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TP Particulars: Veh No: SKA	asse	INC()/Non	-INC().	1000 C	
Owner / Driver: (17027	Tel:	N. T.)	
Policy No: () Period:	() Cover Ty	pc: ().	Alekse Electric
Confirmed by : (tes,	Tlmer)	
Insured/Driver Liability: (%) [Note	Est. Status (WO):	N: 0-20%; P: 21	-79%. P: 80-100°	%]	
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) Total Loss Case : to e-mail Insurer U	RGENTLY.		. ,		
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Upload Resurvey Photo [Repair Cost>\$3000]				* :	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number

EMail Address

Fax Number Contact Number

Gender

- 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.
- 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.

CLEANING CONTRACTOR	ACCIDENT STATEMENT
Date Of Report	20/02/2019 17:15
Date Of Accident	19/02/2019 19:45
Exact Location Of Accident	COMMONWEALTH AVENUE ROAD JUNCTION
Country/State of Loss	SINGAPORE
THE CONTRACTOR OF THE PARTY OF	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMF5735U
Insured/Policyholder	
Name Of Registered Owner	LEE ENG HUAT
NRIC No	S1285262B
Email Address	THOMAS_LEE@IRCO.COM
Mobile Phone No	(LOCAL) +65-97301674
Alternative Phone No.	OTHERS-97301674
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	TIGUAN-1.4 TSI (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE TO SUPERMARKET
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 CAR
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 29106882 AV2
Cover Note Number	
Driver	
Name of Driver	LEE ENG HUAT
NRIC No	S1285262B
Date Of Birth	28/11/1958
Occupation	INDOOR
Date Of Driving Pass	27/07/1979

39 YEARS AND 6 MONTHS

THOMAS_LEE@IRCO.COM

(LOCAL) +65-97301674

OTHERS-97301674

MALE

Page 1 of 12

Address

16 STIRLING ROAD

#02-15

Postcode

148957

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

ehicle/

.

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

PLEASE 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

SKA4585S

Vehicle Make/Model/Colour

TOYOTA CAMRY

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

PIERRICK BONNEAU

NRIC/Passport Number

G5486826Q

Contact Number

88124566/67953290

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

.

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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:
 - 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: 20 Feb 2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN 135 C= my tar DESCRIBE CIRCUMSTANCES OF THE ACCIDENT A) SMF 57354 turn road and 10 MOVE road main road the hit e GA vo ad COUS suddes Mad DECLARATION I/We declare the foregoing particulars are true in every respect.

Driver's Signature

Date & Time:

(If driver is not the policyholder)

Beporting Centre P

NRIC/FIN No.:

GDARMC SlaszbPlanForm_V3

Policyholder's Signature

Date & Time: 20/

ACCIDENT STATEMENT

ÁCO	IDENT DATE: 19103 2019 (DD/MM/YYY). TIME: 7:45 ("HH:)	мм) .
	ATION: Commonwealth Ave road juncti	<u>~</u>
1	. DETAILS OF VEHICLE	
	a) VEHICLE NUMBER: SM F 57 354	3))
	b)INSURANCE COMPANY: M S 1 CT	
	CIPOLICY NUMBER: A 29106882 AV 2	
	d)POLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE &THE	EFT)
	B)MAKE & MODEL: YOLK & Wagen & Tiguan	
	FITYPE: (SALOON / COUPE /MPV/VAN / LORRY / MOTORCYCLE / OTHERS	5)
	h)PURPOSE OF USING AT ACCIDENT TIME: PETSOAL , d TIVING	SUDAT
	I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES NO)	20 20 20 20
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)	
2.	INSURED / POLICY HOLDER	*
	A)NAME: LEE ENG. HUAT (MALE) FEMALE	1
	b) NRIC/FIN/PASSPORT: \$1285262 B CONTACT: 97301	674
are set o	CIADDRESS: 16 Stirling Poad #UD-15	
W 25 3	* CONTINUE TO 3 d IF DRIVER ALSO BOLICY HOLDER	
\$ No of passanga.	DRIVER	38
(Including driver)	a) NAME:(MALE / FEMALE)	į.
(1)	CONTACT:CONTACT:	1
(7)	c ADDRESS:	- *
	"d) DATE OF BIRTH: (28/ 11/ 1958) (DD/MM/YYYY)	<u>- CV-3</u> :
*	eJOCCUPATION: (INDOOR / OUTDOOR)	
	DATE OF DRIVING PASC 27 July 1979	
4.	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES IN	o) n
	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:	
5.	DIPOAD SUPEACE: ORY (NET COLLEGE)	
6.	b)ROAD SURFACE: (DRY) / WET / OTHERS WAS ANYBODY INJURED (YES / NO)	
7.	a) REPORTED TO POLICE (YES (NO)	M _{erc}
	IF YES, PLEASE STATE WHICH POLICE STATION:	
4 11- 0 8,	THIRD PARTY VEHICLE	-
4 No of passenger	a) VEHICLE NUMBER: SKA 4585 S MODEL: Toy ota /	Simila
(Induding driver)	b) DRIVER'S NAME: PIESTICK BERNERY c) NRIC/FIN/PASSPORT: CF 548 68268 CONTACT: 83124	1511
(<u>1</u>) 9.	THIRD PARTY VEHICLE 67953	290
* No of passenger	d) VEHICLE NUMBER: MODEL:	2.0
The of harrander	DDDVEDIC NAME	
(Including driver)	f) NRIC/FIN/PASSPORT:CONTACT:	
()	3	
	6	

UIDAO.

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1285262B



Name

LEE ENG HUAT

李多

英 发

CHINESE Date of birth 28-11-1958

Country of birth







No: 6971566





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

VW DriveEasy2

THE SCHEDULE

			THE SCHEDULE	
Policy Number	Pe	eriod of Insurance	Place of Issue	
A 29106882 AV	2 16/11/	2018 to 15/11/2020		
Name and Address of Insured		Date of Issue		
Lee Eng Huat 16 Stirling Road			20/11/2018	
#02-15			Account Number	
Queens Singapore 148957			156346	
Premium	GST		Total Due	
SGD2,058.95	SGD144.13		SGD2,203.08	

RISK NUMBER

VW DriveEasy2

OCCUPATION

Commercial Leader

FINANCIAL INTEREST

DBS Bank Ltd

as Hire Purchase Owners

SCOPE OF COVER Comprehensive

INTEREST INSURED

REGISTRATION NO. SMF5735U

MAKE/MODEL Volkswagen Tiguan 1.4 TSI INCL. COE/PARF

YES ENGINE NUMBER CZE678636

OFF-PEAK CAR NO

CHASSIS NUMBER WVGZZZ5NZJW940564 NO CLAIM DISCOUNT 50.00% (or F/D) YEAR OF MFG

SUM INSURED

2018 GOOD DRIVER'S

ø:

CAPACITY 1395 C.C. DISCOUNT SGD54.11

SEATING CAPACITY 5 (INCL. DRIVER) NCD PROTECTOR COVERED WINDSCREEN UNLIMITED **EXCESS** SGD1,500

ANNUAL PREMIUM SGD1,028.07

Aircon, radio/cassette/compact disc player, in-vehicle unit, ACCESSORIES rust-proofing and other accessories that are factory fitted.

AUTHORISED DRIVERS

Lee Eng Huat

MARKET VALUE