



Surveyor

GA

REF:

42206

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TR RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_

Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its  
repair at the time of inspection.

N/S	O/S

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt.: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 1 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: \_\_\_\_\_

SKA8652Z

Yr Regn: \_\_\_\_\_

08 Apr 2011

Type: ☒ M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or \_\_\_\_\_

Make: \_\_\_\_\_

Honda FH

C/C

1496

Colour

Blue

A/C:

Insured / Std / NI / NA

Sp. Reading

161013

T/Radio:

Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: \_\_\_\_\_

GE 8101 7935

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orModi: ☒ Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

205/45 2R16

R:

11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or \_\_\_\_\_

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

12-03-19

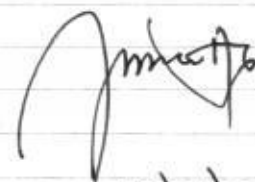
Survey held at

W/S

UPM

Des. of Damages: ☒ Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.



13/3/2019

Date / Time Action / Instruction

Date/Time; File Pass to?

☐

: Preli. Report

1) \_\_\_\_\_

☐

: Final Report

Date/Time; File Return to?

2) \_\_\_\_\_

Days Of Repair:

Resurvey No. of Trip: \_\_\_\_\_

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format :

Lump Sum / I.B.I. (\$) \_\_\_\_\_

## Nivitha (LKK Auto)

---

**From:** Kelly Cheng <kelly.cheng@ksteoptr.com>  
**Sent:** Monday, 11 March 2019 5:34 PM  
**To:** PAY Daniel; admin-a@lkkauto.com; assignments@lkkauto.com; Catherine Chong (LKK Auto)  
**Subject:** Re: Your Ref :TKS/H600-ACC-40871.18/kc Our Ref :S8M00LRCMC/DP

### WITHOUT PREJUDICE

Dear Daniel,

We understand that your surveyor did not turn up for the re-inspection today.

Kindly note that re-arrangements have been made for you to re-inspect our client's vehicle SKA 8652 E. The details of the re-inspection are as follows:-

<b>Date/Time:</b>	12 MARCH 2019 @ 4:00PM
<b>Venue/Location:</b>	<b>BLOCK 524A TAMPINES CENTRAL 7</b>
<b>Person In-Charge:</b>	Herman
<b>Contact:</b>	9385 5495
<b>Remarks:</b>	Please call our client upon reaching

Kindly confirm the same and arrange for your In-House-Surveyor to attend punctually.

**Please let us have your proposed offer within 14 days from the date of re-inspection.**

Thank you!

On Mon, Mar 11, 2019 at 5:04 PM Kelly Cheng <kelly.cheng@ksteoptr.com> wrote:

### WITHOUT PREJUDICE

Dear Daniel,

We understand that your surveyor did not turn up for the re-inspection today.

Kindly note that re-arrangements have been made for you to re-inspect our client's vehicle SKA 8652 E. The details of the re-inspection are as follows:-

<b>Date/Time:</b>	12 MARCH 2019 @ 4:00PM
<b>Venue/Location:</b>	<b>HALTON ROAD, CARPARK BESIDE OLD CHANGI HOSPITAL</b>
<b>Person In-Charge:</b>	Herman
<b>Contact:</b>	9385 5495
<b>Remarks:</b>	Please call our client upon reaching

Kindly confirm the same and arrange for your In-House-Surveyor to attend punctually.

**Please let us have your proposed offer within 14 days from the date of re-inspection.**

Thank you!

3019508330 - - -

张景祥大律師樓  
(律師兼公証及宣誓官)

# TEO KENG SIANG LLC

60110444

Advocates & Solicitors • Notary Public • Commissioner For Oaths

111 North Bridge Road #29-07/08 Peninsula Plaza Singapore 179098. Tel: 6333 4222 Fax: 6333 5676/5688  
 ROC: 201510228C GST Reg No.: 201510228C Email: KSTEOCO@singnet.com.sg  
 (FAX - NOT FOR SERVICE OF COURT DOCUMENTS)

Our Ref : TKS/H600-ACC-40871.18/kc  
 Your Ref : **SKT 4511 E**  
 Date : 20<sup>th</sup> September 2018

**Secretary in charged: Kelly**  
 Tel: 6333 4222 (ext 72)  
 Fax: 6333 5676 / 5688  
 Email: Kelly.cheng@ksteoptr.com  
**WITHOUT PREJUDICE**  
**BY PDX #8176**

To: **AXA Insurance Singapore Pte Ltd**  
 8 Shenton Way  
 #27-01/02, AXA Tower  
 Singapore 068811  
 Attn: Motor Claims

**PDX Intercompany Exchange Pte Ltd**



010808639414

FROM: **TEO KENG SIANG LLC**  
 PDX Box No. **8802**

cc: **TAN PAIY PEE**  
 86 Butterfly Avenue  
 Singapore 349832



**BY CERTIFICATE OF POSTING**  
 (For your information only)

Dear Sirs,

## ACCIDENT INVOLVING SKA 8652 E / SKT 4511 E ON 21<sup>st</sup> JUNE 2018 ALONG JALAN EUNOS

We are instructed by **HERMAN SOFFIAN BIN KAMBARI** to claim damages against you in connection with a road accident **ON 21<sup>st</sup> JUNE 2018 ALONG JALAN EUNOS** involving our client's motor vehicle registration number **CLIENT'S SKA 8652 E** and motor vehicle registration number **DEFENDANT'S SKT 4511 E** driven by you or your authorised driver at the material time.

We are instructed that your negligent driving and/or management of your vehicle caused the accident. As a result of the accident, our client's vehicle was damaged and our client was put to loss and expense, particulars of which are as follows:

• Cost of Repair	\$ 9,600.00
• Pre-repair loss of use (\$80 x 2 days)	\$ 160.00
• Loss of Use (\$80 x 9 days)	\$ 720.00
• LTA search fee	\$ 7.49
• GIA search and report fees	\$ 29.00
• Survey report fee	\$ 819.00
• Costs incl. GST	\$ 1,284.00
• <b>Total</b>	<b>\$12,619.49</b>



**Teo Keng Siang**  
 LL.M(Singapore),  
 LL.B (Hons) (Singapore)

**Wong Yong Sheng, Kenneth**  
 LL.B (Hons) University of Bristol

**M/s Teo Keng Siang LLC**

Our Ref : TKS/H600-ACC-40871.18/kc  
Your Ref : **SKT 4511 E**  
Date : 20<sup>th</sup> September 2018

**WITHOUT PREJUDICE**

A copy each of the following supporting documents is enclosed:

- GIA report of **CLIENT'S SKA 8652 E**
- LTA search on **DEFENDANT'S S SKT 4511 E**
- Certificate of Insurance / Vehicle Registration Card
- Repairer's final repair bills
- Surveyor's report
- Original photographs of damage of **CLIENT'S SKA 8652 E - 174 copies**.

**Please note that if you are insured and you wish to claim under your insurance policy, you should immediately pass this letter to your insurer.**

Please note that you or your insurer should send to us an acknowledgment of receipt of this letter within 14 days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against you without further notice to you or your insurer.

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

Yours faithfully,

**Teo Keng Siang LLC**

encs.

cc: client (by fax only: 6334 5178)

**Teo Keng Siang**  
*LL.M(Singapore),  
LL.B (Hons) (Singapore)*

**Wong Yong Sheng, Kenneth**  
*LL.B (Hons) University of Bristol*

## 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 ability.
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	22/06/2018 10:22
Date Of Accident	21/06/2018 15:00
Exact Location Of Accident	JALAN EUNOS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA8652E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HERMAN SOFFIAN BIN KAMBARI
NRIC No	S8214220G
Email Address	MAMOLICIOUS82@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-93855495
Alternative Phone No	OTHERS-93855495

### Vehicle Particulars

Manufacturer	HONDA
Model	FIT 1.5RS 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 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	P 27477193 DMV
Cover Note Number	08/04/2018 TO 07/04/2019

### Driver

Name of Driver	HERMAN SOFFIAN BIN KAMBARI
NRIC No	S8214220G
Date Of Birth	20/05/1982
Occupation	INDOOR
Date Of Driving Pass	22/03/2004
Driving Experience	14 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93855495
Fax Number	
Contact Number	OTHERS-93855495
Email Address	MAMOLICIOUS82@YAHOO.COM.SG

Address	APT BLK 524A TAMPINES CENTRAL 7 #02-39 (S) 521524
Postcode	
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 - U-TURN
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

refer with attach.

#### 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	SKT4511E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN PAIY PEE
NRIC/Passport Number	S1749193H
Contact Number	97902586
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1



Accident Sketch Plan Pg. 1


SKETCH PLAN

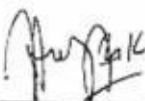
IMPORTANT NOTICE

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: 22/6/18  
10:37 AM

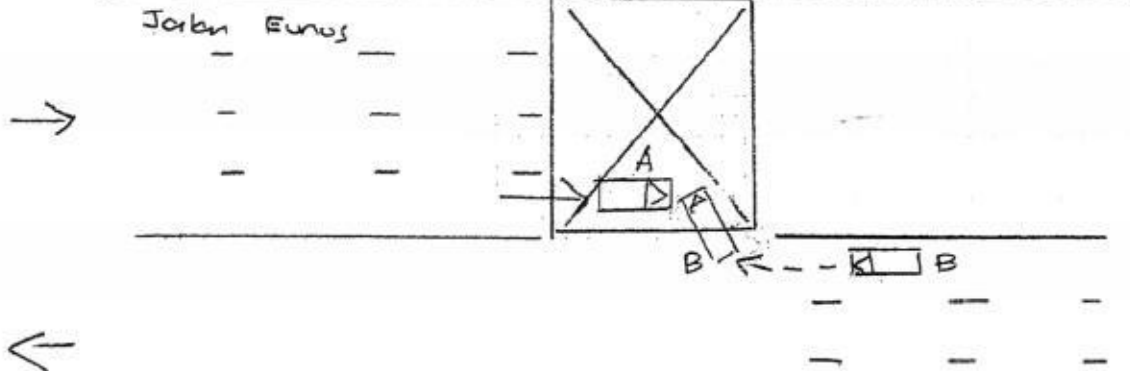
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 22/6/18  
10:37 AM

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



# Accident Sketch Plan Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving at the extreme right lane of JLN Eunos. As I was driving, out of sudden, a white Toyota car made a sudden U-turn into my lane. I jam-braked and collided into his car.

Insurance Co.	MIZU Insurance Co., Ltd.
Vehicle No.	SKA 8652 E
Date of Accident	21/6/2018
<input type="checkbox"/> Reporting Only <input type="checkbox"/> Own Damage Claim <input checked="" type="checkbox"/> Third Party Claim <input checked="" type="checkbox"/> Other Workshop	

## DECLARATION

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

Policyholder's Signature  
Date & Time: 22/6/18  
10:37 Am

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 22/6/18  
10:37 Am.

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



MSIG

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

DRIVESHIELD - VALUE PLAN  
Comprehensive

Certificate No. P 27477193 DMV

Excess : SGD1,000

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle  
SKA8652E

2. Name of Policyholder  
Herman Soffian bin Kambari

3. Effective Date of the Commencement of Insurance for the purposes of the Act  
08/04/2018

4. Date of Expiry of Insurance  
07/04/2019

5. Persons or Classes of Persons entitled to drive\*

Herman Soffian bin Kambari

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

for Chief Executive Officer

Addendum Sheet Pg. 1



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: S665500206 / 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.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : M8ME L8080475 Vehicle Registration No: SKT451E  
Name (as shown in NRIC) : Tan Pei Pei NRIC/FIN/Passport No : \_\_\_\_\_  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : \_\_\_\_\_  
Email Address : \_\_\_\_\_  
Date of Accident : 21/06/2018 Time of Accident : 1500  
Place of Accident : On Euros  
Insurance Company : AXA

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

to Upload photos

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Policyholder / Driver's Signature  
Date:

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

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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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 ability.
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 22/06/2018 10:22  
Date Of Accident 21/06/2018 15:00  
Exact Location Of Accident JALAN EUNOS  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SKA8652E  
**Insured/Policyholder**  
Name Of Registered Owner HERMAN SOFFIAN BIN KAMBARI  
NRIC No S8214220G  
Email Address MAMOLICIOUS82@YAHOO.COM.SG  
Mobile Phone No (LOCAL) +65-93855495  
Alternative Phone No OTHERS-93855495

### Vehicle Particulars

Manufacturer HONDA  
Model FIT 1.5RS 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 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 P 27477193 DMV  
Cover Note Number 08/04/2018 TO 07/04/2019

### Driver

Name of Driver HERMAN SOFFIAN BIN KAMBARI  
NRIC No S8214220G  
Date Of Birth 20/05/1982  
Occupation INDOOR  
Date Of Driving Pass 22/03/2004  
Driving Experience 14 YEARS AND 2 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-93855495  
Fax Number  
Contact Number OTHERS-93855495  
Email Address MAMOLICIOUS82@YAHOO.COM.SG

Address	APT BLK 524A TAMPINES CENTRAL 7 #02-39 (S) 521524
Postcode	
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 - U-TURN
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

refer with attach.

#### 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	SKT4511E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN PAIY PEE
NRIC/Passport Number	S1749193H
Contact Number	97902586
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

## Accident Sketch Plan Pg. 1


### SKETCH PLAN

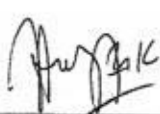
#### IMPORTANT NOTICE

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:

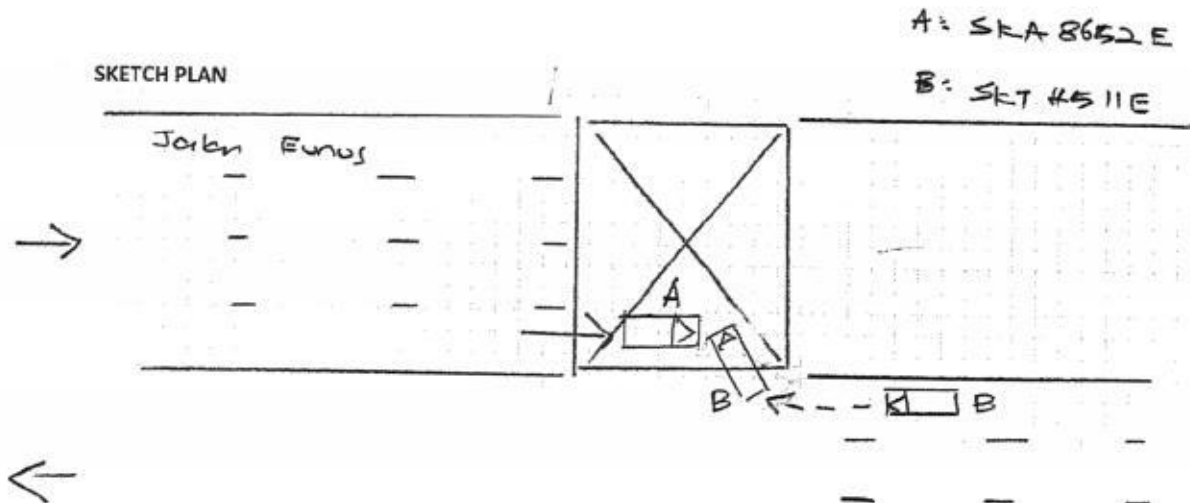
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 22/6/18  
10:37 AM

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 22/6/18  
10:37 AM

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

# Accident Sketch Plan Pg. 1



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving at the extreme right lane of JLN EUNUS. As I was driving, out of sudden, a white ~~to~~ TOYOTA car made a sudden U-turn into my lane. I jam-braked and collided into his car.

Insurance Co. ANZ Insurance Co p12

Vehicle No. SKA8652E Date of Accident 21/6/2018

☐ Reporting Only

☐ Own Damage Claim

☒ Third Party Claim

☐ Other Workshop

## DECLARATION

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

Policyholder's Signature

Date & Time: 22/6/18

10:37 AM

Driver's Signature

(If driver is not the policyholder)

Date & Time: 22/6/18

10:37 AM



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





MSIG

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

DRIVESHIELD - VALUE PLAN  
Comprehensive

Certificate No. P 27477193 DMV

Excess : SGD1,000

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle  
SKA8652B

2. Name of Policyholder  
Herman Soffian bin Kambari

3. Effective Date of the Commencement of Insurance for the purposes of the Act  
08/04/2018

4. Date of Expiry of Insurance  
07/04/2019

5. Persons or Classes of Persons entitled to drive\*

Herman Soffian bin Kambari

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/AWE 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

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8214220G



Name

HERMAN SOFFIAN BIN KAMBARI

Race

JAVANESE

Date of birth

20-05-1982

Sex

M

S8214220G

Country/Place of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



HERMAN SOFFIAN BIN  
KAMBARI

Birth Date 20 May 1982

Issue Date 22 Mar 2004



001172319A



NRIC No. S8214220G



Date of issue

20-05-2013

APT BLK 524A TAMPINES CENTRAL 7 #02-39  
SINGAPORE 521524

NRIC No: S8214220G

Date: 03/05/2015

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 3

Motor Cars and Motor Tractors the weight of  
which unladen does not exceed 2500 kilograms

PASS DATE

22 Mar 2004

License No: S8214220G



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



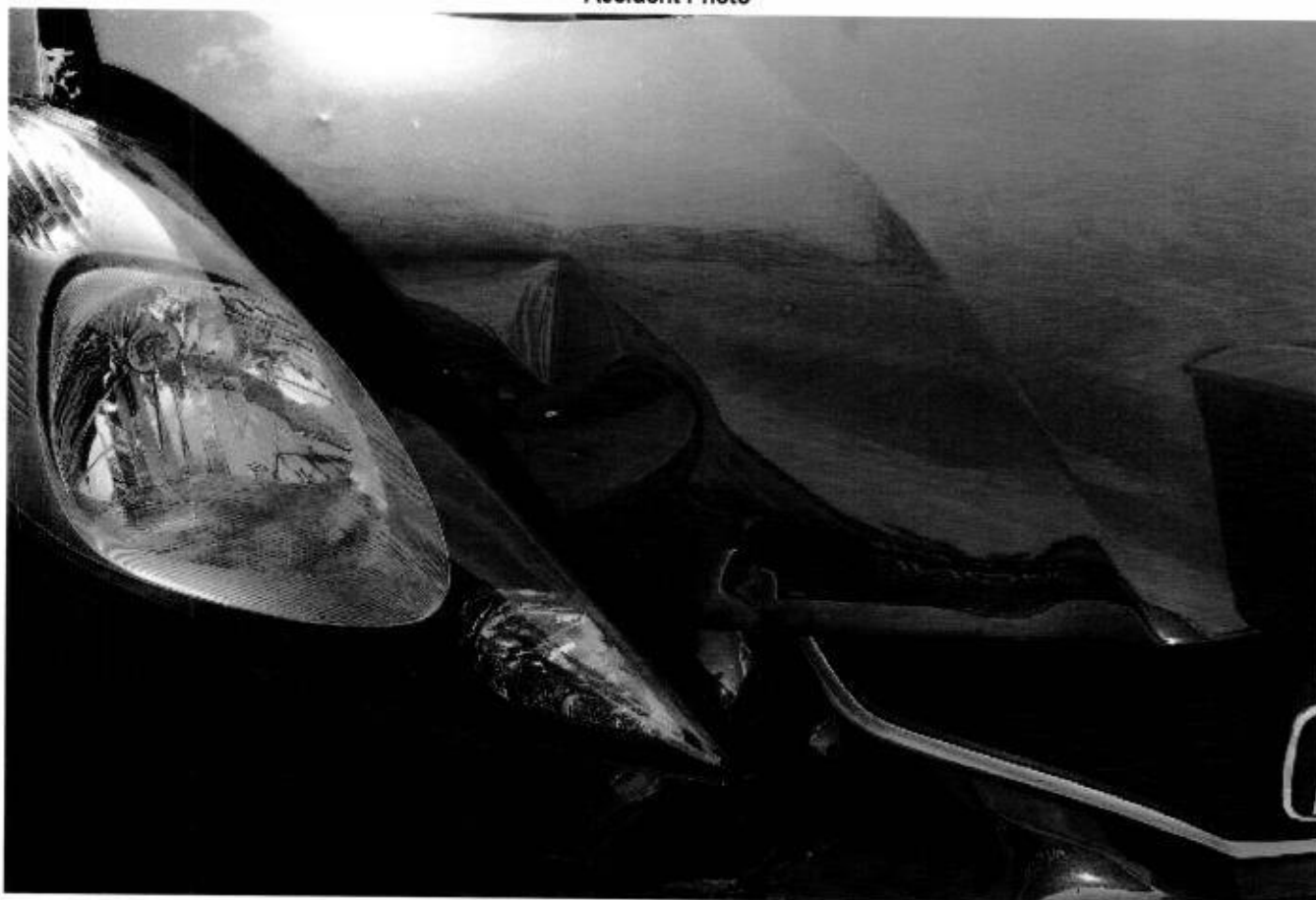
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