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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

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.

aforesaid.	
主作技术的基础 及反抗等必要能	ACCIDENT STATEMENT
Date Of Report	21/02/2019 14:48
Date Of Accident	20/02/2019 13:30
Exact Location Of Accident	CARPARK AT 30 SCIENCE PARK ROAD
Country/State of Loss	SINGAPORE
· A A S	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLV9888M
Insured/Policyholder	
Name Of Registered Owner	KIM CHIN KEONG (JIN JINQIANG)
NRIC No	S8234163C
Email Address	CHRISKIM@GOLDENLANDWATCH.COM
Mobile Phone No	(LOCAL) +65-98527600
Alternative Phone No	OTHERS-98527600
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	CAMRY-2.0 G (ACV41) (A)
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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	A 29098877 QMX
Cover Note Number	
Driver	
Name of Driver	KIM CHIN KEONG (JIN JINQIANG)
NRIC No	S8234163C
Date Of Birth	05/11/1982
Occupation	INDOOR
Date Of Driving Pass	21/08/2004
Driving Experience	14 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98527600
Fax Number	
Contact Number	OTHERS-98527600

CHRISKIM@GOLDENLANDWATCH.COM

6B BOON TIONG ROAD Address

#14-53 165006

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

Postcode

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions CLEAR Road Surface 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

0

2

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)

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?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLA1317H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

EDWIN CHAN KHAI ERN

NRIC/Passport Number

S9126821C

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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:

- 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")
- 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.
- 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:

2102201

1200 hrs.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature
Name:

AKMONIN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Trica DECLARATION I/We declare the foregoing particulars are true in every respect. Policyholder's Signature Reporting Centre Personnel's Signatu Driver's Signature Date & Time: (If driver is not the policyholder) Name: 2102 2019

NRIC/FIN No.:

Date & Time:

DIAME Successful Form V3

hrs.

1200

SKETCH PLAN

this I may have revert into your car while parking. Please check for any danger and let me know.

My number is 92979020.

Edwin

Posh

rsbm

From:

Edwin Tan <edwin.tan@tpsgroup.com.sg>

Sent:

Thursday, 21 February, 2019 1:55 PM

To:

LKK Bukit Merah

Cc:

chriskim@goldenlandwatch.com; Robert Tan; Thomas Tan

Subject:

Kim Chin Keang - SLV9888M - DOA 20.02.2019

Good noon Encik,

My client Mr. Kim Chin Keong of vehicle SLV9888M reported an incident to you earlier today that occurred on 20th February 2019. Alleged party at fault who identified himself as "Edwin" left a note with contact number on the windshield.

Please refer to additional information obtained for addendum to made report:

Date of Incident

: 20th February 2019

Time of Incident

About 1.30pm

Location

Carpark at 30 Science Park Road,

Singapore 117512

Purpose of Reporting

Claim against third party

Third Party Vehicle No

SLA1317H

Vehicle Owner (Not Driving)

Janet Yeo Chui Ai

NRIC No

S2563261C

Driving Experience

: No Driving License

Driver Name

Edwin Chan Khai Ern

NRIC No

S9126821C

Class 3 Driving License Pass Date

11th July 2011

Description of Incident

Awaiting Mr. Kim to submit his dash

cam video footage

Thank you for your assistance on this

Regards,

Edwin Tan

Tan Brothers Insurance Agencies Pte Ltd

10 Anson Road, #11-15/16 International Plaza, Singapore 079903 Tel: +65 6220 1822 | Fax: +65 6224 6806 | Mobile: +65 9338 8201

Email: edwin.tan@tpsgroup.com.sq

ACCIDENT STATEMENT

ACCID	ENT DATE: 201021	2019)(DD/MM/YY	YY), TIME:(/ 3-	50_)(HH:MM)
	ON: CORPORK AT			
	DETAILS OF VINIOUS	- 100		1
** :	DETAILS OF VEHICLE	Con Aggrega		
	a) VEHICLE NUMBER:			10 日本 10
	DINSURANCE COMPAN			
	CIPOLICY NUMBER:	A290 18877 6	MX	
	DIPOLICY TYPE: (COMP	REHENSIVEY THIRD PA	ARTY / THIRD PAR	TY FIRE &THEFT)
	B)MAKE & MODEL:	TOYOTA	CAMRY	2-0 (ACV41
	TYPE: (SALOON) / COUP	E/MPV/VAN/LOR	RY / MOTORCYC	LE / OTHERS)
	3) VEHICLE CATEGORY	PRIVATE/ COMMERC	CIAL / MOTORCY	CLE)
, I	1) PURPOSE OF USING A	T ACCIDENT TIME:		
T)	ARE YOU CLAIMING UP	NDER YOUR OWN INS	URANCE LYESANG	Q.P
	IF NO, PLEASE STATE (TH	HIRD PARTY CLAIM / I	REPORTING ONLY	7
	NSURED / POLICY HOLD	ER		
	NAME: KIM		MAL	FEMALE)
b	NRIC/FIN/PASSPORT:_	58234163C	CONTACT:	9852 7600
c	JADDRESS: BIK 68	BOON TIONS	ROAD	
13 14 4	# 14-5	3	A STATE OF THE PARTY OF THE PAR	
	CONTINUE TO 3.d IF DR	IVER ALSO POLICY H	OLDER	7.
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(Including driver)	NAME:AS	· ABOUE	IMAL	E / FEMALE)
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(<u>1</u>)	ADDRESS:			
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6)	DATE OF DRIVING PA	NEV GUIDOORI	2004	•••
4. W	AS DRIVER AN EMPLO	TSS 21 AU	R 2001	
IF	NO, RELATIONSHIP	DE THE DRIVED WIT	CED'S COMPANY	(YES /(NO)
5. a)	WEATHER CONDITION:	CLEAD PAINING	OTHERS	WWEL.
bl	ROAD SURFACE: (ORY)	WET / OTLIEBE	OTHERS	
6. W	AS ANYBODY INJURED	IVES (AIG)		
7. al	REPORTED TO POLICE (VES (NO)		W
	F YES, PLEASE STATE WH	ICH BOUCE STATION	S 35	7
8 THI	IRD PARTY VEHICLE	ICH FOLICE STATION	:	
No of breeze		(A 1317 H		
Industria de la D	DRIVER'S NAME:	DULLU CHANTY	MODEL:	-
() Chiver)	NRIC/FIN/PASSPORT	5017-0216	CONTLOT	
9. THI	DRIVER'S NAME: F NRIC/FIN/PASSPORT; RD PARTY VEHICLE	THE POPULATION OF THE POPULATI	CONTACT:	
	VEHICLE NUMBER:		MODEL	AND+V
Les at haragemental	DRIVER'S NAME:		MODEL:	[7] *£()
Including driver) f	NRIC/FIN/PASSPORT:		0015155	
()	THIO/FIN/F ASSPORTS		CONTACT:	
			*C 55	

email = Chris Kim @ golden landwatch - com

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S8234163C



KIM CHIN KEONG (JIN JINQIANG)







CHINESE Date of birth

05-11-1982 Country/Place of birth SINGAPORE





5234345



29-10-2013

6B BOON TIONG ROAD #14-53 SINGAPORE 165006

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

NP 428A





Tan Brothers

Insurance Agencies Pte Ltd

10 Anson Road #11-16 International Plaza, Singapore 07990; Tel: 62201822 Fax: 62246806 CO. REG. NO. 197500491N

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

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 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 29098877 QMX

Excess: SGD700

Windscreen Excess: SGD100

- Index Mark and Registration Number of Vehicle SLV9888M
- 2. Name of Policyholder
- Kim Chin Keong (Jin Jinqiang)
- Effective Date of the Commencement of Insurance for the purposes of the Act 27/10/2018
- Date of Expiry of Insurance 26/10/2019
- 5. Persons or Classes of Persons entitled to drive*

Kim Chin Keong (Jin Jinqiang)
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 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

TAN BROTHERS INSURANCE AGENCIES PTE LTD

ATTHORISED SIGNATURE

201810171000



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: \$665500200 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report. .:

		ADDEN	DUM :	!
4)	PARTICULARS OF PERSON M.	record for the Architecture Service the Library and Architecture	NTS:	4,000
	Original Report No : MMA	419024321	Vehicle Registration	No: SLY 988FM
	Name(as shownin NRIC) : SLV	gsstm	NRIC/FIN/Passport N	000011110
	(*Vehicle Driver / Vehicle Ow	ner) (†) Please delete a		
	Address :			Singapore(
	Contact (Tel) :		Mobile No.: 9852	7600
	Email Address :			
	Date of Accident :	12.2019	Time of Accident :	13:30 .
			SCIENCE PARK	Room
	Mitter Michael Control of the Contro	lig		
	TO JUPWAD PHOTO DOMAGH WIND OM	os & Viduo.		
			: _	
	Mr.		Un	25/02/2019
	Policyholder / Driver's Signat Date: 21 FEB 20	ure	Name: NRIC/FINNO:	Personnel's Signature

Date: