

ASS. REC. BY:

REF:

CS3/MSG18021001

J403-11

Special Instruction:

Survivors:

Mennen

Hwee Se

ASSIGNMENT (Office)

From (Person):

Irene Tan

of

MSG

Date/Time:

20/11/18 @ 4:10pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

GBF 41714

Insured:

SKR 33922

at Workshop no/2

A-T Performance

Tel

9686 6219

of

160 Sin Ming Drive # 07-19

Policy No

MSC/V/18-001507

Claim No:

MSD/vpcp/18-000111

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A

16/10/2018

CA / REV / REP. / REV 24 HRS

(up)

21/11/2018

H.O.D. Endorsement:

Date/Time:

156pm @ 20/11/18

Person Contacted:

Alvin

Vehicle IN/OUT

Date/Time	Action/Instruction (x) Estimate
	GBF 41714-X
	SKR 33922-X
	Dismantle: 23/11/2018
	1/4 @ 7400, 4 days
	1 Red @ 4800, 6 7/10

[Signature]
15/2/2019



RECEIVED 18 FEB 2019

Nivitha (LKK Auto)

From: Veron Chen (LKKAuto) <veronchen@lkkauto.com>
Sent: Tuesday, 12 February 2019 4:11 PM
To: Irene Tan; Shiao Chan (LKKAuto); Denise Tay (LKKAuto); Admin-D (LKKAuto); Olivia Lau (LKKAuto)
Subject: RE: Please prepare paper survey report on GBF4171H; Our claim no.: MSC/V/18-001507/IT

Dear Irene,

Thank you for the email.

Dear Assignment Team,

FYNA

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Irene Tan <irene_tan@sg.msig-asia.com>
Sent: Tuesday, 12 February 2019 3:25 PM
To: Veron Chen (LKKAuto) <veronchen@lkkauto.com>; Shiao Chan (LKKAuto) <siewsc@lkkauto.com>; Denise Tay (LKKAuto) <denisetay@lkkauto.com>; Admin-D (LKKAuto) <admin-d@lkkauto.com>; Olivia Lau (LKKAuto) <olivialau@lkkauto.com>
Subject: Please prepare paper survey report on GBF4171H; Our claim no.: MSC/V/18-001507/IT
Importance: High

Good afternoon Veron,

We refer to your PRI report dated 10.12.18.

Please upload your paper survey report in the Merimen asap.

Irene Tan
Senior Executive, Motor Claims Services
D: +65 6594 2541 | F: +65 6225 7402 | irene_tan@sg.msig-asia.com



MSIG Insurance (Singapore) Pte Ltd 16 Raffles Quay, #24-01 Hong Leong Building, Singapore 048581 | T: +65 6220 9644 | F: +65 6225 6371 | Co. Reg. No. 200412212G | msig.com.sg



A Member of **MS&AD** INSURANCE GROUP

HIN TAT AUGUSTINE & PARTNERS

Advocates & Solicitors Commissioners For Oaths Notaries Public

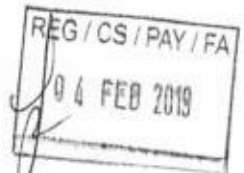
UEN NO 53130863D

20 UPPER CIRCULAR ROAD
#02-10/12 THE RIVERWALK
SINGAPORE 058416
TEL : (65) 6533 0212
FAX : (65) 6533 0313

WEBSITE: www.htapartners.com.sg
EMAIL: ruby@htapartners.com.sg

(65) 6338 3536 (Direct)
Service By Fax Not Accepted

In Association with:
Stroh Legal Group Pte Ltd
International Legal Consultants



Our Ref: TCL.GCN.ro.50453.18.at
Your Ref: SKR 3392Z wky/v/18-001507

31 January 2018

Hitachi Capital Asia Pacific Pte Ltd
111 Somerset Road
#14-05-15 TripleOne Somerset
Singapore 238164

By Certificate of Posting (w/o encl)
(for your information only)



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

By Hand & By Fax (w/o encl)

Attn: Motor Claims Department

VC,
upload only.
wene
7/2/19

Dear Sirs,

ACCIDENT INVOLVING GBF 4171H & SKR 3392Z ALONG BENDEMEER ROAD BEFORE BOON KENG ROAD ON 16 OCTOBER 2018 @ 0930HRS

We act for Customers' Right Choice Pte Ltd, the owner of motor vehicle no. GBF 4171H, in relation to the above-captioned road traffic accident.

We are instructed that you were the owner and/or the insurer of motor vehicle no. SKR 3392Z at the material time. We are further instructed that the accident was caused by your authorized driver's and/or your insured driver's negligence in the driving, control and/or management of your insured vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows:

1. Cost of Repairs	\$ 7,200.00
2. Loss of Use (9 days x \$120.00 per day)	\$ 1,080.00
3. Survey Report Fees	\$ 639.00
4. LTA Search Fee	\$ 7.49
5. Costs (inclusive of GST)	\$ 856.00
6. Incidentals	\$ 50.00
Total	<u>\$ 9,832.49</u>

.../Page 2

TAN HIN TAT
AUGUSTINE SOH KHEONG YEOW
SEAN LIM THIAN SIONG
TANG CHI LOONG

WOO FOONG LIN
TAN E-FANG
CLAIRE THAM LI MEI

LEONG LAI SIM
CAROLYN LIM MAY LEAN
HO KIM FOONG
SERENA GOH MAE LI
GONG CHIN NAM
MOHD ZIKRI B MOHD MUZAMMIL
MARILYN HO SU FEN
ANDREW PATRICK HILL

CONSULTANT

LIM KIA TONG
JANET WEE-TAN

eLitigation

HIN TAT AUGUSTINE & PARTNERS

Page No. 2

Our Ref. TCL.GCN.ro.50453.18.at

Your Ref. SKR 3392Z

Date : 31 January 2019

The following supporting documents are enclosed herewith: -

1. Copy of Singapore Accident Statement by GBF 4171H;
2. Copy of Certificate of Insurance from EQ Insurance Company Limited;
3. Copy of Final Repair Bill from A T Performance;
4. Copy of Survey Invoice & Survey Report from Premier Appraiser Services;
5. Copy of LTA search result of SKR 3392Z; and
6. **48 pcs of original** photographs of motor vehicle no. GBF 4171H.

Please note that you / your authorized driver and/or your insured driver should send to us an acknowledgement of receipt of this letter within **fourteen (14)** days of receipt of this letter, failing which our client will have no alternative but to commence proceedings against you / your authorized driver and/or your insured driver without further notice to you / your authorized driver and/or your insured driver.

Please note that if you / your authorized driver and/or insured driver have a counterclaim against our client arising out of the accident, you / your authorized driver and/or your insured driver are also required to send us a letter giving full particulars of the counterclaim together with all relevant supporting documents within **eight (8)** weeks of your receipt of this letter.

Please note that our client's claim is in respect of its property damage claim and is strictly without prejudice to the uninsured losses and/or injury claim (if any).

Yours faithfully,



GONG CHIN NAM

Enc.

cc: client

By fax

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	19/11/2018 09:53
Date Of Accident	16/10/2018 09:30
Exact Location Of Accident	BENDEMER RD BEFORE BOON KENG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF4171H
Insured/Policyholder	
Name Of Registered Owner	CUSTOMERS' RIGHT CHOICE PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90096104
Alternative Phone No	OFFICE-90096104

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	VITO

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 COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ18-006276
Cover Note Number	

Driver

Name of Driver	NAY ZAR KYAW WIN
NRIC No	S7760898B
Date Of Birth	09/04/1977
Occupation	INDOOR
Date Of Driving Pass	26/01/2006
Driving Experience	12 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90096104
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 202 TOA PAYOH NORTH #07-1087
Postcode	310202
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

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?	
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

AS PER ACCIDENT REPORT.

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	SKR3392Z
Vehicle Make/Model/Colour	AUDI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SUGANTHI
NRIC/Passport Number	
Contact Number	910505010
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan Pg. 1

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 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 STOP MY VAN STATIONARY DUE TO TRAFFIC AHEAD.
 MOMENTS LATER, A CAR SKR33922 CAME FROM
 BEHIND & HIT INTO MY VAN REAR SECTION.

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/FIN No.:

SIAMVIC Insurance Pte. Ltd.

MBNH18149143-01 / B & H Motor Pte Ltd - Bin Ming
ENTRY DATE & TIME: 19/11/2018 09:53
SUBMITTED BY: Myint Myint Than

Your NCD will be affected due to late reporting
Actual e-Filing Submission Date & Time: 19/11/2018 17:30

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 Authorized 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	19/11/2018 09:53
Date Of Accident	16/10/2018 09:30
Exact Location Of Accident	BENDEMER RD BEFORE BOON KENG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF4171H
Insured/Policyholder	
Name Of Registered Owner	CUSTOMERS' RGHT CHOICE PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90096104
Alternative Phone No	OFFICE-90096104

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	VITO
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ18-006276
Cover Note Number	

Driver

Name of Driver	NAY ZAR KYAW WIN
NRIC No	S7760898B
Date Of Birth	09/04/1977
Occupation	INDOOR
Date Of Driving Pass	26/01/2006
Driving Experience	12 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90096104
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 202 TOA PAYOH NORTH
 #07-1087
 Postcode 310202
 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 COLLISION - HEAD TO REAR
 Weather Conditions CLEAR
 Road Surface DRY

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?
 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

AS PER ACCIDENT REPORT.

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 SKR3392Z
 Vehicle Make/Model/Colour AUDI
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver SUGANTHI
 NRIC/Passport Number
 Contact Number 910505010
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Accident Sketch Plan Pg. 1

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 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.:

Stamp: [illegible]

SKETCH PLAN

BENBERRY ROAD

200N KING RD

(A) GBR41714

(B) SKR33922

→ [A1A]

1 STOP MY VAN STATIONARY DUE TO TRAFFIC AHEAD.
MOMENTS LATER, A CAR SKR3392Z CAME FROM
BEHIND & HIT INTO MY VAN REAR SECTION.

I/We declare the foregoing particulars are true in every respect.

Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____

Enquire Vehicle & Owner Information (Vehicle No. SKR3392Z As At 16 Oct 2018 / 09:30:00)

Law Firm Search Details

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: GCN.RO.50453.18.AT

Current Owner Details

Owner ID Type: Company

Owner ID: 199400399N

Owner Name: HITACHI CAPITAL ASIA PACIFIC PTE LTD

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

Registered Block/House No.: 111

Registered Street Name: SOMERSET ROAD

Registered Unit No.: # 14 - 05-15

Registered Building Name: TRIPLEONE SOMERSET

Registered Postal Code: 238164

Current Vehicle Details

Vehicle No.: SKR3392Z

Make Description/Model: AUDI / A3 SEDAN 1.4 TFSI AMBIENTE (NAV) MY 15

Insurance Company Name: MSIG INSURANCE (SINGAPORE) PTE LTD

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	12/02/2019 20:22
Date Of Accident	16/10/2018 09:30
Exact Location Of Accident	BENDEMEER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR3392Z
-----------------------------	----------

Insured/Policyholder

Name Of Registered Owner	HITACHI CAPITAL ASIA PACIFIC PTE LTD
Co Reg No	199400399N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91505010

Vehicle Particulars

Manufacturer	AUDI
Model	A3-1.4 SEDAN TFSI (AMBIENTE) (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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MSD/VPCP/18-000111-00
Cover Note Number	

Driver

Name of Driver	T SUGANTHI
NRIC No	S9409825D
Date Of Birth	16/03/1994
Occupation	INDOOR
Date Of Driving Pass	13/06/2014
Driving Experience	4 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91505010
Fax Number	
Contact Number	
EEmail Address	SUGANTHI_1603@GMAIL.COM

Address	480 EAST COAST ROAD
Postcode	429044
Was driver an employee of the Insured's Company	YES
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	COLLISION - HEAD TO REAR
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	2
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 SKETCH PLAN

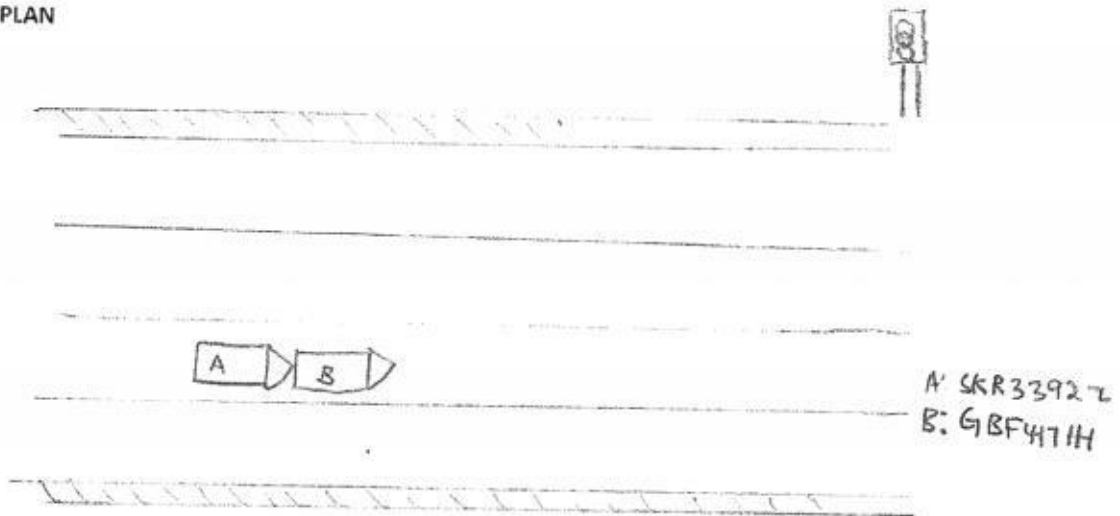
Attachment(s)

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	GBF4171H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16-10-2018 @ 0930hrs I was travelling along Bendemeer road before boon keng road. There was a heavy traffic and my vehicle was moving in around 10 km/h speed due to the congestion. It was red light so my vehicle was stationary initially and as the light turned green the vehicles in front of me slowly started to accelerate, including mine as well. However, the vehicle in front of me suddenly ~~put~~ applied brakes which I noticed and reacted immediately. Unfortunately, I couldn't stop in time so my vehicle's number plate touched the bumper tail of the vehicle before mine. Immediately we moved our vehicles to the side of the road to avoid any obstruction to other road users. We exchanged our contacts and decided to go to a workshop and get quotation before proceeding. He mentioned that it is a small issue and he does not have the time to go to a workshop now and will inform when he has the time to repair the minor touchup. Therefore, we had an agreement and waited for his call.

DECLARATION

I/We declare the foregoing particulars are true in every respect.
HITACHI CAPITAL ASIA PACIFIC PTE. LTD.

.....
MATTHEW LEE (MR)
Signature
Vehicle Solutions Department

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

.....
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

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 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.

HITACHI CAPITAL ASIA PACIFIC PTE. LTD.

.....
 MATTHEW LEE (MR)
 Senior Manager
 Policy Administration
 Total Vehicle Solutions Department
 Date & Time:

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

.....
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

**MSIG**

MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G)
 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
 Tel +65 6827 7888, Fax +65 6827 7800
 www.msig.com.sg

CERTIFICATE OF INSURANCE

Motor Vehicles (Third Party Risks And Compensation) Act (Chapter 189)
 Motor Vehicles (Third Party Risks And Compensation) Rules, 1960
 Road Transport Act, 1987 (Malaysia)
 Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

12/01/2018

Excess : \$1500/-SECT I

Others Excess : Refer to your policy schedule

A0215-101

CERTIFICATE No.

MSD/VPCP/18-000111-00

1. Index Mark and Registration

Number of Vehicle

SKR3392Z

2. Name of Policy holder

HITACHI CAPITAL ASIA PACIFIC PTE. LTD.

3. Effective date of the Commencement of Insurance for the purposes of the Act

30/01/2018

4. Date of Expiry of Insurance

29/01/2019

5. Persons of classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicles 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.

And Provided further that the Motor Vehicle is registered and licensed under the Road Traffic Act and its registration and licensing under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitations as to Use*

1. Use for the carriage of passengers or goods in connection with the policyholder's business.

2. Use for social, domestic & pleasure purposes and business purposes of any person to whom the vehicle is hired.

The Policy does not cover:-

1. Use for racing, pace-making, reliability trial or speed-testing.

2. Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

3. Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

* 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.

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 & Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).

AUTHORIZED SIGNATURE

IMPORTANT NOTICE

This Certificate is not transferable to a new owner of the vehicle.

If for any reason the Insurance is terminated during its currency, the Certificate must be returned to the Insurer, or if the Certificate has been lost or destroyed a Statutory Declaration to that Effect has to be made. Failure to comply with this obligation is an offence under the compulsory Insurance Legislation. This Certificate must be returned if the insurance is suspended during its currency. If you are involved in an accident, full details must be forwarded immediately to the Company.

FORM M.Z.406



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
A Member of **MS&AD** INSURANCE GROUP

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)
(REPUBLIC OF SINGAPORE)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

MOTORMAX PLUS Comprehensive

Certificate No. G 300097852 MCY

Excess : SGD1,500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
SKR3392Z

2. Name of Policyholder
Hitachi Capital Asia Pacific Pte. Ltd.

3. Effective Date of the Commencement of Insurance for the purposes of the Act
30/01/2019

4. Date of Expiry of Insurance
29/01/2020

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 for the carriage of passengers or goods in connection with the Policyholder's business. Use for social domestic and pleasure purposes and business purposes of any person to whom the vehicle is hired
The Policy does not cover

- (1) Use for racing pace-making reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
- (3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risk and Compensation) Act (Chapter 189) and Chapter 95 of the Road Transport Act, 1987 (Malaysia), 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

Michael W Gourlay
Chief Executive Officer

SGSGJWGB201901171716

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9409825D



Name
T SUGANTHI

த சுகந்தி

Race
INDIAN

Date of birth
15-03-1994

Sex
F

Country of birth
SINGAPORE



S9409825D

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9409825D

Name
T SUGANTHI

Birth Date: 16 Mar 1994

Issue Date: 13 Jun 2014




002315031H

4447863



NRIC No. S9409825D



Date of issue
17-08-2009

Address
480 EAST COAST ROAD
SINGAPORE 429044


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

EFFECTIVE DATE

Class 3 Motor Cars=<3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 13 Jun 2014

NP 428A

Licence No: S9409825D



Accident Photo

