NATIONAL Assessment Centre S	ervices. wet	Janusj. MA	184690	33261		
To Distance	ch description		e &Time Con	pleted -	Done by	
Ref No: A 184/M Str 1900 (DCCS/V)	SAS c-filling					
Veh No. SK. C. 16 OWA	E-mail (b)this thes, A	(IC 2hrs)				
D.O.A : 12/08/2019 10/10	i-Motor Claim Fo					
00 600 000 1000	I-Motor W/O (WII	V	m). ;			**************************************
OD TP Reporting Only	i-Photo Uploaded					
	Assessment/Survey				XS	
TP Insurer:	Ass't Report by Pag	10072000	ner/Wksp			
Proforred Wksp / INC Assign Wksp / QW: (	-	Tol	-	Fax:		1
TP Particulars: Veh No: X	RCV2m	INC( )/	Non-INC (	)		
Owner / Driver: (		Te	:1:	0.6	)	
Policy No: ( ) Period	: (	) Cov	er Type: (		).	
Confirmed by : (		ate:	Timer		)	
Insured/Driver Liability: ( %) [Note	e-Est. Status (WO):	N: 0-20%;	P: 21-79%.	P: 80-100%]		
Year of Registration: ( ) War	ranty: YES ( )/	NO( )				
Excess: (\$ ' ) Londing: \$1,000 (	( )/\$2,000(	)	That he I was	্রান্ত ক্রমন্ত্র <u>ক</u>	<del></del>	
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( ) Total Loss Case : to e-mail Insurer C				<del>'</del>		)
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acampaca sa discultina considerant			话数前前数数	THE STATE OF THE S	Silitone	9
1) Apply for Transport Allowance ( )/Coun	rtosy Car ( )					
2) QC Check / Post Repair Inspection	( ·)				-,	
3) Upload Resurvey Photo [Repair Cost>\$3000	0] ()				-	
Infury:						PROPERTY PARTY
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en en interior al colore de la	5 5 5 6 5 6 5 6 5 7 THE R. P. LEWIS CO., LANSING BUILDINGS 25	AR : Accident Repo	ment (\$100);	INC (\$10) \$40/\$45		
Driver/Owner:	14	TF : Towing Fee PT : Fellow-Throug	h Survey	\$120		
Contact No:		PT: Follow-Throug For slaiming agains	L Burvey (Result	vey) \$30 (10 Jan 200)	-	
	(6)	TR: Re-lamestion		373		
Parmaged Portion:	7)	NI : Idao DA + SM NTUC Additional S	orvious:-	. 3.00		
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		ivalor dated		Fee Charged Fee Charged		e managera
2/3	h	rvatus dated		as Chartin	: 404	

#### 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 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.

<ol> <li>By the ladgement of this report to the insurers, you hereby constant aforesaid.</li> </ol>	ant to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	12/03/2019 14:59
Date Of Accident	12/03/2019 10:10
Exact Location Of Accident	SPC PETROL STATION AT 158 PASIR PANJANG ROAD
Country/State of Loss	SINGAPORE
32/整体是系统和推荐的高度的。CDD	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKQ1610M
Insured/Policyholder	
Name Of Registered Owner	YU JIANHONG @ YU XIAOMEI
NRIC No	S8771636H
Email Address	JIANHONG@AIA.COM.SG
Mobile Phone No	(LOCAL) +65-98220220
Alternative Phone No	OTHERS-98220220
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HARREIR
Exact Purpose for which vehicle was being used at time of accident	PUMP PETROL

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

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 80455164 QMX

Cover Note Number

Driver

Name of Driver YU JIANHONG @ YU XIAOMEI

NRIC No S8771636H Date Of Birth 25/07/1987 Occupation INDOOR Date Of Driving Pass 04/01/2011

Driving Experience 8 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98220220

Fax Number

Contact Number OTHERS-98220220

EMail Address JIANHONG@AIA.COM.SG Address

BLK 845 WOODLANDS STREET 82

#07-137

Postcode

730845

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions

CLEAR

Road Surface

DRY

NO

## Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

2

involved in the accident

NO

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)

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 SKETCH PLAN

### Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO.

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLX3043M

Vehicle Make/Model/Colour

SUBARU

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

COOKIE CAROLINE ELIZABETH

NRIC/Passport Number

G5363849Q

Contact Number

97242862

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 :
  - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed;
  - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

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

Policyholder's Signature

Date & Time: 12 03 (

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Desconnel's Signatures

Name:

NRIC/EIN No

# 158 POBIR POWERLY FORD

	Hit Petral biosle
107110WARY 1610M	SLX 3043m
18110m) 1610m	PEVERSIL

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

my vehicle was panced and stationary in the pancing 1st
I went in for payment. 3rd party relicie failed
to control her vehicle while reversing, collide onto
my right side of vehicle.

DECLARATION

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

Policyholder's Signature

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No Possy UN HAB

## ACCIDENT STATEMENT

ACCI	DENT DATE: 12 03 10	LICOD/MM/YYY).	TIME: 10.10	)(HH:MM)
LOCA	TION: Petrol Station (		ir Panlang	rd
1,	DETAILS OF VEHICLE	CRIGIOM		112
*	D) INSURANCE COMPANY:_ C) POLICY NUMBER:	MS16		Secretary alternated Applicati
	dipolicy type: ICOMPREH	Harrier To	rota	
	()TYPE:(SALOON / COUPE / g) VEHICLE CATEGORY: (PRI h) PURPOSE OF USING AT A	VATE / COMMERCIA	L/MOTORCYCL	E)
	I ARE YOU CLAIMING UNDE IF NO, PLEASE STATE (THIRD	R YOUR OWN INSUR	ANCE (YES/NO)	
2.,	ANAME MOLDER	Manp	Mare	FEMALE
19 N N	CIADDRESS: BIK 19	4B BIKIT	BGTOK WE	ST AVE
# No of passon got	· CONTINUE TO 3.d IF DRIVE	R ALSO POLICY HOL	DER	
(Including driver)	d) NAME:	21	(MALE / _CONTACT:	FEMALE)
(-)	c) ADDRESS:	7. [46]	1	
53	e)OCCUPATION: (INDOOR 1)DATE OF DRIVING PAC	OUTDOOR)		
	WAS DRIVER AN EMPLOYE IF NO, RELATIONSHIP OF	SE OF THE INSURED THE DRIVER WITH	INSURED:	YES / (10)
	a)WEATHER CONDITION: (C b)ROAD SURFACE: (DRY / V	THE OTHERS	HERS	
	WAS ANYBODY INJURED (YE G)REPORTED TO POLICE (YE IF YES, PLEASE STATE WHICE	s (NO)	#	ts M
the of passenger	THIRD PARTY VEHICLE	×3043M	MODEL; SU	20164
(Including driver)	c) NRIC/FIN/PASSPORT:	15363849Q		7247862
No of passunger	THIRD, P'ARTY VEHICLE  d) VEHICLE NUMBER:  DRIVER'S NAME:	- A	_MODEL:	
(, Induding driver)	f) NRIC/FIN/PASSFORT:		_CONTACT:	
			8 6	361

email = Jianhong @aia. com sg

REPUBLIC OF SHIGARORE DENTITY CARD NO. \$8771636H



YU JIANHONG BYU XIAOMEI

前 建 宏

CHINESE

25-07-1987 M

CHINA

DRIVING LICENCE

Losson Number S 8 7 7 1 6 3 6 H

YU JIANHONG (B) YU XIAOMEI

Best Care 25 Jul 1987 hair Cate 04 Jan 2011



4165182



S8771636H

04-03-2009

APT BLK 845 WOODLANDS STREET 82 #07-137 SINGAPORE 730645

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

EFFECTIVE DATE

Class 3A Motor cars without clintch pedals (Auto) << 3000kg with << 7 passengers, exclusive of the driver; and other motor vehicles without clintch pedals < 2500kg

NP 428A

Licence No: 58771636H



MSIG Insurance (Singapore) Pte. Ltd. 4 Shenton (Vay, # 21-01, SGX Centre 2, Singapore 058807 Tel+65 6827 7888, Fax+65 6827 7800 Co. Reg. No. 200412212G - EST 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.

1996 EDITION (REPUBLIC OF SINGAPORE)

Form M-X-1 Individual Ownership

MOTOR MAX Comprehensive

Certificate No. A 80455164 QMX

Excess: SGD700 Windscreen Excess: SGD100

1. Index Mark and Registration Number of Vehicle

2. Name of Policyholder

YU JIANHONG

3. Effective Date of the Commencement of Insurance for the purposes of the Act 13/03/2019

4. Date of Expiry of Insurance

06/05/2019

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

YU JIANHONG

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