NATIONAL Assessment Cen	ntre Services. puet	1 Jan'05] M NA 181393	19			
Date In: 10/10/18 - 10117	Jcb description	1,2150.5	me Completed	Done	e by	
Res No: NA MOG 18019293/24	SAS e-filing			0000 - 1000 - 1000		
Veh No: 134 60724	E-mail (within Shrs,	AIC 2hrs)			4	
D.O.A: 23/10/18-07:70	i-Motor Claim I	orm		-		
OD / (TP) Peporung Only	i-Motor W/O (w	ithin: OD 2hrs, TP 4hrs)				
OD / Ite Reporting Only	i-Photo Uploade	d				
TP Insurer:	Assessment/Surve	y Report		31154-00-00000	Station (1970 - 19	
IF insurer.	Ass't Report by F	Ass't Report by Fax / Hand to Owner/Wksp				
Preferred Wksp / INC Assign Wksp / QW;	(Tel:	Fau	c;		
TP Particulars: Veh No: 1	10 80513	. INC()/Non-	INC()	93		
Owner / Driver: (Tel:)		
Policy No: ()	Period: () Cover Ty	pe: ()		
Confirmed by : (D	ate:	Time:)		
Insured/Driver Liability: (%	(WO) (Note-Est. Status (WO)	: N: 0-20%; P: 21	79%. P: 80-100	0%]		
Year of Registration: ()	Warranty: YES ()	/NO()				
Excess: (\$) Loading: \$	\$1,000 ()/\$2,000 ()				
General Remarks:-			100 Care 100	A 15	Si in Sant	
() Walk-In Customer : Customer's	information strictly Confide	ential & Strictly NO re	fer of repairer.			
() Total Loss Case : to e-mail Ins				G .		
Drive-In ()/ Towed-In (); Invo	oice: YES () / NO () ; Towing Co:	(- ')	
			me and have	ALCONOMIC TO	(92.97)	
Remarks: (INC hotline: 6788 6616	designed introduction and animal professional professiona	Date&Tin	ie Completad	Done	by	
	/ Courtesy Car ()					
2) QC Check / Post Repair Inspection	()					
3) Upload Resurvey Photo [Repair Cost>	\$3000] ()	7				
Injury:					- 11	
Date/Time Actions			MONES Y CYCLORY		ery say para	
Date/Time Actions		The state of the s	Comment of the second of the second	MESCHICKE.	<u> </u>	
				-		
	- 1					
	Total Total			*** **** ** ******	-Cover est	
VA1806289	In	oice Preparation C	necklist	Ant (S)	Add Bill	
laimant's Particulars :-	1) A	R : Accident Reporting (5	30);	T. IF DELIC	· · · · · · · · · · · · · · · · · · ·	
		A : Damege Assessment (\$ F : Towing Fee	100); INC (\$80) \$40/\$4	4		
iver/Owner:	4) F	T : Follow-Through Survey	\$12			
ntact No:	5) F	T : Follow-Through Survey or claiming against INC Only	Resurvey) \$3	0		
maged Portion:		R : Re-inspection	\$7	5		
maged Fordon.		1 : Idao DA + SMRT Survey	\$16	0		
Chalan a		TUC Additional Services:-				
Checked by (Engr-In-Charge):	•	NS: Courtasy Car / Tpt Allow				
Vizzonik Wikaca (webwa a a was		N6: Repair Co-ordination N7: Fost Repair Inspection	\$1 \$2			
iditors' Comments :-	**************************************	N8: DV / Collect Excess Coo	rdination 3	5		
J:		P (N11) : TP (Non INC) aga 12: Idac Mobile	nst INC \$2		·	
2/3;		ice dated	Fee Charged		artin Test	
	luva	ice dated	Fee Charged	SECTION .		

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.
- 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.
- 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.

AWARD LOS BUSINESS PROPERTY OF THE	ACCIDENT STATEMENT	maken a mental se
Date Of Report	23/10/2018 10:13	
Date Of Accident	23/10/2018 07:30	
Exact Location Of Accident	PIE (TUAS) AFTER KJE EXIT	
Country/State of Loss	SINGAPORE	
THE REPORT OF THE PARTY OF THE	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJG6072Y	
Insured/Policyholder		
Name Of Registered Owner	MUTHU PALANIAPPAN	
NRIC No	S2725538H	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-91272434	
Alternative Phone No	OFFICE-91272434	
Vehicle Particulars		
Manufacturer	ТОУОТА	
Model	COROLLA ALTIS 1.6 AUTO	
Exact Purpose for which vehicle was being used a time of accident	t 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 A28761787QMX

Cover Note Number

Driver

Name of Driver MUTHU PALANIAPPAN

 NRIC No
 \$2725538H

 Date Of Birth
 08/12/1964

 Occupation
 INDOOR

 Date Of Driving Pass
 08/07/2008

Driving Experience 10 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91272434

Fax Number

Contact Number OFFICE-91272434

EMail Address NOEMAIL

Address BLK 392 BUKIT BATOK WEST AVENUE 5

#11-408 650392

Was driver as employee of the leasue de Commen. NO

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

Postcode

-

Insurance Company of Driver's Own Vehicle

.

NO

NO

3

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?

Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes,against whom?

Circumstances of Accident

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG LANE 1 PIE (TUAS) AFTER KJE EXIT AS IT WAS CONGESTED. SUDDENLY I FELT A IMPACT OF MY VEHICLE. I ALIGHT FROM MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE 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 SGU805B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver MA SI CHENG
NRIC/Passport Number S9942779E

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1 NAME: :

GENDER: :

Passenger 2 NAME: :

GENDER: :

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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:

Driver's Signature

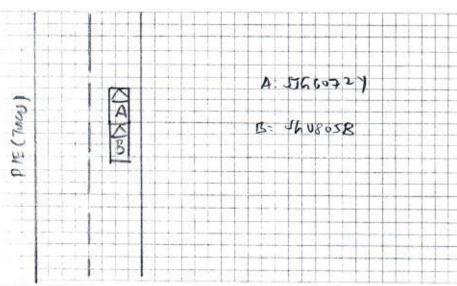
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Relate to	flatement.		
		8	
		/	

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

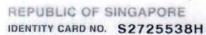
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





Noone

PALANIAPPAN MUTHU

பழனியப்பன் முத்து

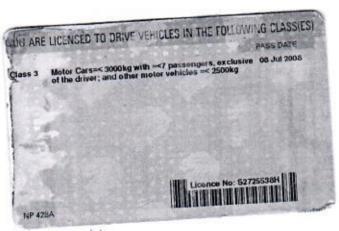
Race

Date of birth 08-12-1964

Country of birth INDIA SZTZWARK









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

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 Comprehensive

Certificate No. A 28761787 QMX

Excess: SGD500

Windscreen Excess: SGD100

 Index Mark and Registration Number of Vehicle SJG6072Y

2. Name of Policyholder

Muthu Palaniappan

- Effective Date of the Commencement of Insurance for the purposes of the Act 09/07/2018
- Date of Expiry of Insurance 08/07/2019
- 5. Persons or Classes of Persons entitled to drive

Muthu Palaniappan

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 MUST BE CARRIED OUT 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