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TP Insurer:	Assessment/S	urvey Report			
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TP Particulars: Veh No: 50	C3130'U	, INC(	)/Non-INC( )		
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	Period: (	)	Cover Type: (	)	
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### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Contact Number

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.
- 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.

<b>通复的企业工会会会会会会会会会</b>	ACCIDENT STATEMENT	
Date Of Report	10/12/2018 20:19	
Date Of Accident	09/12/2018 13:20	
Exact Location Of Accident	SELEGIE RD	
Country/State of Loss	SINGAPORE	
<b>建筑型学校设计设计公共产生设计</b>	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGT6908D	
Insured/Policyholder		
Name Of Registered Owner	CHRISTOPH ANDRE RIEDWEG	
NRIC No	S7369682H	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-81180951	
Alternative Phone No	OFFICE-81180951	
Vehicle Particulars		
Manufacturer	VOLKSWAGEN	
Model	TIGUAN COMFORTLINE 280 TSI	
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?	YES	
If No, Please state action to be taken		
Vehicle Category	PRIVATE CAR	
Insurance Company		
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	A28910812AVW	
Cover Note Number		
Driver		
Name of Driver	POORNIMA VAGALE	
NRIC No	S7882143D	
Date Of Birth	22/04/1978	
Occupation	INDOOR	
Date Of Driving Pass	16/09/2008	
Driving Experience	10 YEARS AND 2 MONTHS	
Gender	FEMALE	
Mobile Number	(LOCAL) +65-81180951	
Fax Number		

OFFICE-81180951

NOEMAIL

Address 5A KOVAN ROAD

#05-22

Postcode 544895

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

NEW STATE

### 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 1

Number of Passengers (Including Driver)

### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO.

If Yes, against whom?

### Circumstances of Accident

REFER TO 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 SLL3100U
Vehicle Make/Model/Colour HONDA

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver YEO WEE KEE
NRIC/Passport Number S6823786F

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### SKETCH PLAN

### IMPORTANT NOTICE

- 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 withholding 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. 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:

- 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)
  - (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

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

Policyholder's Signature Date & Time

Driver's Signature (If driver ) not the policyholder)

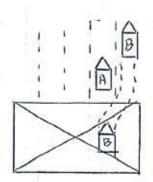
Date & Time:

Name:

NRIC/FIN No .:

Reporting Centre Personnel's Signature

### (SELEGIE ROAD JUNGTHAN)



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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>Ic(	ral on IN THE YELLOW BOX. I clearly indicate
W	y intervious met I was littering to the four Lane.
	notice VALB had slow down bohing to only ison o
-	the yellow box. Suddenly when my car position was in t
and Visco	four lone or VEH B cut into the fifth lane abrupth
	and glaze onto my front right side of my car.
	My Speed of that time was lokalhe. The damage
	portion of VZH B was on the left side passenge
	door.
019/00/10	

I/We desprethe foregoing particulars are true in eyer

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 .:

Date of Accident	: 9 12 18 Accident Time; 13 20 (24-HR-Format)
Accident Place	: SELEGIE ROAD
Vehicle Reg. No. (Car Plate No.)	. 367 69080
Vehicle Make/Model	: VOLKSWAGEN TIGUAN
Insurance Company	: MSIG Policy No. A 28910812 AVM
Owner or Company Name /IC No.	: Christoph Ander RIEDWEG
Owner or Company Contact No.	:Owner's HpCompany Tel
DRIVER'S Name / IC No.	: POORNIMA VAGALE S7882143D
DRIVER'S Date Of Birth	: 22 4/1978 DRIVER'S License Pass Date 14 9 2008
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: 5A KOUAN ROKO \$0522 (0) 544895
DRIVER'S Contact No./ Alt No.	:1) 81/8 6951 2)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: poornina. Vagale @gmail. com
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including D	Driver): OI driver only
	as being used at the time of accident: Private uso \ Work purpose
SATURDAY OF THE PARTY OF THE PA	Party Driver's Particular (if any)
Vehicle Reg. No: SL 31	Vehicle Reg. No:
Vehicle Make\Model: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Vehicle Make\Model:
Name Driver: 100 000	E KEZ Name Driver:
IC No. Driver: \$ 6823	
Driver's Contact & Add	Driver's Contact & Add

# DRIVING LICENCE



Name:

POORNIMA VAGALE

Birth Date: 22 Apr 1978

Issue Date: 16 Sep 2008

## YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Motor Cars=<3000kg with =<7 passengers, exclusive 16 Sep 2008 of the driver; and other motor vehicles =< 2500kg

Licence No: S7882143D

NP 428A

### REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7882143D



### Name

### POORNIMA VAGALE



Race

Date of birth 22-04-1978

Sex

Country of birth INDIA



NRIC No. S7882143D

Date of issue 10-12-2007

5A KOVAN ROAD #05-22 SINGAPORE 544895 S7882143D

11/01/2014



MStG Insurance (Singapore) Pte, Ltd. 4 Shenton Way, # 21-01, 50x Centre 2, Singapore 068807 Tel+65 6827 7888, Fax +65 6827 7800 Co. Reg. No. 2004122126 65T Reg. No. 20-04122126

### 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)

THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1998 EDITION (REPUBLIC OF SINGAPORE)

OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Form M.X.1 Individual Ownership VW DRIVEEASY Comprehensive

Certificate No. A 28910812 AVN

Excess: SGD500 Windscreen Excess; SGD100

- 1. Index Mark and Registration Number of Vehicle SGT6908D
- 2. Name of Policyholder Christoph Andre Riedweg
- 3. Effective Date of the Commencement of Insurance for the purposes of the Act 28/02/2018
- 4. Date of Explry of Insurance 27/02/2019
- 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 MUST BE CARRIED OUT AT VOLKSWAGEN CENTRE SINGAPORE.

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 or Acts passed in substitution thereof.

(Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act.