NATIONAL Assessment Centre	Services were	ivioq				
Date In: 12/04/19	Job description	Date &Time	e Completed	Done b	Ņ.	
Rel No. NA/MSG 19006528/13	SAS e-filing					
Veh No: SLV97JOM	E-mail (widon 8hrs, Ale	2 2hrs)				
DOA 31/03/19 0930						
	i-Motor W/O (Withi	n: OD 2hrs, TP 4hrs)				
OD TP (Reporting Only)	i-Photo Uploaded					
TP Insurer:	Assessment/Survey F	Report				
Transucci.	Ass't Report by Fax / Hand to Owner/Wksp					
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:			
TP Particulars: Veh No:	SmE3559E	INC ()/Non-I	NC()			
Owner / Driver: (Tel:)		
Policy No: () Per	iod: () Cover Type	e: ()		
Confirmed by : (Dat		imer)		
	Note-Est. Status (WO):		9%. F: 80-100%]		
		40()				
Excess: (\$) Loading: \$1,00	00 () / \$2,000 ()				
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions	Courtesy Car () ()		s Completed	Done		
NA1902716	30%	өісе Preparation C	6.8xs358.44 - 110 - 285 - 4	Anit (\$)	Amt (S	
Claimant's Particulars :-	2) Da	1) AR : Accident Reporting (\$30); 2) DA : Damage Assessment (\$100); INC (\$80)				
Priver/Owner:		3) TF : Towing Fee \$40/\$45 4) FT : Follow-Through Survey \$120			1 10	
Contact No:	5) #7	5) FT : Follow-Through Survey (Resurvey)				
Damäged Portion:	6) TI 7) N	For claiming against INC Only (wef 10 Jan 2005) 6) TR : Re-inspection \$75 7) N1 : Idae DA + SMRT Survey \$160 8) NTUC Additional Services:-				
QC Checked by (Engr-In-Charge):	<u>Q</u>	THE PERSON NAMED IN COLUMN 2 I	\$10			
Auditors' Comments :-	**************************************	17: Post Repair Inspection 18: DV / Collect Excess Co.	S25 ordination \$5			
Cat. 1:	T	(N11): TP (Non INC) age	inst INC \$20			
at. 2 / 3;	Invo	12: Idae Mobile ice dated ice dated	Fee Charged Fee Charged		1200	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number Fax Number

Contact Number 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.
- 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

STATE OF THE PARTY OF THE PARTY.	ACCIDENT STATEMENT
Date Of Report	12/04/2019 09:34
Date Of Accident	31/03/2019 09:30
Exact Location Of Accident	PIE(31 AH HOOD RD) TWDS ENG NEO
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLV9720M
Insured/Policyholder	
Name Of Registered Owner	CHEE KHENG HOCK ROTHSCHILD
NRIC No	S8128913A
Email Address	KHCHEE01@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97564603
Alternative Phone No	OTHERS-97564603
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE
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	REPORTING ONLY
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 29070041 QMY
Cover Note Number	
Driver	
Name of Driver	CHEE KHENG HOCK ROTHSCHILD
NRIC No	S8128913A
Date Of Birth	30/09/1981
Occupation	INDOOR
Date Of Driving Pass	22/06/2005
Driving Experience	13 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97564603

OTHERS-97564603

KHCHEE01@GMAIL.COM

Address BLK 10 JALAN BATU

#06-16

Postcode 431010

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 - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

2

involved in the accident

1750

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

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)

4

Passenger 1

NAME:

: LIM WAN YU CAROLYN

GENDER:

: FEMALE

Passenger 2

NAME:

: CHEE MIN WEN ROSLYN

GENDER:

: FEMALE

Passenger 3

NAME:

: CHEE MIN RU JOSLYN

GENDER:

: FEMALE

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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

OVERWRITE

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SME3559E

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

TAN TENG CHORK(CHEN DINGZUO)

NRIC/Passport Number

S7129942B

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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")
- (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
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

	PIECZIAH MODE RE) TWO
1- SLV9720M	KB KAT 4-
B-5mE3559E	
	4-
	ROND SHOULDER

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

D/s	est.	do	the	atlai	Led	Staten	. O. P.	
	0	V	7			001100	ient.	
	- 15-7							
	-							

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

ym 12/04/19

Name:

NRIC/FIN No.:



KH C <khchee01@gmail.com>

31 Mar 2019 accident along PIE - why i did not report to IDAC

1 message

KH <khchee01@gmail.com>

Thu, Apr 11, 2019 at 4:19 PM

To: Greenhill Services Pte Ltd <suyincheong@greenhill.com.sg>

Cc: Javier Tan <khchee01@gmail.com>

Hi Suying,

This email is to explain why I did not report this incident (see MSIG attachment) at IDAC.

On 31 Mar 2019, there was a heavy traffic jam along the PIE in the direction of Tuas (near the Ah Hood Road exit). My car (I was the driver) was part of the jam behind the vehicle SME3559E. I bumped into the back of SME3559E. When the driver of SME3559E and I went to do investigations, we found a slight dent on the rear door of SME3559E. I assumed that the driver of SME3559E was going to report his damage to IDAC. My car's front bumper had some white residue that could easily be removed by myself.

Based on what transpired above, I did not report this to IDAC. However, having spoken to you, and after receiving this MSIG letter attached, I will make a report to IDAC tomorrow morning.

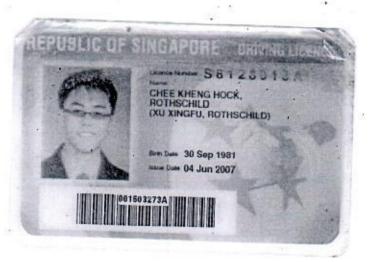
Please help me to submit this to MSIG.



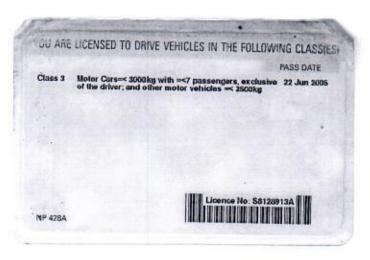


Regards Kheng Hock Chee Mobile: +65 97564603

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Lim Won Yn Carolyn. Chee Min Wen Rodyn Chee Min Ru Joslymn

female female.



MSIG Insurance (Singapore) Pte. Ltd. 4 Shenton wely, # 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)

THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.X.1 Individual Ownership

MOTOR MAX PLUS Comprehensive

Certificate No. A 29070041 QMY

Excess: SGD500 Windscreen Excess: SGD100

Index Mark and Registration Number of Vehicle SLV9720M

Name of Policyholder

Chee Kheng Hock Rothschild

- Effective Date of the Commencement of Insurance for the purposes of the Act 24/01/2019
- Date of Expiry of Insurance 23/01/2020
- Persons or Classes of Persons entitled to drive

Chee Kheng Hock Rothschild 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.

Limitations as to use*

Use only for social domestic and pleasure purposes and for the 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 CAN BE CARRIED OUT AT ANY WORKSHOP OF YOUR CHOICE OR 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 (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

MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurers

for Chief Executive Officer