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TP Insurer:	Ass't Report by		o Owner/Wksp		1-115-11-12-1	
Preferred Wksp / INC Assign Wksp / QW: (J.		Tel:	Fax:)
	SJ 5338 H.	INC ()/Non-INC()	8 8		
Owner / Driver: (00 00 00 11.		Tel:)	
	od: ()	Cover Type: (-)	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [N	ote-Est. Status (Wi	O): N: 0-2	0%; P: 21-79%. F: 8	0-100%]		
The state of the s	arranty: YES ()/NO()			
	0()/\$2,000()				
General Remarks:-			Acomposite Company	1.00	Sec. 5	100
() Walk-In Customer's inform	nation strictly Conf	idential & S	rictly NO refer of repair	er.		
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Drive-In ()/ Towed-In (); Invoice:)();7	Towing Co: ()
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1) Apply for Transport Allowance ()/Co	ourtesy Car ()			-		
2) QC Check / Post Repair Inspection	()			-		
3) Upload Resurvey Photo [Repair Cost > \$30	100] (/					
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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 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.

- 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

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Control of the principal state of the second of the	ACCIDENT STATEMENT		
Date Of Report	18/10/2018 16:18		
Date Of Accident	17/10/2018 14:25		
Exact Location Of Accident	MBFC TOWER ONE BASEMENT 1		
Country/State of Loss	SINGAPORE		
D	ETAILS OF OWN VEHICLE		
Vehicle Registration Number	EK161B		
Insured/Policyholder			
Name Of Registered Owner	KATHRYN CHAI MEI FERN		
NRIC No	S6876166B		
Email Address	NOEMAIL		
Mobile Phone No	(LOCAL) +65-98269028		
Alternative Phone No	OFFICE-98269028		
Vehicle Particulars			
Manufacturer	MERCEDES-BENZ		
Model	E250 A		
Exact Purpose for which vehicle was being used at time of accident	PARKED		
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	A 80419245 QMY		
Cover Note Number			
Driver			
Name of Driver	KATHRYN CHAI MEI FERN		
NRIC No	S6876166B		
Date Of Birth	18/05/1968		
Occupation	INDOOR		
Date Of Driving Pass	04/05/1994		
Driving Experience	24 YEARS AND 5 MONTHS		
Gender	FEMALE		
Mobile Number	(LOCAL) +65-98269028		
Fax Number	And the second section of the section of the second section of the section of the second section of the section of th		
Contact Number	OFFICE-98269028		
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NOEMAIL

Address

38B JALAN MAT JAMBOL #01-06

Postcode

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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?

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)

0

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 ATTACHED STATEMENT.

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

SJS338H

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

LAI FOO CHOI LESLIE

NRIC/Passport Number

S1408517C

Contact Number

88680978

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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:

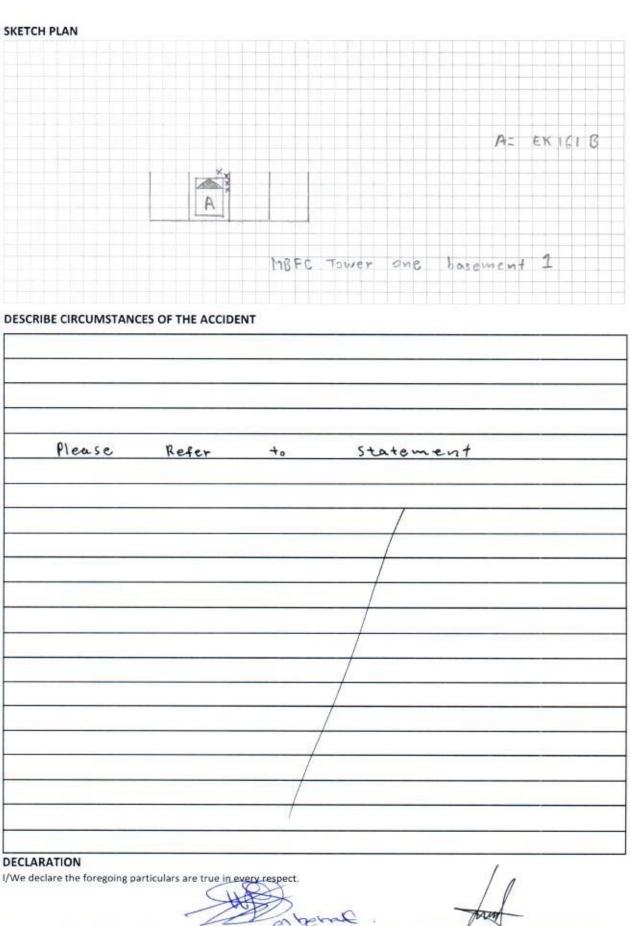
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:



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 .:

Authorisation Letter

Date: 17th October 2018

To whom it may concern

Re: Reporting of hit and run case

Due to heavy work commitment, I, Kathryn Chai Mei Fern of Singapore ID: S6876166B authorize Kuek Su Heng of Singapore ID: S8611472J to lodge the accident report of my vehicle EK161B on my behalf. A call was also made to my insurance company, MSIG, at the hotline number at 6827 7660 at around 1800 as required under the Notification procedures. Details of the damage are as follow:-

Date of Damage : 17th October 2018 @ 1459 reported to me by Ms Samantha of MBFC Car Park

Management Officer via my mobile 98269028

Location of Vehicle : Stationary parked at Lot 015 in MBFC Tower One, Basement 1 since 0910

Damage : Front Driver Side

Time of Hit : Reported to the MBFC Management Officer by a stranger estimated at 1425

according to Ms Sultana Ashrafunnisha. An investigation was immediately carried

out by Management Office.

Other details : A police report was initially made by me as we could not locate the driver of the vehicle SJS 338H since it was a season holder parking category. A police officer came to MBFC Tower One to take my statement about 1545. There were two CCTV cameras in the car park that captured the hit – Vehicle SJS 338H which was parked at Driver side of EK161B came out of parking lot and turned to left, showed in footage that EK 161B vibrated badly after his turn out. The Camera Units 12 & 24 captured the scene of vehicle EK161B vibrated badly after SJS 338H turned was the said vehicle.

Driver of SJS 338H turned up at the MBFC car park about 1625 and admitted fault, though claimed he did not know of the hit at that point in time. As driver of SJS 338H turned up and admitted fault, the police did not pursue to categorise this as "Hit and Run" case. Police took his details and informed him it was clear from the CCTV cameras, that vehicle SJS 338H hit vehicle EK161B and it is a GIA case. Details of Driver as follow:-

Driver of SJS 338H Name : Lai Foo Choi Leslie

Driver of SJS 338H ID Number : \$1408517C

Driver of SJS 338H Mobile : 8868 0978

Mr Kuek's company has been the only workshop that services my car since 2015. Therefore, I like to appoint him to carry out the repairs to make it good again.

Thank you for your help in accepting this as a formal report.

Yours Sincerely

Kathryn Chai Mei Fern

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S6876166B





KATHRYN CHAI MEI FERN MRS KATHRYN LAM MEI FERN

蔡美芬

CHINESE

Date of Birth

18-05-1968 F

Country of Birth

MALAYSIA



S6876166B

28-02-1997

38B JALAN MAT JAMBOL #01-06 SINGAPORE 119520

NRIC No: S6876166B Date: 17-12-2005 No: 5231492



PASS DATE

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

04 May 1994

NP 428A





IDENTITY CARD NO. \$8611472J





Name

KUEK SU HENG (GUO XUHENG)

郭緒恒

0

CHINESE Date of birth 28-04-1986 Country/Place of birth SINGAPORE

Sex.



5631315



HRIC No. S8611472J

Date of issue

03-08-2016

Address

APT BLK 892 TAMPINES AVENUE 8 #01-14 SINGAPORE 520892



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

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 SINGAPORÉ)

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 80419245 QMY

Excess: SGD500

Windscreen Excess: SGD100

 Index Mark and Registration Number of Vehicle EK161B

2. Name of Policyholder

KATHRYN CHAI MEI FERN

Effective Date of the Commencement of Insurance for the purposes of the Act 17/12/2017

Date of Expiry of Insurance

16/12/2018

5. Persons or Classes of Persons entitled to drive*

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 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 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