transport Act, 1987 (Malaysia) Motor Venicles (Third Party Risks) Rules, 1959 (Malaysia)

20 Nov 2017

1A0676

MOTORWAX

COVER NOTE No.

: 7VPCB1757720

Index Mark and Registration Number of Vehicle : SGC7771M

2. Chassis Number of Vehicle

: MR053HY42C4165679

3. Name of Policyholder

: CHAN WAL MENG ( CHEN WEMING )

4. Effective date of the Commencement of Insurance for the purposes of the Act.

30 Dec 2017

5. Date of Expiry of Insurance

. 29 Dec 2018

6. Persons or Classes of Persons entitled to drive

(a) The Policyhelder.

(b) Any other purson who is driving on the Policyholder's order or with his portrassion.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of according to by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. regulation in that behalf from driving the Motor Vehicle.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration and Recusing under the Road Traffic Act has not been cappelled as the time of the secident loss or damage.

7 Limitations as to Use\* Use only for social, domestic & pleasure purposes and for the Policyholder's business. The Policy does not cover use for hise or reward tuition, driving test, racing, pace-making reliability trial, speed-testing, the carriage of goods (other than samples) in adjunction with any trade, or business or use for any purpose in connection with the Motor Trade.

\*Limitations rendered inoquative by Section 8 of the Motor Vehicle (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.

EWE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks & Compussation ) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).

For MSIG Insurance (Singapore) Pte. Ltd.

Not valid unless countersigned by Authorized Person

Approved Insurer

IMPORTANT NOTICE

This fumpount Cover Note is visit for a maximum of 14 days only.

You must exchange the Cover Note for the Cartificate of Insurance from the Insurar within 14 days from the date of this Cover Note. If you are involved in an accident, full dotate must be forwarded immediately to the Company.

FORM M.X.1 (001)

6VPCB1674300

(For the leauence of Moror Cover Note only)

MSD/QMX/20-861316

# Accident Photo

