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	i-Photo Uplo		1 .			/
TP Insurer:	Assessment/Su	The last time and tim				\
Preferred Wksp / INC Assign Wksp / QW; (	Ass't Report by	Fax / Hand to	Owner/Wksp			
TP Particulars: Veh No: SVV	00///0	Service Control	Tel:	Fax:	10	
Owner / Driver: (	88145	. INC(	)/Non-INC(	)		
Daties May 7	4.7		Tel:		)	
Confirmed by : (	oa: (	)	Cover Type: (		)	
Fall Committee and Committee a	ta Car Cr . At	Date:	Time:		)	. 90 38 - L. C-1111
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Apply for Transport Allowance ( )/Cou     QC Check / Post Repair Inspection	rtesy Car ( )					
Upload Resurvey Photo [Repair Cost > \$3000]	( )					
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river/Owner:		) DA : Damage As ) TF : Towing Fee	sessment (\$100);	INC (\$80) \$40/\$45		
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Cugi-in-Charge):		*N5: Courtesy Ca	r/Tpt Allowance	\$5		
uditors' Comments :-	Will President	*N6: Repair Cu-o *N7: Post Repair	Inspection	\$10 \$25		
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# 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 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.
- 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,	and the control of th
TO TO WIS EVEN OF THE	ACCIDENT STATEMENT
Date Of Report	11/10/2018 15:24
Date Of Accident	11/10/2018 11:25
Exact Location Of Accident	ALONG VICTORIA STREET (OPP NATIONAL LIBRARY BLDG)
Country/State of Loss	SINGAPORE
in the management of the	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKL8611R
Insured/Policyholder	
Name Of Registered Owner	POH HOCK GUAN
NRIC No	S0739038F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96249759
	7.1 1 (a) (a) (b) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d

OTHERS-96249759

Alternative Phone No	o
Vehicle Particulars	

Manufacturer	VOLVO
Model	XC60

Exact Purpose for which veh	cle was being use	ed at	
time of accident			PRIVATE USE

time of accident	582 96	351377
Are you claiming under your own insufor repair to your vehicle?	rance policy N	10

12 California Journal Administra	
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	

	7,1
Policy Number	A 28938384 OMY

Cover N	lote i	Num	ber
---------	--------	-----	-----

Driver

Name of Driver	POH HOCK GUAN	
NRIC No	S0739038F	

S0739038F Date Of Birth 02/06/1945 Occupation INDOOR Date Of Driving Pass 29/11/1971

**Driving Experience** 46 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96249759

Fax Number

Contact Number OTHERS-96249759

EMail Address NOEMAIL Address

BLK 468 NORTH BRIDGE ROAD

#13-5089

Postcode

190468

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

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

### Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

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

SKX3814S

Vehicle Make/Model/Colour

QASHQAI 1.2

Details Of Properties Vehicle Category

PRIVATE CAR

Name of Driver

TANG MENG KWANG

NRIC/Passport Number

S7428228H

Contact Number

98524328

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### SKETCH PLAN

## IMPORTANT NOTICE

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- 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 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:
  - (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.

Policyholder's Signature Date & Time:

Driver's dignature

(If driver is not the policyholder)

Date & Time:

NRIC/FIN No.:

Reporting Centre Personnel's Signature

	victoria street
SKL8611R	
2KX 38145	BIAD
	opp National Cibraty Building
DESCRIBE CIRCUMSTANCES OF THE AI	CCIDENT
Accident time: 11.25	am Date: 11.10.18
Location: Along Virt	ovia street (opp Notional library 2103)
My Car was station	10101 for about 2 min due to traffic
Jam, Suddenly T	heard a bang from behind en
alighted and oherk	heard a bout >min due to traffic heard a boung from behind so 1 3kx 38148 has boung on to my car.

Policyholder's Signature

Date & Time: 11/10/18 13-10 pm Driver's Signature

(If driver is not the policyholder)

Date & Time:

# SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

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- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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- 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 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 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	01/8
Date Of Accident / Time	1110/18 11.25am
Exact Location Of Accident	
Country/State of Loss	Mong virtoria street lopp National library Blag
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKL8611R
Insured/Policyholder	
Name Of Registered Owner / corr	many POH HOCK FUAR
NRIC NO JCO- REG NO.	
Email Address	30739038 F
Mobile Phone No	96349759
Alternative Phone No	10047 157
Vehicle Particulars	
Manufacturer	volvo
Model	xc90.
Exact Purpose for which vehicle w at time of accident	as being used
Are you claiming under your own it for repair to your vehicle?	
If No, Please state action to be tak	on aux 160 NAMIH BRIDGIK
Vehicle Category	BUCY68 NORTH BRIDGE
Insurance Company	112 0099
Name of Insurance Company	MS161 7/15300 /
Type Of Coverage	comprehensive (190468)
Fleet Policy	
Policy Number	A 289 3 8 3 8 4 Q my
Cover Note Number	That the second to the second
Driver	
Name of Driver	pot Hock fuen
NRIC No	
Date Of Birth	50739038 F
Occupation	Indopr
Date Of Driving Pass	29/11/1971
Driving Experience	
Gender	male.
Mobile Number	11000
Fax Number Contact Number	962497159 Nocmail
EMail Address	1004110
raign Viring22	Nocmail

# REPUBLIC OF SINGAPORE





POH HOCK GUAN

CHINESE

02-06-1945 M

SINGAPORE

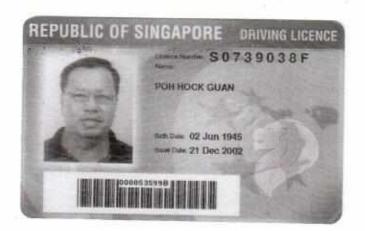
S0739038F

18-02-2008 \*

APT BLK 466 NORTH BRIDGE ROAD F18 0066 UNDADOME THREE

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YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

## PASS DATE

Class 28 Molorcycles not exceeding 200 cc Class 2A Molorcycles between 201 cc and 400 cc Class 2 Molorcycles exceeding 400 cc

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms Class 3

11 Nov 1963 11 Nov 1963 11 Nov 1963

NP 428A

Ucence No: 50739038F



Tan Brothers

Insurance Agencies Pte Ltd 10 Anson Road #11-16 International Plaza, Singapore 07990 Tel: 62201822 Fax: 62246806

CO. REG. NO. 197500491N

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

# 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

MOTOR MAX PLUS Comprehensive

Certificate No. A 28938384 QMY

Excess: SGD800

Windscreen Excess: SGD100

 Index Mark and Registration Number of Vehicle SKL8611R

Name of Policyholder

Poh Hock Guan

- Effective Date of the Commencement of Insurance for the purposes of the Act 01/07/2018
- 4. Date of Expiry of Insurance 30/06/2019
- Persons or Classes of Persons entitled to drive\*

Poh Hock Guan

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 ANY WORKSHOP OF YOUR CHOICE OR AT ANY MSIG AUTHORISED WORKSHOP LISTED IN THE ATTACHED.

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 (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

MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurers PIE LIB

for Chief Executive Officer