	MUID ASVIK	of	MSIG	flate	Flune 04 01 2019
Estimated Co			Bill to:		
To Inspect V	chiele No	SLW 5707 Z		Insured	MPFP 108
of Workshop	quos tampi	Demick Motor nes stas# 01-	72 tumpi	nes Ind.	96333593 Park A
Folick Do.	290697256 D	MA	Claun No.		
Sum Insured			Excess.		
Make of Vel (Client's Reco			5	D.O	8106/11/pc A
CA / REV	/ REP. / REV 24 H	RS (up)	Long	н	O.D. Endorsement
		Person Contacted:	Jeromy	Veluc	le (NI)OUT
Date/Time		(×) Estimate			
		- NA/AIGIGGISS			DOA' 35/06/3011
	1 20101441	1- NA/INCLIDE	116/2/1		Bee 1/3/3011
	\$450	, 6 ams.			
	40n0	1		-	1
	LRED: 1800	:31%)			Spira
	7211 - B10	once to to	.acl		VV
	2511-41	pass to tu	1 ppt		$\sim 1.1$
					22/1
					1 1

RECEIVED 2 3 JAN 2019

Confirme. File Pass hit	: Preli. Report	Days Of Repair:	6		
Ī	. Final Report	Resurvey No. of Trip:	-	Survey Fee.	
Cate/Time, File Return to?				Transportation	1
		Add Fee: Site Insp 1\$		)SXRESE	
	*	Internew (\$		). Photos	
Report Format :	PRS	Feen live (\$		3. Chpero	i
Lump Sum / LB !: ()		gVerticus 1 + S	*		

#### 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.
- 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	30/11/2018 12:53
Date Of Accident	29/11/2018 19:10
Exact Location Of Accident	ORCHARD BLVD TO PATERSON RD BESIDE ION ORCHARD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLW5707Z
Insured/Policyholder	
Name Of Registered Owner	TENG KAH SENG (DING JIASHENG)
NRIC No	S9120691I
Email Address	TENGKAHSENG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98156827
Alternative Phone No	OTHERS-98156827
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO FORTE KOUP-1.6 SX ABS D/AB SR (A)
Exact Purpose for which vehicle was being used at time of accident	
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800024618
Cover Note Number	
Driver	
Name of Driver	TENG KAH SENG (DING JIASHENG)
NRIC No	S9120691I
Date Of Birth	11/06/1991
Occupation	INDOOR
Date Of Driving Pass	31/12/2012
Driving Experience	5 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98156827
Fax Number	30000000000000000000000000000000000000
Contact Number	OTHERS-98156827

TENGKAHSENG@GMAIL.COM

Address

BLK 120 BUKIT BATOK CENTRAL #08-351

SINGAPORE

Postcode

650120

OWNER

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

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

WET

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

NO 2

Was any body injured in the Accident?

YES

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 2

Number of Passengers (Including Driver)

Passenger 1

NAME:

: DUANGDAW TENG

GENDER:

: FEMALE

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

#### Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO WITH OWNER

Was there any audio recorded?

NO

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SGT979M

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### **DETAILS OF INJURED PERSON 1**

Name

TENG KAH SENG (DING JIASHENG)

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SLW5707Z

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

# **DETAILS OF INJURED PERSON 2**

Name

DUANGDAW TENG

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SLW5707Z

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

#### Sketch Plan



#### 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.
- 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
- 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)

l 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)
  - (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, nvestigation 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:

Oriver's Signature (if driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name

NRIC/FIN No.:

# Sketch Plan #2

ÆTCH PLAN				
		MA		A):SLW57072
		BA		B B: S& 7979n
		71	1	
				Orchard Blvd
		ĵ	ř.	Poterson Rd.
				Beside Ion Otchard
ESCRIBE CIRCUMSTANCES O	E THE ACCIDENT	1.1	$\Rightarrow$	
Refer to police of				
THEFT IS MILLS I	eport.			
	_			
ECLARATION We declare the foregoing particu	iars are true in every respe	ect.		her.
olicyhoider's Signature ate & Time: D SOPW	Oriver's Signature (If driver is not the po Date & Time:	licyholder)	Reporting Car Name: NRIC/FIN No.	ntre Personnel's Signature
30/11/18				

# POLICE REPORT PAGE 1 Pg. 1





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20181130/7002

### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/11/2018 11:38			Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars		Secretary of the secretary		
	Informant: AH SENG	SENG APT BLK 120 BUKIT BATOK CENTRAL #08-35 650120				
ID Type / ID No.: NRIC NO / S9120691I			Contact No.: Home/Office:	Mobile: 98156827		
National SINGAP	ity: ORE CITIZ	EN	Email: TENGKAHSENG@GMAIL.COM			
Sex: Age: Date of Birth: Male 27 11/06/1991			Type of Informant: Driver			
Race: Chinese			Language: Institution / School Name: English			
Occupat Tuitor	ion:		Driving Licence Information: Class: 3 Date of Expiry:			

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 29/11/2018 19:1	Type of Location Straight Road
Location: ORCHARD B	OULEVARD			
-		Tp10.6		
		Road Surface: Wet		Road Speed Limit: 50 Km/h
Weather: Clear Traffic Flow: One Way			king	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SGT979M	Car	KIA				0
SLW5707Z	Car	KIA	CERATO FORTE KOUP 1.6 AT SX ABS D/AB SR	White		0

# POLICE REPORT PAGE 2 Pg. 1





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

T/20181130/7002

2 of 3

Report No. T/20181130/7002

CONTINUATION OF REPORT

Vehide No.	Insurance Company	Insurance No	Effective	Expiry Date
SLW5707Z	AIG ASIA PACIFIC INSURANCE PTE.	1800024618	12/03/2018	11/03/2019

Details of Perso	n Involved	101/2010	A01	<b>分割</b> 化有3		Table of the state of the state of
Any Pedestrian I				SCHOOL STORY	TO SHE WAS A	
No. of Pedestria	ns Injured: NIL	n	Use of Pe	Pedestrian Crossing: NA		
Passenger	<b>经营营制产业</b>		Market St.	# 1880E	50 E	<b>建筑的一种,</b>
Name	Duangdaw Teng			ID No	).	G1680608R
Related Vehicle	SLW5707Z (Car)			Conta	ect No.	97265965
Hospital/Clinic	STREET 11 CLINIC			Class Drivin Licen Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment			Date Disc			/2018
	ted Medical Leave	02	Degree of			
Driver		Property and		BIE STA	ary in	
Name	TENG KAH SENG			ID No		S9120691I
Related Vehicle	SLW5707Z (Car)			Conta	ct No.	98156827
Hospital/Clinic	STREET 21 CLINIC (TAMPINES)				of g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	30/11/2018	MX-L-	Date Disch			/2018
No. of Days grant	ted Medical Leave	02	Degree of			

### Brief Details.

My vehicle SLW5707Z was stopped behind the traffic light waiting for the traffic light to turn green. When the traffic light turn green, Vehicle SGT979M cut into my lane of travel and hit the front left portion of my vehicle. After the collision, Vehicle SGT979M sped off, turn left into Paterson Road and left the scene. My wife Duangdaw Teng G1680608R and myself suffered from neck and back pain after the incident.

### POLICE REPORT PAGE 3 Pg. 1





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20181130/7002

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch plan

NP168

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 30/11/2018 11:38
Officer In Charge Of Case: TP / TPIB / IRMAN BIN MOHAMAD SAID Contact No.: 65476145	Classification Of Case:

# DRIVER NRIC & LICENSE Pg. 1



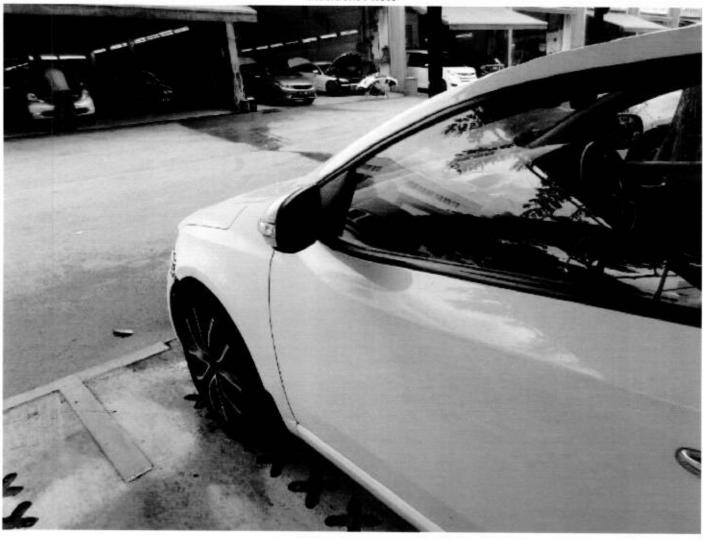














## Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 07/12/2018 09:12

# 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 <u>truthful and accurate</u> 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.

ACCIDENT STATEMENT

Date Of Report 07/12/2018 08:59
Date Of Accident 29/11/2018 19:10

Exact Location Of Accident ALONG ORCHARD BOULEVARD > PATERSON RD BESIDE ION

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGT979M

Insured/Policyholder

Name Of Registered Owner LOI KOK KHEONG

NRIC No S0124213Z Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-98224982

Alternative Phone No Others-98224982

Vehicle Particulars

Manufacturer KIA

Model CERATO K3 1.6A BSD

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?

NO

If No, Please state action to be taken

PRIVATE CAR

REPORTING ONLY

Vehicle Category

Insurance Company

Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE. LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 290697256 DMA

Cover Note Number

Driver

Name of Driver LOI KOK KHEONG

 NRIC No
 S0124213Z

 Date Of Birth
 16/10/1954

 Occupation
 OUTDOOR

 Date Of Driving Pass
 03/01/2000

Driving Experience 18 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98224982

Fax Number

Contact Number OTHERS-98224982

EMail Address NOEMAIL

Address BLK 774 BEDOK RESERVOIR VIEW #16-105

Postcode 470774

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 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 NO ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

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

REFER TO BELOW STATEMENT/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 SLW5707Z

Vehicle Make/Model/Colour KIA CERATO FORTE KOUP 1.6 AT SX ABS D/AB SR

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

2

Name:

. .

Gender:

Female

#### 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.
- 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/faw 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: IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4
Singapore 415933
Tel: 67416697 Fax: 67492305
REmails wackb@singnescoure.se
Name:
NRIC/FIN No.:

0 7 DEC 2018

SKETCH PLAN	1		
		Belovand	Wheeleck Place
	Poterson Rood		Pakeson Rod
DESCRIBE CIRCUMSTA	ANCES OF THE ACCIDENT		1000 orcho-d
		567974m 13	ZW. 0 709 Z
Re	for attachme	mt ·	
		nei de	
	-		
DECLARATION /We declare the foregoing	particulars are true in every respect.		23 Kaki Bukit (VAC) 23 Kaki Bukit Ave 4 5ingapore 415933
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyho	Em Reporti	: 67416697 Fax: 67492305 nail: vackb@singnet.com.sq ng Centre Personnel's Signature
	Date & Time:		N No.: 0 7 DEC 2018

7.10,00

On 29 Nov 2018, at around 6:40pm I was on the third lane of Orchard Boulevard just in front of ION Orchard. There was heavy traffic and when the traffic in front of me cleared, I drove straight ahead and heard a crunching sound coming from my right. I then realised that another car has encroached into my lane. My car driver side wing mirror has hit the other car passenger side wing mirror. As there was heavy traffic, I motioned and told the other driver to drive straight towards Wheelock Place to exchange particulars. I waited for the other driver in front of Wheelock Place but he did not show up. I then drove away. I could not make a report earlier as I do not have the other driver's particulars. From observation, the only damages substained are to both cars wing mirrors.

15

0 7 DEC 2018



MSiG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G) 4 Shenton Way, #21-01 SGX Centre 2. Singapore 058807 Tel +65 6627 7888, Fax +65 6827 7800 www.msig.com.sg

Your Ref Our Ref SGT979M

577704 (Please quote our reference when replying)

04 Dec 2018

URGENT

LOI KOK KHEONG BLK 774 BEDOK RESERVOIR VIEW #16-105 SINGAPORE 470774

Dear Sir/Madam

Accident involving SGT979M and SLW5707Z along ALONG ORCHARD BOULEVARD TO PATERSON ROAD

BESIDE ION

Policy No

290697256DMA

Date of Accident

29 Nov 2018

We have received a property damage claim from Vision Law LLC acting on behalf of the owner of SLW5707Z. However, we have yet to receive your report on the accident.

Under the Motor Claims Framework, motorists are required to report any traffic accident involving their insured vehicles to their insurers within 24 hours of the accident or by the next working day. Any non-reporting may affect the motorist's No Claim Discount and their rights to seek indemnity under their policy.

We urge you to make a report immediately at any of our authorized workshops or IDAC centres. The list is enclosed for your reference. Please bring your vehicle and the following documents with you:

- Driving license
- Identity card
- 3. Police report, if any

If you have already filed an accident report, please accept our thanks and ignore this reminder.

Thank you.

Yours sincerely

Muhd Ashik B Madi Executive Claims Services

Tel Fax 6594 2548

+65 6827 7800

Email

ashik\_madi@sg.msig-asia.com

A Member of MS & AD INSURANCE GROUP

