

22/01/2019

ASS. REC. BY:

REF:

CS3/MS(180)2249/Uad31

Special Instruction:

Surveyor

M. Lim

## ASSIGNMENT (Office)

From (Person):

Morica Chung

of

M911

Date/Time:

22/1/2019

Estimated Cost:

Bill to:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No:

SLM 1024P

Insured:

SFX 9228D

at Workshop m/s

Liang Automotive

Tel:

of

Blok 1 Kaki Bukit Ave 6 # 01-68

Policy No:

29098778QMT

Claim No:

578679

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

06/2018

CA / REV / REP. / REV 24 HRS WP

19/12/2018

H.O.D. Endorsement:

Date/Time:

8/12/2018 1035am

Person Contacted:

Mr. Leong

Vehicle IN/OUT

Date/Time

Action/Instruction ( X ) Estimate

13/12/2018

Mr. Leong say will arrange survey after repair when vehicle done for spray painting

SLM 1024P - X

SFX 9228D - X

28/1/19

Sum of 2/5 & 10 f80 fdy.  
(red & 2000, 16/1)

RECEIVED 29 JAN 2019

29/1/2019

(08/11/13) wef

ASS. REC. BY: *Maria*

REF:

# ASSIGNMENT

From:

Date:

Estimated Cost:

☒ TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its  
 repair at the time of inspection.

N/S	O/S

Bal. or Market Value:

IDAC Accident Report:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

days Res.: Yes or No

Lum Sum:

% 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

3/1

Submit PRS report without range. Photo taken after repair.

Veh No:

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Colour:

Sp. Reading:

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Rear

R/Bal.

L/Bal.

D.O.I.

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

Vehicle survey during After repair

The UIC / Chassis frame / Body Structure affected due to collision.

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Photos

Others

TOTAL

Report Format:

PRS.

Lump Sum / I.B.I. (\$

# BONNIE KWOK LLC

*Advocates & Solicitors*

101A Upper Cross Street  
#08-12 People's Park Centre  
Singapore 058358

Tel : (65) 6536 6026  
Fax : (65) 6536 2279  
[Not for service of court documents]  
GST Reg No. 201203547Z

Your Ref: 578679

Our Ref: BK.18877.19.st

(Please quote our reference when replying)

10 January 2019

M/s MSIG Insurance (Singapore) Pte. Ltd.  
16 Raffles Quay  
#24-01 Hong Leong Building  
Singapore 048581

By Hand



can't find file

ya, -up lead - ②  
-ml I  
mc  
14/1/19

Dear Sirs

## ACCIDENT INVOLVING SLM 1024 P & SFX 9228 D ON 6 DECEMBER 2018

We act for Mdm. Lim Pei Yun, the owner of vehicle no. SLM 1024 P in the above matter.

We are instructed that on the 6 December 2018, your insured driving vehicle no. SFX 9228 D had negligently collided into our client's said vehicle.

We are instructed that as a result of the said collision, our client has suffered loss and damage as follows: -

i.	Cost of Repairs	-\$ 12,800.00
ii.	Vehicle Rental	-\$ 910.00
iii.	Survey Report fees	-\$ 750.00
iv.	LTA search fees	-\$ 8.00
v.	GIA search fees	-\$ 29.00
vi.	Transport, Postage, Xerox and other incidental	-\$ 53.50
vii.	Costs	-\$ 1,605.00
	<b>Total</b>	<b>\$ 16,155.50</b>

We enclose herewith a copy of the LTA search result, GIA report of our client and your insured, survey report and invoice, repair bill, rental invoice and agreement, the certificate of insurance and 156 original photographs for your attention.

Kindly note that under the NIMA protocol, all requests for resurvey are required to be made during the protocol period in eight (8) weeks from receipt of this letter.

Kindly revert whether liability is admitted.

Yours faithfully

BONNIE KWOK

Enc. (by hand)

c.c. Client; and

Robert Rhuraidh Joshua Bryson

## Enquire Vehicle & Owner Information ( Vehicle No. SFX9228D As At 06 Dec 2018 / 17:15:00 )

### Law Firm Search Details

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: LEANGAUTO-SLM1042P

### Current Owner Details

Owner ID Type: Foreign Identification Number

Owner ID: G1752279K

Owner Name: BRYSON MAREE CECILIA

Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes

Registered Block/House No.: 23

Registered Street Name: BIN TONG PARK

Registered Unit No.: -

Registered Building Name: -

Registered Postal Code: 269804

### Current Vehicle Details

Vehicle No.: SFX9228D

Make Description/Model: HYUNDAI / DM SANTA FE 2.4L GDI ABS D/AB SR 4WD SDR

Insurance Company Name: MSIG INSURANCE (SINGAPORE) PTE LTD



**GENERAL  
INSURANCE**  
ASSOCIATION

RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580

Phone: +65 6224 0010 Fax: +65 6224 0030

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

**TAX INVOICE**

Our Ref No: GR-18-191148

Date of Request: 11/12/2018

Your Ref No: WALK IN NG KEON LEANG

LEANG AUTOMOTIVE - KAKI BUKIT  
AUTOBAY @ KAKI BUKIT 1 KAKI BUKIT AVE 6 #01-68  
SINGAPORE 417883

Dear Sir/Madam,

Your Vehicle No: SLM1024P

Date of Accident: 06/12/2018

Place of Accident: PIE

Involving Vehicle No: SJV8397T,SFX9228D,SHC3619K

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	
GST Amount	14.02
Total Amount Due (GST Inclusive)	0.98
	15.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque



**GENERAL  
INSURANCE  
ASSOCIATION**

RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580

Phone: +65 6224 0010 Fax: +65 6224 0030

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

**TAX INVOICE**

Our Ref No: GR-18-191150

Date of Request: 11/12/2018

Your Ref No:

WALK IN NG KEON LEANG

LEANG AUTOMOTIVE - KAKI BUKIT  
AUTOBAY @ KAKI BUKIT 1 KAKI BUKIT AVE 6 #01-68  
SINGAPORE 417883

Dear Sir/Madam,

Date of Accident: 06/12/2018

Vehicle No: SLM1024P

Place of Accident: PIE TOWARDS EUNOS EXIT

Involving Vehicle No: SFX9228D

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SFX9228D	PIE TOWARDS EUNOS EXIT	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque

# AUTOPROBE CONSULTANTS

Reg. No. 53140386J

MAILING ADDRESS: MY MAIL BOX (BUSINESS) NO. 880211, SINGAPORE 919191  
Tel: 62699235, Fax: 62691446, Email: admin@autoprobe.com.sg

To: LIM PEI YUN C/O: LEANG AUTOMOTIVE  
NO. 1 KAKI BUKIT AVE 6  
#02-12 AUTOBAY  
SINGAPORE 417883

INVOICE NO.: INV19010024

. Date: 04/01/2019

## INVOICE

Your Reference: NOT ADVISED

Inspected Vehicle No.: SLM-1024-P

Insured Vehicle No.:

Date of Accident: 06/12/2018

Assigned By: MR LEANG

Assignment Date: 11/12/2018

DESCRIPTION	AMOUNT (\$)
SURVEY	750.00
PHOTOS (156 PCS)	-
TRANSPORT	-
Total:	750.00
(DOLLARS: SEVEN HUNDRED FIFTY ONLY)	

Please cross cheque and make payable to:

AUTOPROBE CONSULTANTS  
MAILING ADDRESS:  
MY MAIL BOX (BUSINESS) NO. 880211  
SINGAPORE 919191

Computer generated; Signature not required.

# LEANG AUTOMOTIVE

No. 1299

Auto Bay @ Kaki Bukit 1 Kaki Bukit Ave 6 #01-68 Singapore 417883  
Tel: 6909 3048 Fax: 6909 3046

M/s \_\_\_\_\_

Vehicle No: GLM1024P

Vehicle Model: 41SS/K QASHQA1

Date: 8-1-2019

Quantity	DESCRIPTION	Unit Price	\$ Amount
			cts
	Repairs Costs		\$12800
	Loss of Use 71 day		
	E & O.E.	TOTAL \$	\$12800

Authorised Signature

For LEANG AUTOMOTIVE



WIN WIN RENT-A-CAR PTE LTD

## Invoice

GOH KENG GIAP  
8 TAO CHING RD  
#07-15  
S(618724)

Invoice No : WPLIN0002548  
Invoice Date : 15/12/2018  
Due Date : 15/12/2018  
VHA No : 2984  
Referral ID : L032

Description :	Amount
Rental for 7 Day/s @ \$130 per Day \$	910.00

Vehicle No : SLC4693R

Vehicle Description : Mazda 3 1.5A

Rental Period : 06/12/2018 to 13/12/2018

Total Amount Payable : \$ 910.00

# WIN WIN RENT-A-CAR PTE LTD

8 Kaki Bukit Ave 4 #06-04 Premier@Kaki Bukit Singapore 415875  
Tel: 6315 8479 H/P: 9833 0807

VHA No: 2984

Invoice No: WPLIN2548

Hirer's Vehicle No:

UEN: 201505115E

## VEHICLE RENTAL AGREEMENT

### HIRER'S PARTICULARS

Name: (as in I/C) GOL KENG GUAP

NRIC / FIN No: 5792873111

Address (Res): 8 TAO CHING RD #07-15  
S(618724)

Name & Address of Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Driving Exp: \_\_\_\_\_

Singapore Driving Licence No: \_\_\_\_\_

Issue Date: \_\_\_\_\_ Date of Birth: 72/9/79

Tel: (O) \_\_\_\_\_ (R) \_\_\_\_\_ HP: \_\_\_\_\_

### ADDITIONAL DRIVER'S PARTICULARS

Name: (as in I/C) \_\_\_\_\_

NRIC / FIN No: \_\_\_\_\_

Address (Res): \_\_\_\_\_

Occupation: \_\_\_\_\_ Driving Exp: \_\_\_\_\_

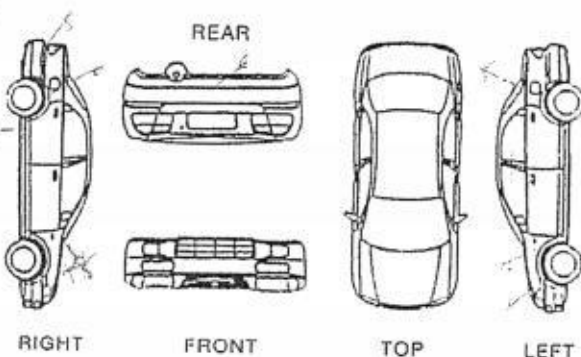
Singapore Driving Licence No: \_\_\_\_\_

Issue Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Tel: (O) \_\_\_\_\_ (R) \_\_\_\_\_ H/P: \_\_\_\_\_

### VEHICLE CHECK LIST

INDICATE:  
D - DENTS  
A - ACCIDENTS  
S - SCRATCHES



### MISSING / FAULTY ACCESSORIES / PARTS

REMARKS: \_\_\_\_\_

Vehicle No: SLC4693R Replace Veh No: \_\_\_\_\_

Mileage Out: 42152 Mileage Out: \_\_\_\_\_

Make & Model: MAZDA3 Auto / Manual

Out : Date 06/12/2018 Time: 18:05

HIRE / PERIOD EXPIRY Time: \_\_\_\_\_

NON-WAIVER EXCESS=\$ 2000

### CHARGES

Daily	7	@ \$ 130	per day	\$ 910	-
Weekly		@ \$	per week		
Monthly		@ \$	per month		
Hours		@ \$	per hour		
Extension		@ \$			

Delivery/Collection Service

SUB-TOTAL \$

### PETROL LEVEL

Out	E	1/8	1/4	3/8	1/2	5/8	3/4	7/8	F
In	E	1/8	1/4	3/8	1/2	5/8	3/4	7/8	F

Fuel

Traffic / Parking Fines

TOTAL CHARGES \$

Hirer's Signature

Additional Driver's Signature \_\_\_\_\_

I have read and agree to the terms and condition on both sides of the agreement. If I have presented a charge/credit card for payment. I agree that all amounts payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have been made on the charge/credit card voucher. All information I have given WIN WIN RENT-A-CAR PTE LTD in connection with this agreement is true.

### \*IMPORTANT

1. VEHICLE IS STRICTLY PROHIBITED FOR "HIRE FOR REWARDS" USAGE SUCH AS UBER / GRABCAR / GRABSHARE ETC.
2. ONLY PERSON ABOVE 23 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE AUTHORIZED LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
3. ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER. AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REDIRECTED.
4. THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN AT THE RATE SHOWN PER HOUR OR PER DAY. INCLUSIVE OF CDW AND/OR PAJ WHERE APPLICABLE.
5. IN CASE OF ACCIDENT, THE HIRER SHALL REPORT TO RENTAL OFFICE IMMEDIATELY. IF THERE IS BODILY INJURIES, A POLICE REPORT MUST BE MADE WITHIN 24 HOURS.
6. VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY WIN WIN RENT-A-CAR PTE LTD.

RETURN OF VEHICLE. THE HIRER / DRIVER IS REQUIRED TO SIGN IN THE COLUMN "SIGNATURE OF HIRER / DRIVER" FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO WIN WIN RENT-A-CAR PTE LTD AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

DATE IN	TIME IN	MILEAGE	CHECKED BY	REMARKS	SIGNATURE OF HIRER/DRIVER
13/12/18	09.00	42716			

## 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 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.
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 10:05
Date Of Accident	06/12/2018 17:15
Exact Location Of Accident	PIE TOWARDS EUNOS EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM1024P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM PEI YUN
NRIC No	S8022481H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96423747
Alternative Phone No	OFFICE-96423747

### Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2018-00003141
Cover Note Number	

### Driver

Name of Driver	GOH KENG GIAP
NRIC No	S7928731H
Date Of Birth	22/09/1979
Occupation	INDOOR
Date Of Driving Pass	02/10/2002
Driving Experience	16 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96423747
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	8 TAO CHING ROAD #07-15
Postcode	618724
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	-
	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
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
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 ATTACHED

#### 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	SFX9228D
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHC3619K
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)

SKETCH PLAN

IMPORTANT NOTICE

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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. 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:

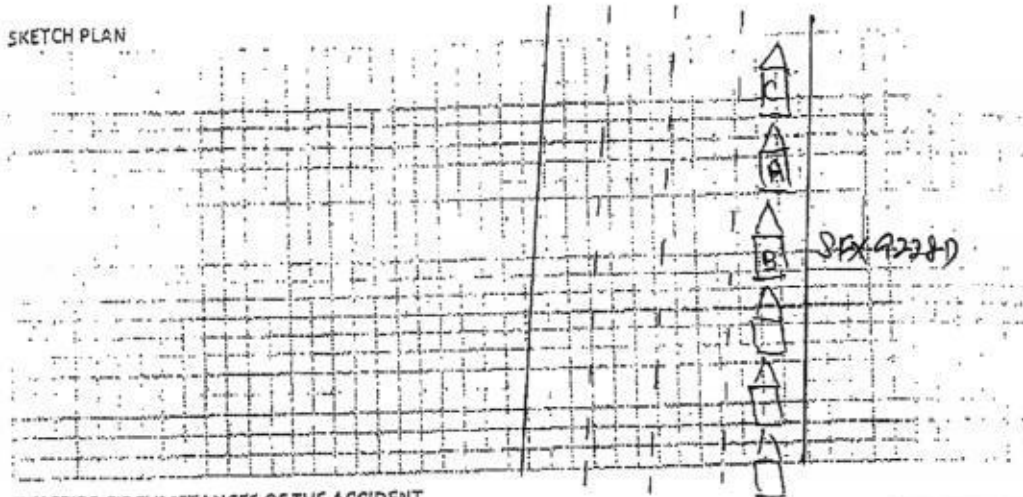
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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
  - (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
  - (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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along PIE towards Eunos Exit. My car was stationary due to front car was stopped. Suddenly I felt an impact from the rear and the impact caused my car move forward and collided into CAR C.

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/PIN No.:



## CERTIFICATE OF INSURANCE

Please call +65-6322-2072 for FWD Emergency Assistance  
if Your Car breaks down or is involved in an accident.

All accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

POLICY NUMBER: PNPV2018-00003141 (Comprehensive - Classic Plan)

Car plate number: SLM1024P

Your name (As the policyholder): Lim Pei Yun

Coverage start date: 21/03/2018

Coverage end date: 20/03/2019

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to drive:

(a) You; and

(b) Anyone with a valid driving license who You give permission to drive Your Car.

Important things to know:

Your Policy comprises this Certificate of Insurance, the Contract, the Car Insurance Summary and any Endorsements attached by Us. These documents should be read together as one. You must make sure that any person You give permission to drive Your Car understands Your duties under this Policy and complies with its conditions.

Your Policy is only valid if Your Car is being used for non-commercial activities in accordance with Your contract.

Finance company: Standard Chartered Bank (Singapore) Limited

We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

Issued on: 27/02/2018

Abhishek Bhatia  
Chief Executive Officer  
FWD Singapore Pte Ltd

Please immediately inform us at +65-6820-8888  
or email us at [contact.sg@fwd.com](mailto:contact.sg@fwd.com) if any details  
in this Certificate of Insurance need to be changed.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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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.
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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 11:34
Date Of Accident	06/12/2018 17:15
Exact Location Of Accident	PIE OUTSIDE LANE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFX9228D
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#### Insured/Policyholder

Name Of Registered Owner	BRYSON MAREE CECILIA
Passport No/FIN	G1752279K
Email Address	ROB.BRYSON@ROBERTWALTERS.COM.SG
Mobile Phone No	(LOCAL) +65-83062709
Alternative Phone No	OFFICE-83062709

#### Vehicle Particulars

Manufacturer	HYUNDAI
Model	SANTA FE
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	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	A29098778QMY
Cover Note Number	

#### Driver

Name of Driver	ROBERT RHURAI DH JOSHUA BRYSON
Passport No/FIN	G3039854N
Date Of Birth	23/08/1974
Occupation	INDOOR
Date Of Driving Pass	13/11/2018
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83138995
Fax Number	
Contact Number	
Email Address	ROB.BRYSON@ROBERTWALTERS.COM.SG