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OD TP ! Reporting Only	I-Photo Upload	led			
	Assessment/Surv	ey Report			~.
TP Insurer:	Ass't Report by	Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (and an area of the second	Internation of the last of the	Telt	Faxt	
P Particulars: Veh No:	4	. INC()/Non-INC()	
Owner/Driver: (Tel:		<u>)</u>
Policy No: () Po	eriod: ()	Cover Type: (\
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Insured/Driver Liability: (%)	[Note-Est. Status (W		%; P: 21-79%. P	: 80-100%]	
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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.
- 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

以外更多。 14. 15. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14	ACCIDENT STATEMENT			
Date Of Report	02/01/2019 11:12			
Date Of Accident	31/12/2018 14:30			
Exact Location Of Accident	BKE (RIFLE RANGE FLYOVER)			
Country/State of Loss	SINGAPORE			
法的证据的 医二氏病 法通过国际证明 D	ETAILS OF OWN VEHICLE			
Vehicle Registration Number	SKH4113J			
insured/Policyholder				
Name Of Registered Owner	NICHOLAS SIM WEI HAN			
NRIC No	S8472502A			
Email Address	NICKS.SIM@GMAIL.COM			
Mobile Phone No	(LOCAL) +65-81390994			
Alternative Phone No	OTHERS-81390994			
Vehicle Particulars				
Manufacturer	KIA			
Model	CERATO FORTE-1,6 SX (A)			
Exact Purpose for which vehicle was being used at ime of accident	ATTENDED TO A TO			
Are you claiming under your own insurance policy for repair to your vehicle?	YES			
f 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	D 27444327 QMY			
Cover Note Number				
Driver				
Name of Driver	NICHOLAS SIM WEI HAN			
NRIC No	S8472502A			
Date Of Birth	14/11/1984			
Occupation	INDOOR			
Date Of Driving Pass	23/02/2011			
Driving Experience	7 YEARS AND 10 MONTHS			
Gender	MALE			
Mobile Number	(LOCAL) +65-81390994			
Fax Number	SOLITORISMO, MALE SOCIOTI SPORTHESICS			
Contact Number	OTHERS-81390994			
EMail Address	NICKS.SIM@GMAIL.COM			

BLK 258B PUNGGOL FIELD Address #10-03 Postcode 822258 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 BY FALLEN TREE / OTHER OBJECTS Weather Conditions DRIZZLING Road Surface DRY Other Information Was any foreign vehicle involved in this accident? Number of vehicles (including own vehicle) involved in the accident Was any body injured in the Accident? NO Was any injured conveyed to hospital by NO ambulance? Was any other material or property damaged? NO I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 2 Passenger 1 NAME: : WIFE GENDER: : FEMALE **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

NO

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 If Yes,against whom? Circumstances of Accident PLEASE REFER TO SKETCH PLAN Attachment(s) Are accident photos available for attachment? Was there any video captured by Car Camera? YES

Was there any audio recorded?

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.

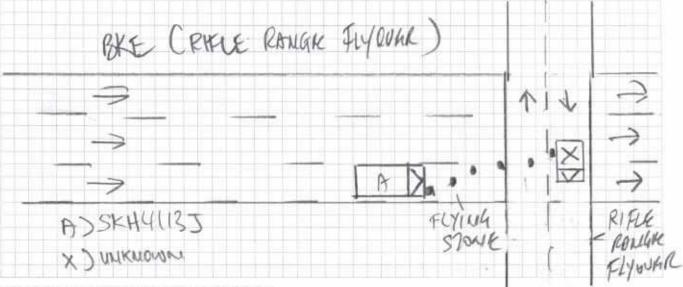
Policyholder's Signature

Date & Time:

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

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was drying home with my pregnant wife in the case cor. I existed PIE to take BKE (toward woodlands) was about
I existed PIE to take BKE (toward woodlands) was about
to approach Rifle Range Plyoner when a large concrete rock
suddenly smarked through my windscreen, struck my top part
of skering wheel with ruch face that my steering wheel was
bent inwards. Glass shards and particles clareled the interior of the
Or momentarily or I fied to drue to Road shoulder. The road
prior to being struck, was dear of any heavy vehicles and
it was a light drizzle at thost time. It seemed like the rock
rame flying from the styp After EMAS brought wand the can
to a safe zone (Dainy Farm Nature corporate) I searched my
Vehicle and found the rock in the back seat, on the floor behind
my divis reat. Rock size approx. Is con x 6 cm x 9 cm. My wife
and I suffered save scratches on the hands and legs. I also have
a dash can recording of when the incident hoppened.

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' Signature

Name: NRIC/FIN No.: JOSLI UNITAL

ACCIDENT STATEMENT

ACC	IDENT DATE: 31.12	1.8)(DD/MM/	YYYY), TIME:(: 30)(HH:MM)
LOCA	ATION: BLE (F	PIFLE RANGE	*	3
(1	twedlant	(Below)	/	
1,	DETAILS OF VEHICLE	Charle	10-1	
	a) VEHICLE NUMBER:	5KH 41	13)	(i) (ii) (ii) (iii)
9	b)INSURANCE COMPAN	14: M21	6	
	C)POLICY NUMBER:	D 274443	27 amy	
	d)POLICY TYPE: (COMPI	REHENSIVE / THIRD	PARTY / THIPD PA	DTV EIDE & TUEETI
	B)MAKE & MODEL: K	IA CERATO F	ORTE 1.6 C	Y
	1)TYPE:(SALOON / COUP	E / MPV /VAN / I	OPPY / MOTOPCY	CIE (OTHERS)
	g) VEHICLE CATEGORY	PRIVATE COMM	ERCIAL / MOTORC	VOIEL
	h) PURPOSE OF USING AT	ACCIDENT TIME	HUMOING HO	ME (PER CONAT
	I) ARE YOU CLAIMING UN	DER YOUR OWN	INCIDANCE IVECT	101
	IF NO, PLEASE STATE (TH	IRD PARTY CLAIM	/ REPORTING ON	(0)
2.,	INSURED / POLICY HOLD	ER	, nerokinyo ory	-11
	A) NAME: NICHOLA		HAN WA	ALE / FEMALE)
100 CHINA	b) NRIC/FIN/PASSPORT:	J847210	A_CONTACT:	
WIPE	CIADDRESS: DS8 B 7	UNGGOL FIL	20 #10-1	
100 5	- STALAH	ORE (825	22589	
	* CONTINUE TO 3.d IF DR	IVER ALSO POLICY	Y HOLDER	
tho of passanga	DRIVER			~~
(Including driver)	a) NAME: NICHOLA	1 sim net	HAN IMA	LE FEMALE)
(2)	b) NRIC/FIN/PASSPORT:	5847750	CONTACT:	
()	CIADDRESS: >588 Pu	MULLION PIE		
		APORE ()	22258)	
#3	*d)DATE OF BIRTH: 114	11/1984	DD/MM/YYYY)	1
	e OCCUPATION (INDOC	R / OUTDOOR)	en Paranen	* *
· ·	1) DATE OF DRIVING P.	ISS <u>=3/0</u> :	2/2011	
3 80	WAS DRIVER AN EMPLO	YEE OF THE INS	URED'S COMPAN	Y? (YES (NO)
5	IF NO, RELATIONSHIP	F THE DRIVER V	VITH INSURED:_	self.
95	DINCAR SUBSACE CONDITION	CLEAR / RAINING	OTHERS UGU	ran
4	bIROAD SURFACE: (DRY)	WEI COTHERS_		
7	WAS ANYBODY INJURED I	YES (NO)		
350	IE VES DIEACE CTATELLE	TES (NO)		
8.	IF YES, PLEASE STATE WH	ICH POLICE STATI	ON:	
	THIRD PARTY VEHICLE			
Challet II.X	a) VEHICLE NUMBER:		MODEL:	
conducting diviver)	b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT:_		2017100	
() 9. 1	THIRD PARTY VEHICLE		CONTACT:_	
Air A	d) VEHICLE NUMBER:			200
* No of passenger	- DDI /CDIO LI CL		MODEL:	
(Including driver)	f) NRIC/FIN/PASSPORT:		000000	
()	-/		CONTACT:	·
·	98			

email = Alcks. sim @gmail-can

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8472502A





NICHOLAS SIM WEI HAN

CHINESE Date of birth 14-11-1984 Country/Place of birth MALAYSIA





5895580



20-03-2018

APT BLK 258B PUNGGOL FIELD #10-03 SINGAPORE 822258

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES) FFFECTIVE DATE Class 2B Motorryvice - 250 CC Cline 3 Minter care == 3000 kg with == 7 passengers, small driver, and motor tracters/vehicles == 2500 kg 22 Jun 2014 22 740 2011

58472502A

S/No. 9000181845

10° 428A



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 (GAP. 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. D 27444327 OMY

Excess: SGD500

Windscreen Excess: SGD100

 Index Mark and Registration Number of Vehicle SKH4113J

2. Name of Policyholder

Sim Wei Han Nicholas

 Effective Date of the Commencement of Insurance for the purposes of the Act 09/01/2018

4. Date of Expiry of Insurance

08/01/2019

5. Persons or Classes of Persons entitled to drive*

Sim Wei Han Nicholas Sim Saik Chiang 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 (Malaysla), 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

1

for Chief Executive Officer