NATIONAL Assess	ment Centre	Services (ser same)			
Date la 31/01/19	Alcohologica State Cathon =	Jeb description	Date & Time Completed	Done	py
Reino NA/msc19	00/259/13	SAS e-filing			
Veh No SJV 62831	the second secon	E-mail (w.dun 8hrs, AIC 2hrs)			
DOA 20/01/19	1720	i-Motor Claim Form			
OD TP ' Reporting On	IV)	i-Motor W/O (Within: OD 2hrs	TP 4hrs)		
		i-Photo Uploaded	<u> </u>		
TP Insurer		Assessment/Survey Report	0		
De de la Mille de Mille de la Constantina		Ass't Report by Fax / Hand t			-
Preferred Wksp / INC Assign TP Particulars:	-	MG 20964 INC (Tel: Fax:		
	Veh No:	MG 20964 INC()/Non-INC()	· ·	
Owner / Driver: (Policy No: () Deri	od: ()	Tel: Cover Type: (-
Confirmed by : () ren	Date:	Time:		
Insured/Driver Liability:	(%) IN	ote-Est. Status (WO): N: 0-20		6]	- millione
Year of Registration: ()	,	
Excess: (\$	Loading: \$1,00	TO THE PARTY OF TH			
General Remarks:-	Bouting : 01,00	0()/ 02,000 ()		1	
2) QC Check / Post Repair 3) Upload Resurvey Photo Injury: Date/Time Actions	and the same of th	000] ()			
A STATE OF THE STA	71700665	Invoice Pre	paration Checklist	Anit (\$) 1st Bill	Amt (
laimant's Particulars :-		2) DA : Damage	Assessment (\$100); INC (\$80)		
river/Owner:		3) TF : Towing I 4) FT : Follow-T	hrough Survey \$120	-	
ontact No:		5) FT : Follow-T	hrough Survey (Resurvey) \$30 gainst INC Only (wef 10 Jan 2005)		
amaged Portion:		6) TR : Re-inspe 7) N1 : Idac DA	etion \$75 + SMRT Survey \$160		
C Checked by (Engr-In-C	Charge):	The second secon	Car / Tpt Allowance \$5		
Auditors' Comments :-		*N6: Repair C *N7: Post Rep *N8: DV / Co			
at. 1:		<u>TP</u> (N11): TF	(Non INC) against INC \$20		
at 2/3;		9) N12: Idae Mo Invoice dated Invoice dated	Fee Charged Fee Charged		almi

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.

aforesaid.	cent to the archiving of this report at the centre and to copies of the report being made available				
BANKS AND THE STATE OF THE STATE OF	ACCIDENT STATEMENT				
Date Of Report	21/01/2019 12:14				
Date Of Accident	20/01/2019 17:20				
Exact Location Of Accident	TAMPINES ST 44 BLK 463 OPEN SPACE CARPARK				
Country/State of Loss	SINGAPORE				
D. C.	ETAILS OF OWN VEHICLE				
Vehicle Registration Number	SJV6282D				
Insured/Policyholder					
Name Of Registered Owner	NG BOON CHWEE				
NRIC No	S8338656H				
Email Address	JOHNSON09115@GMAIL.COM				
Mobile Phone No	(LOCAL) +65-97973898				
Alternative Phone No	OTHERS-97973898				
Vehicle Particulars					
Manufacturer	MITSUBISHI				
Model	LANCER EX				
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				

REPORTING ONLY If No, Please state action to be taken Vehicle Category PRIVATE CAR

Insurance Company

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

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number A 80454444 QMX

Cover Note Number

Driver

Name of Driver NG BOON CHWEE NRIC No S8338656H

Date Of Birth 15/12/1983 OUTDOOR Occupation Date Of Driving Pass 06/04/2004

14 YEARS AND 9 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-97973898 Mobile Number

Fax Number

OTHERS-97973898 Contact Number

JOHNSON09115@GMAIL.COM EMail Address

Address BLK 463 TAMPINES ST 44

#02-86

Postcode 520463

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

3

Insurance Company of Driver's Own Vehicle

8

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 (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

4

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)

Passenger 1 NAME:

GENDER: : MALE

Passenger 2

NAME:

: ASHLEY

: ADRIAN

GENDER: : FEMALE

Passenger 3

NAME:

: EVELYN

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

Station Name TAMPINES NORTH NPP

Police Station Address ROAD: 461 TAMPINES ST 44 #01-56, POSTCODE: 520461, COUNTRY:

SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20190120/2098

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMG2096U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

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.
- 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)

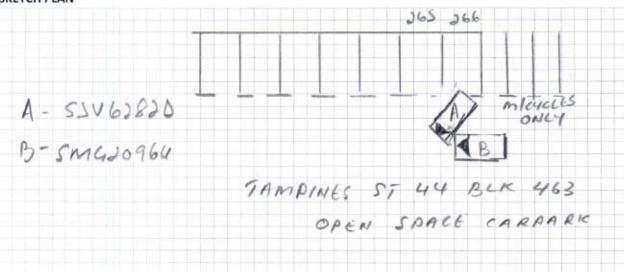
Date & Time:

Reporting Centre Personnel's Signature

un 21/01/19

Name

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	1.040				me very corporic		
2.	While	I was	doing	a neurse	porking behind	the co.	^
	tricd	to our	r toke	me from	behind 1	my blin	d spet
	result	ing in	a co	llusiun	8		
3.	No	donagi	W63	apaine	Comm the	Blue	Sara
	ond	10	pournment	property	was do	mage a	and
	no	possinge	Les	injund.	from the was do		
	-						

DECLARATION	D	EC	LA	RA	TI	0	١
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I/We declare the foregoing particulars are true in every respect.

Policybolder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:





1 of 3

Report No. T/20190120/2098

Police Station Of Origin: Tampines North NPP

461 Tampines Street 44 #01-56 SINGAPORE

520461

Tel No: 1800-7818999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/01/2019 18:22		/lade:	Vide Report No.:	Station Diary No. 31		
Informa	nt's Partic	ulars		The same of the sa		
	f Informant: ON CHWEE		Address: APT BLK 463 TAMPINES S 520463	TREET 44 #02-86 SINGAPORE		
ID Type / ID No.: NRIC NO / S8338656H			Contact No.: Home/Office: Mobile: 97973898			
National SINGAP	lity: PORE CITIZ	EN	Email:			
Sex: Male	Age:	Date of Birth: 15/12/1983	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: Real estate agent			Driving Licence Information: Class: 2B.2A.2.3			

	Non Injune	nt Drink	Data Cina of	T
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 20/01/2019 17:20	Type of Location Car Park
Location: Along Road 1 TAMPINES ST B/463 Tampine	REET 44 s Street 44 Carpark			9
Weather:		Road Surface:	R	oad Speed Limit:
Clear		Dry		:0
Traffic Flow:		Traffic Control: Not Controlled	177.0	raffic Volume: o Traffic
Tramo Flow.		Not Controlled		o manio
Type of Collisio	n;	Not Controlled		nyone conveyed by

Details of Vehicle Involved								
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger		
SJV6282D	Car	MITSUBISHI	LANCER 1.5 MIVEC SPORTS AT ABS D/AB		Slightly Damaged	1		
SMG2096U	Car	BLUECAR	BLUECAR	White	No Damage	1		





Police Station Of Origin: Tampines North NPP 461 Tampines Street 44 #01-56 SINGAPORE 520461

2 of 3 Report No. T/20190120/2098

CONTINUATION OF REPORT

Tel No: 1800-7818999

Brief Details.

On 20/01/2019 at about 1720hrs, I was in my Black Mitsubishi (Reg No: SJV6282D) at the carpark of B/463 Tampines St 44 and was about reverse my vehicle into vehicle lot no: 266 when my vehicle side swipe a white (Blue SG Car) (Reg No: SMG2096U) driven by a male driver.

I did make a check on both side and rear mirrors before reversing to ensure that there was no vehicle. I reviewed my CCTV dash board camera which able to view from the front and rear of my vehicle and observed that the White SG Car Mark was at my blindspot area when I was reversing.

Both the driver and myself alighted from the vehicle to assess the damaged however I managed to handover my contact detail but the male driver refused to give his details. I observed that there were no damages to the white (Blue SG Car) and photo was taken as evidence.

No parties were injured during the incident

I managed to take down the white (Blue SG Car) registration number and lodging this report for insurance claims.

Damaged sustained: SJV6282D - slight dent on my left side front fender.





3 of 3

Report No. T/20190120/2098

Police Station Of Origin: Tampines North NPP 461 Tampines Street 44 #01-56 SINGAPORE 520461

Tel No: 1800-7818999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference. Signature Of Officer Recording The Report: Signature Of Informant:

Date/Time:

20/01/2019 18:22

Classification Of Case:

Staff Sgt MUHAMMAD FIRDAUS BIN MISWAN

Signature Of Interpreter: Not applicable

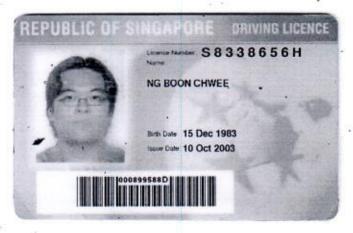
Officer In Charge Of Case: TP / GIA /

Staff Sgt WONG SIEU LUI Contact No.: 65476151

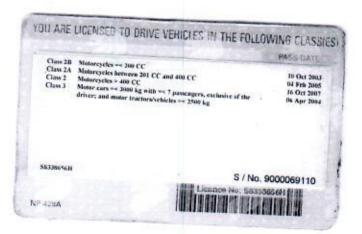
SHEAPORE POLICE FORCE

Authentication Stamp NP168

SIGNATURE











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

ORIGINAL

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 80454444 QMX

Excess: SGD500

1. Index Mark and Registration Number of Vehicle SJV6282h

Windscreen Excess | SGD100

2. Name of Policyholder

NG BOON CHWEE

- 3. Effective Date of the Commencement of Insurance for the purposes of the Act 22/02/2018
- 4. Date of Expiry of Insurance

21/02/2019

5. Persons or Classes of Persons entitled to drive*

NG BOON CHWEE

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 (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.

Signature / Date

Counter-Signatory:

Quotigo Pte Ltd.

MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurers

Amy Ler

Senior Vice President, Agencies

This certificate is not valid unless it is signed for & on behalf of the Company and Counter-Signed by a duly authorised representative of the Counter-Signatory. XMEMPALHM2018022210359985