

NATIONAL Assessment Centre Services.

(wef 1 Jan 2005)

15/04/2015 29085

Date In: 04/03/2015 16:15	Job description	Date & Time Completed	Done by
Ref No: 1504/184-50039804	SAS e-illing		
Veh No: 8A6766L	E-mail (by date 2hrs, AIC 2hrs)		
D.O.A: 02/03/2015 14:00	I-Motor Claim Form		
TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: -	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: (Period: (Cover Type: (
Confirmed by: (Date:	Time:
Insured/Driver Liability: ([Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-100%]	
Year of Registration: (Warranty: YES () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

General Remarks:
() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks:	Completed by:
1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury:

Date/Time:	Action:

15/04/2015	Invoice Particulars	
Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) FT: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-inspection \$75	
	7) NI: Idan DA + SMRT Survey \$160	
	8) NIUC Additional Services:-	
	ON:	
	*NI: Courtesy Car / Tpr Allowance	
	*NI: Repair Coordination	
	*NI: Post Repair Inspection	
	*NI: DV / Collect Excess Coordination	
	TP (NI): TP (Non INC) against INC	
	9) NI: Idan Mobile	
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

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	04/03/2019 16:19
Date Of Accident	02/03/2019 14:00
Exact Location Of Accident	80 RHU CROSS MARINA BAY GOLF COURSE D/RANGE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA6766L
Insured/Policyholder	
Name Of Registered Owner	STARHIGH ASIA PACIFIC (PTE LTD)
Co Reg No	-
Email Address	SITHU.PYO@STARHIGH.COM.SG
Mobile Phone No	(LOCAL) +65-98277645
Alternative Phone No	OFFICE-98277645

Vehicle Particulars

Manufacturer	BMW
Model	M6
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?	YES
If No, Please state action to be taken	

Vehicle Category	COMMERCIAL VEHICLE
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Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 28699848 MPC
Cover Note Number	

Driver

Name of Driver	SI THU PHYO @ZHUANG YANG MING
NRIC No	S8271666A
Date Of Birth	05/03/1982
Occupation	INDOOR
Date Of Driving Pass	20/12/2002
Driving Experience	16 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98277645
Fax Number	
Contact Number	OTHERS-98277645
EMail Address	SITHU.PYO@STARHIGH.COM.SG

Address 16A SENNET ROAD
Postcode 466795
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 -
Vehicle -
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 1
Was any body injured in the Accident? NO
Was any injured conveyed to hospital by ambulance? NO
Was any other material or property damaged? NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
Number of Passengers (Including Driver) 0

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 POLICE REPORT G/20190302/2148

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? 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.

Policyholder's Signature

Date & Time: 04/03/2019
14:10



Driver's Signature

If Driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

04/03/2019

Roshan HNB

SKETCH PLAN


UNKNOWN CAR / BIK
STATIONARY

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PO REPORT TO POLICE REPORT
EX/29690302/2018

DECLARATION

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


Policyholder's Signature
Date & Time:
04/03/2019
14:10



Driver Signature
(If Driver is not the policyholder)
Date & Time:


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



**SINGAPORE
POLICE FORCE**



G/20190302/2148

1 of 2

POLICE REPORT (NP299)

Report No. G/20190302/2148

Police Station Of Origin
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

Date/Time Report Made 02/03/2019 21:44		Vide Report No.		Station Diary No. 61	
Name Of Informant SI THU PHYO		Address 16A SENNETT ROAD SINGAPORE 466795			
ID Type / ID No. NRIC NO / S8271666A		Contact No. Home/Office		Mobile 98277645	
Nationality SINGAPORE CITIZEN		Email Address			
Occupation BUSINESSMAN		Sex Male	Age 36	Date of Birth 05/03/1982	Race Chinese
Institution/School Name		Language			
Date/Time Of Incident 02/03/2019 07:00 - 02/03/2019 14:00		Location Of Incident 80 RHU CROSS MARINA BAY GOLF COURSE/D RANGE* SINGAPORE 437437			

Brief details.

On 02/03/2019 at about 0700hrs, I parked my car at Marine Bay Golf Course at the said carpark near to the Clubhouse.

Later at about 1400hrs, I came back to my car and noticed a huge scratch mark which I suspect is from a vehicle that tried to reverse into the lot on my right.

I then informed the security guard about this matter and asked if I could view the CCTV. The security

Signature Of Officer Recording The Report:
G / Sgt 3 MUHAMMAD IDRIS BIN MOHD ISMAIL

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
Sr Staff Sgt NUR ATIQA H BINTE ROSLEE
Contact No.: 62447200

Signature Of Informant:

Date/Time:
02/03/2019 21:44

Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



G/20190302/2148

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20190302/2148

guard advised me to lodge an insurance claim. I then called my insurance company who then advise me to lodge a police report.

I am lodging this report for insurance claim. I have an in-car camera however it is faulty. My vehicle is one Blue BMW M6 bearing number plate SLA6766L. I have no suspect in mind.

Signature Of Officer Recording The Report:

G / Sgt 3 MUHAMMAD IDRIS BIN MOHD ISMAIL

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
Sr Staff Sgt NUR ATIQA BINTE ROSLEE
Contact No.: 62447200

Authentication Stamp

Signature Of Informant:

Date/Time:
02/03/2019 21:44

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: (02/03/2019) (DD/MM/YYYY). TIME: (14:00) (HH:MM)

LOCATION: Marina Bay Golf course

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLA 6766L
b) INSURANCE COMPANY: MSEL
c) POLICY NUMBER: A 28699848 MPC
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: BMW M6
f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Car was parked
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: SE THU PHUO (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8271666A CONTACT: 98277645
c) ADDRESS: 16A SENNETT ROAD SINGAPORE 466795

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT:
c) ADDRESS:

* d) DATE OF BIRTH: (05/03/1982) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 20 DEC 2002

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Joo Chiat NPP

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: MODEL:
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
e) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT: CONTACT:

email = sithu.phyo@starhigh.com.sg

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8271666A



Name

SI THU PHYOO
@ZHUANG YANG MING

Race

CHINESE

Date of birth

05-03-1982

Sex

M

Country of birth

MYANMAR

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S8271666A

Name

SI THU PHYOO

Birth Date 05 Mar 1982

Issue Date 20 Dec 2002



5045783

NRIC No. S8271666A



Date of issue

06-06-2012

18A SENNETT ROAD
SINGAPORE 468785

NRIC No. S8271666A

Date: 29/05/2018

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

Class 3

Motor Cars and Motor Tractors the weight of which unladen does not exceed 3500 kilograms

EXPIRY DATE

20 Dec 2002



4C8A



MSIG

MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
Tel: +65 6517 7880, Fax: +65 6527 7800
Co. Reg. No. 200412212C, GST Reg. No. 200412212G

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.4
Company Ownership

MOTOR CAR - COMMERCIAL
Comprehensive

Certificate No. A 28699848 MPC

Excess: SGD10,000

1. Index Mark and Registration Number of Vehicle
SLA6766L

Windscreen Excess: SGD1,500

2. Name of Policyholder
Starhigh Asia Pacific (Pte. Ltd.)

3. Effective Date of the Commencement of Insurance for the purposes of the Act
04/03/2018

4. Date of Expiry of Insurance
03/03/2019

5. Persons or Classes of Persons entitled to drive*
Si Thu Phyo, Lee Xianzheng Joshua,
Aye Moe Moe @ Zhuang Li Zhu

* 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.

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


for Chief Executive Officer