	re Services. (wit i sortes)	NIMHTUN	10 11	
VATIONAL Assessment Cent	Job description	Date & Time Con	pleted	Done by
Dute In: 01103/2019 12/31			1927	
Ref No: NBD/M&G COO 28-25/	SAS c-filing			
Veh Nor SMD 26 M	E-mail (widda ther, AlC 2hr	3)		
DOA: 27/07/284 10:30	i-Motor Claim Form	<u> </u>		
On Call Business Only	- I-Motor W/O (Within: Of	2hes, TP 4hrs)		
OD (I)! Reporting Only	1-Photo Uploaded			~.
	Assessment/Survey Repu			
TP Insurer:	Ass't Report by Fax/H		Fax:	**************************************
Proforred Wksp / INC Assign Wksp / QW: (Million Williams	Toli	11 11 12 1	
TP Particulars: Veh No:	NR 9988 . IN	IC(,)/Non-INC(<u> </u>)
Owner / Driver: (Z-La X	Tel:)
Policy No: (Period: () Cover Type: ()
Confirmed by : (. Dater ,			
Insured/Driver Liability: (%) [Note-Est Status (WO): N	: 0-20%; P: 21-7970		
Year of Registration: ()	Warranty: YES ()/NO)()		
Excess: (\$ ') Loading: \$	31,000 ()/\$2,000 ()	7.7875.38.16.39.18.22.	45.473	S
General Helithelitaski, kilonelikiaskilli	是这个人的现在分词是一个人的	e sidely NO rafer of	repairer.	14
() Walk-In Customer's Customer's	Information strictly Confidentia	1 & Strictly 140 15.61 6.	·	0
() Total Loss Case : to e-mail In	surer URGENTLY.) ; Towing Co: (. ,	.)
Drive-In ()/Towed-In (); Inv	oice: YES() / NO() Towning Co. (CALL AND	Calliant by
103 88 55 641 65 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		建筑是自己的连续中间的40	inpletant with	Sufficient States
THE THE PARTY OF A LOWER CO.) / Courtesy Car ()	The state of the s		The second secon
1) Apply in Italismal Allowallo) / Commo) on /			
1 / 12/01/10 101 11/10/1	(,)			
2) OC Check / Post Repair Inspection	(+)		-,,	
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost	(+)			
2) OC Check / Post Repair Inspection	(+)			Manager -
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost	(+)			Mindred -
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost	(+)			Manual Control
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost	(+)			Man are construction of the construction of th
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost	(+)			MONTH.
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost	(+)			Now Walnuth
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury: Defections (Aggregation)	(·) > \$3000] ()		ONLACTION OF THE PARTY	ACHION MARKIN
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury: Determine Additional Section 1997]	(·) > \$3000] ()	Figure (10) Great State (310)	NAME OF THE PARTY	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury: Defections (Aggregation)	(·) > \$3000] ()	Apoldent Reporting (330) Damaja Assasament (510)); ING (350) 340/54	5 .
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury: Defections (Aggregation)	(·) > \$3000] ()	Apoldent Reporting (330) Damage Assessment (5100) Towing Pee Follow-Through Survey	\$17 24024 5): ING (790)	5 .
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury: Defections: Assignment Althory Control of Con	(·) > \$3000] () 11) AR 2) DA 3) TF 4) FF 5) FT	Apoldent Reporting (330) Damage Assessment (5100) Towing Pro Follow-Through Survey Follow-Through Survey Relaming against INC Only	(240754 (240754) (240754	5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury: Deficients Assigned Assig	(·) > \$3000] () 10	Apoldent Reporting (330) Damage Assessment (5100) Towning Pre Follow-Through Survey Follow-Through Survey claiming assings INC Only for Re-lampsollon that DA + SMRT Survey	\$17 24024 5): ING (790)	73
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury: Defactions Assigns as Althory Control of Cost Calcumpants and the control of Cost Driver/Owner:	(·) > \$3000] () 10	Abeldent Reporting (330) Demographs Assessment (5100) Towning Pro Follow-Through Survey I Follow-Through Survey I Re-Impection I day DA + SMRT Survey UC Additional Services:	(2 to 2 to	5 0 0 0 73
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury: Defection: Actions as Actions as Action and Ac	(·) > \$3000] () 10	Abeldent Reporting (330) Demographs Assessment (5100) Towning Pro Follow-Through Survey Follow-Through Survey I Re-Impection I day DA + SMRT Survey UC Additional Services:	(10 Jen 200)	5 0 0 0 73
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury: Deficients Assigned Assig	(·) > \$3000] () 1) AR 2) DA 2) DA 3) TF 4) FT 5) FT 6) TR 7) NI 8) NI 0]	Accident Reporting (330) Dames Assessment (5100) Dames Assessment (5100) Towing Pre Pollow-Through Survey (Pollow-Through Survey (Replames at a last INC Only of the Report of the DA + SMRT Survey UC Additional Services: St. Caurlesy Call Totalions Gt. Repair Cu-ordination	(10 Jen 200) (10 Jen 200) (10 Jen 200) (10 Jen 200)	31 32 31 32 31 31 32 31 31 31 31 31 31 31 31 31 31 31 31 31
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury: Date Charles Repair Inspection And 1901604 Citation of the Cost of the Charles of t	(·) > \$3000] () 1) AR 2) DA 3) FF 3) FF 5) FF 7) NI 6 OF 7) NI 6 OF 7) NI 7 OF 8 OF 7 OF 9 OF	Apoldent Reporting (330) Dame For Assessment (310) Towing Fro Follow-Through Survey (Reclambus assinating Only of the Reclambus assinating Only of the Reclambus Assessment (200) Reclambus assinating Only of the Reclambus assinating Only of the Reclambus Assessment (200) St. Caurley Carr Top Allowed Grant Repair Co-ordination (200) The Post Repair Inspection	(10 Jen 200)	35 35 35 35 35 35 35 35 36 36 37 37 37 37 37 37 37 37 37 37 37 37 37
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury: Defection: Actions as Actions as Action and Ac	() > \$3000] () 1) AR 2) DA 2) DA 3) TF 4) FT 5) FT 6) TR 7) NI 8) NI 6) TR 7) NI 8) NI 6) TR 7) NI 8) NI 	Abeldent Reporting (330) Dame of Assessment (510) Towing Pee Follow-Through Survey Re-lampeellon Iday DA + SMRT Survey UC Additional Services: G: Repair Co-ordination F: Poat Repair Description Sic DV / Called Excess Cont F (N11): TP (Non INC) a sili-	(10 Jin 200) 10 Jin 200) 11 Jin 200) 11 Jin 200) 11 Jin 200) 11 Jin 200	31 35 35 35 30 30 30 31 31 31 31 31 31 31 31 31 31 31 31 31
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury : Determined Resurvey Photo [Repair Cost Injury : Determine	(') > \$3000] () 1) AR 2) DA 3) TF 3) FT 5) FT 5) FT 7) NI 6) TR 7) NI 6) TR 7) NI 6) TR 7) NI 8) NI 8) NI 8) NI 9) NI 1000	Apoldent Reporting (310) I Apoldent Reporting (310) I Dainey Assessment (5100) Towing Pro Pollow-Through Survey Pollow-Through Survey I Fullow-Through Survey I Re-juspellon I Idao DA + SMRT Survey TUC Additional Services: St Courlesy Carr Top Allows Gt Repair Co-ordination The Post Repair Inspection Sep DV / Called Excess Cent P (N11): TP (Son INC) again 12: Idao Mobile Sice States Sice States Top Controls The Con	(10 Jen 200)	35 35 35 35 35 35 35 35 36 36 37 37 37 37 37 37 37 37 37 37 37 37 37
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury: Date Charles Repair Inspection And 1901604 Citation of the Cost of the Charles of t	(') > \$3000] () 1) AR 2) DA 3) TF 3) FT 5) FT 5) FT 7) NI 6) TR 7) NI 6) TR 7) NI 6) TR 7) NI 8) NI 8) NI 8) NI 9) NI 1000	Abeldent Reporting (330) Dame of Assessment (510) Towing Pee Follow-Through Survey Re-lampeellon Iday DA + SMRT Survey UC Additional Services: G: Repair Co-ordination F: Poat Repair Description Sic DV / Called Excess Cont F (N11): TP (Non INC) a sili-	NC (\$50) \$49/54 \$12 \$12 \$12 \$12 \$12 \$12 \$12 \$12 \$13 \$14 \$15 \$1	31 35 35 35 30 30 30 31 31 31 31 31 31 31 31 31 31 31 31 31

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.	
the Salarani i Salindari i Kissa	ACCIDENT STATEMENT
Date Of Report	01/03/2019 12:31
Date Of Accident	27/02/2019 10:20
Exact Location Of Accident	WOODLANDS CAUSEWAY TOWARDS MALAYSIA
Country/State of Loss	SINGAPORE
TO LET COME SERVICE DE LA COMPANSA D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMD261M
Insured/Policyholder	
Name Of Registered Owner	KENNETH LEE KUAN BOO
NRIC No	S7242090Z
Email Address	KENSAN1211@GMAIL,COM
Mobile Phone No	(LOCAL) +65-96806803
Alternative Phone No	OTHERS-96806803
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	GOLF-1.4 TSI (A)
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	A 29090922 AVW
Cover Note Number	
Driver	
Name of Driver	KENNETH LEE KUAN BOO
NRIC No	S7242090Z
Date Of Birth	12/11/1972
Occupation	OUTDOOR
Date Of Driving Pass	28/11/1990
Driving Experience	28 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96806803
Fax Number	
Contact Number	OTHERS-96806803
Established to the state of the	

KENSAN1211@GMAIL.COM

Address

BLK 635A PUNGGOL DRIVE

#17-611

Postcode

821635

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

1

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?

YES

Foreign Vehicle Registration Number

JNR9988 (PRIVATE CAR)

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)

622

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

PUNGGOL N.P.C

Police Station Address

ROAD: 21A TEBING LANE, POSTCODE: 828837, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190228/2174

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

JNR9988

Vehicle Make/Model/Colour Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

WONG CHAN YU

NRIC/Passport Number

790918055179

Contact Number

92349958

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.
- 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.
- 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.
- 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 t
 - 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

201"

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time: 01 3 701

Driver's Signature

(If driver is not the policyholder)

Date & Time: 61/2

Reporting Centre Personnells Sig

Name

NRIC/FIN No

B P SWD 261	
B SMD 261	1,2
B P SWD 261	
B) SMD 261	
B PISMD 261	
B) SWD 261	
6) SWD 361	
I SIND EVI	^
1 1 B) JMR 998	8
ESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
ESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
OW	
V	
the	
24	/
19/11	
200	
50.	
(W)	
17	
ECLARATION	
We declare the foregoing particulars are true in every respect.	
Man V Man	18
Commenter Commenter o3/01/3	100
olicyholder's Signature Driver's Signature Beporting Centre Personnel's Signature ate & Time: 0 2 2019 (If driver is not the policyholder) Name:	tint
Date & Time: 61 3 2019 - NRIC/FIN No.: 1047	A. Comment





1 of 3

Report No. T/20190228/2174

Police Station Of Origin: Punggol N.P.C

21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

REPORT OF A TRAFFIC ACCIDENT

	ne Report IV 19 21:58	lade:	Vide Report No.:	Station Diary No.: 103	
Informa	nt's Particu	ulars			
Name of	Informant: TH LEE KU	TO CHARLACTE CONTROL	Address: APT BLK 635A PUNGGO 821635	L DRIVE #17-611 SINGAPORE	
ID Type / ID No.: NRIC NO / S7242090Z		90Z	Contact No.: Home/Office: Mobile: 96806803		
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age:	Date of Birth: 12/11/1972	Type of Informant. Driver		
Race: Chinese		-1	Language:	Institution / School Name:	
Occupation: MEDIACORP CAMERA MAN		ERA MAN	Driving Licence Information Class: 2B,2A,2,3,4,5	on: Date of Expiry:	

General Inforr	nation of the Accident				
Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 27/02/2019 10:20	Type of Location: Straight Road	
Location: Along Road 1 CAUSEWAY Along Woodla Weather: Clear	ands Causeway bridge h	neading towards Joh Road Surface: Dry	or Bahru, slightly after \	Woodlands Checkpoint Road Speed Limit:	
Traffic Flow: Tra		Traffic Control: Not Controlled		Traffic Volume: Heavy	
Type of Collis Between Mov	sion: ving Vehicles - Head To	Rear	1	Anyone conveyed by ambulance: No	

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
JNR9988	Car				Slightly Damaged	0
SMD261M	Car	VOLKSWAGO N	GOLF 1.4 TSI HL	Silver	Slightly Damaged	0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMD261M	MSIG INSURANCE (SINGAPORE) PTE. LTD.	A50507483	30/07/2018	29/07/2019





2 of 3

Report No. T/20190228/2174

Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

CONTINUATION OF REPORT

Any Pedestrian In	Involved volved: No				
No. of Pedestrians		Use of Pe	destrian	Cross	ing: NA
Driver	This is a second of the second		Marie I		
Name	WONG CHAN YU		ID No.		790918055179
Related Vehicle	JNR9988 (Car)		Contac	ct No.	92349958
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc		NIL	
No. of Days grant	ed Medical Leave NIL	Degree c	of Injury	NIL	
Driver					070400007
Name	KENNETH LEE KUAN BOO		ID No.		S7242090Z
Related Vehicle	SMD261M (Car)		Contact No.		96806803
Hospital/Clinic	NIL		Class Drivin Licent Expire	g	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	Date Treatment NIL Date			NIL	
	ted Medical Leave NIL	Degree	of Injury	NIL	

Brief Details.

On 27/02/2019 at around 1020 hours, I was driving on the right lane of a 2- lane road along Woodlands Causeway Bridge heading into Johor Bahru.

As the traffic was heavy, I came to a complete stop. Subsequently, I felt a bump on the back of my car. I then came down of the vehicle and noticed that another vehicle had hit onto the back of my car. I then exchanged my particulars with the said driver.

I have been driving for the past 29 years and this is the first time such incident happened. I have an inbuilt camera in my vehicle but I believe that the footages could have already been overwritten. I do not know if there are any CCTVs at the said location.





3 of 3

Report No. T/20190228/2174

Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

CONTINUATION OF REPORT

Sketch Plan

NP168

Informant is not able to provide sketch plan

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

Signature Of Officer Recording The Report: F / Sgt 3 CHIANG JING XUAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 28/02/2019 21:58
Officer In Charge Of Case: TP / AEIT / SSI 2 SITIMARSITA BINTE BOHARI Contact No.: 65476219	Classification Of Case

ACCIDENT STATEMENT

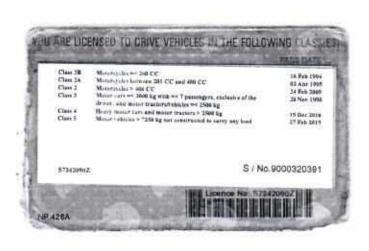
ACCIDEN	NT DATE: (2 +) 2 , 2019	(DD/MM/YYY). TIME:(10	(MM:HH)(OC :	23.
LOCATIO	N: Along Woodland Caus	seway brid	ge , Slightly	atter Wood	ando Clark
	ETAILS OF VEHICLE	, ,	1. /	- Contraction	THE CHECKAIN
		1111		a	
	VEHICLE NUMBER: SALD 20	Control of the Contro			
	INSURANCE COMPANY:				
	POLICY NUMBER: A 39090				
a	POLICY TYPE: (COMPREHENSI)	VE / THIRD PAR	TY / THIRD PAR	RTY FIRE &THEFT)	*
Θ)	MAKE & MODEL:	VOIKSWA	CON GOLF	1.4 751	F-7
f)]	TYPE (SALOON) COUPE / MPV	/VAN/LORR	/ MOTORCY	CLE. / OTHERS)	
.91	VEHICLE CATEGORY PRIVATE	7. COMMERCI	AL / MOTORC'	YCLE)	
. 11	PURPOSE OF USING AT ACCID	ENT TIME:	eigus L		*
1) A	ARE YOU CLAIMING UNDER YO	UP OWN INSU	LANCE LYPEN	0)	
IF.	NO, PLEASE STATE (THIRD PAR	RTY CLAIM / RE	PORTING ONL	YI	
2., IN:	SURED / POLICY HOLDER				7.0
	NAME: AS BELOW.	1.00	(MA	LE / FEMALE)	
	NRIC/FIN/PASSPORT:		_CONTACT:_		
c)/	ADDRESS:				
• • •	Chilibrie to a 15 per es				21°C
No of passenge, DR	CONTINUE TO 3.4 IF DRIVER ALS	SO POLICY HO	LDER	3.0	e
the of passonger of	NAME: Kenneth Coe Kin	an Boon		7	
Including driver) all	IBIO (FILLIP ASSESSMENT OF THE	1000	IAMP	E) FEMALE	
	NRIC/FIN/PASSPORT: \$ 724	2010 2	_CONTACT:_	96806805	19
	ADDRESS: BIK 635 A PU Sifovil 82163	Waggot Dr	414-61	(/	192
*d)	DATE OF BIRTH: 1/2///	1977 UDDI	11.1.0.0.0.0		
elC	OCCUPATION: (INDOOR / OUT	DOOP (OU)	(M/TTTT)		
n Di	ATE OF DRIVING PASS	28 16	V 1990		
4. WA	S DRIVER AN EMPLOYEE OF	THE INSURE	O'S COMPANY	O IVER INO	**
IF N	NO, RELATIONSHIP OF THE	DRIVER WITH	INSURED:	Dones	
5. a)W	VEATHER CONDITIONX (CLEAR)	RAINING / O	THERS	J. C. Maria	
b)R	OAD SURFACE: (DRY) WET / C	THERS		1	
6. WA:	S ANYBODY INJURED IXES INC	51)	2-		19.
7. a)Rf	EPORTED TO POLICE (YES) NO	7	O /	101	39
IF.	YES, PLEASE STATE WHICH POL	ICE STATION:_	runggol 1	V. P. C	
8 THIR	D PARTY VEHICLE	A CONTRACTOR OF THE CASE	,,		
of passenger a)	VEHICLE NUMBER: JAR 9	788	MODEL:		
iducting driver) b)	DRIVER'S NAME: Wong C	han Yu			
()	NRIC/FIN/PASSPORT: 49091	18055179	_CONTACT:_	32349958	
	D PARTY VEHICLE			Mary Della Company	-
	VEHICLE NUMBER:		MODEL:		7.
which as the as ()	DRIVER'S NAME:		University Carlos Carlos		
(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	NRIC/FIN/PASSPORT:		_CONTACT:		
()	7/4			-1,7	(0
			8 0	48	5 H
	onniel Ve	142			Ď.
	ti	1.11	0.11.	AMA's	

email = Kensan 1211 @gmail.com











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

VW DRIVEEASY Comprehensive

Certificate No. A 29090922 AVW

Excess: SGD500

Windscreen Excess: SGD100

Index Mark and Registration Number of Vehicle
 SMD261M

SUDSOTW

2. Name of Policyholder

Lee Kuan Boo Kenneth

 Effective Date of the Commencement of Insurance for the purposes of the Act 30/07/2018

4. Date of Expiry of Insurance

29/07/2019

5. Persons or Classes of Persons entitled to drive*

Lee Kuan Boo Kenneth
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 VOLKSWAGEN CENTRE SINGAPORE.

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 (Maiaysia) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurers

for Chief Executive Officer