NATIONAL Assessment Centre Services. pres sorion. Must 119052539 Done by Date & Timu Completed Date In: Jeb description 23 14/19 14:44 Ref No: SAS c-filling MA/MSG19007114/h4 Veh No: E-mall (within this, AIC 2hrs) SLT 6791 M I-Motor Claim Form D.O.A 2114/19 20:30. I-Motor W/O (Within: OD 2hts, TP 4bts) OD / TP / Reporting Only I-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Proferred Wksp / INC Assign Wksp / GW: (INC ()/Non-INC (TP Particulars: Veh No: 0 SHA 7629R Owner / Driver: (Tcl: Policy No: (Period: (Cover Type: (Confirmed by : (Date: Time: Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 30-100%] Year of Registration: (Warranty: YES ()/NO(Excess: (3 Loading: \$1,000 ()/\$2,000 (General Remarks of Spiritual Business and the second) Walk-In Customer's Customer's information strictly Confidential & Strictly NO refer of repairer.) Total Loss Case : to e-mail Insurer URGENTLY. Drive-In ()/ Towed-In (); Invoice: YES () ; Towing Co: (Cemarics: (INC 1000) (2708) (616)) 1) Apply for Transport Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection .;) 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury : Date/Lime / Actions MA1902909 1) All ; Annident Reporting Chilliantly Particulars INC (\$40) 2) DA | Damege Arensement (\$100); \$40/\$43 Driver/Owner: 3) TP : Towing Pee 4) FT : Pollow-Through Survey \$120 5) PT ; Pollow-Through Burvey (Resurvey) 230 Contact No: Per daiming against INC Only (wor 10 Jan 2005) 575 6) TR: Re-Imposition Damaged Portion: 7) NI : Idao DA + SMICT Survey 3160 8) NTUC Additional Services:-QC Checked by (Engr-In-Charge): *NS: Courtery Car / Tpt Allowatton * N6: Repair Co-ordination 510 *N7; Past Repair Inspection \$2.5 *Na: DV / Collect Expess Coordination 35 TR (NII) : TP (Non INC) against INC \$20 Jat. Ja 9) N12: Idao Mobile Fee Chacken at 2/3: Involve dated MARKY Fee Chargest Involce dated

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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.
- 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.

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AND A STANCE OF STANCE	ACCIDENT STATEMENT			
Date Of Report	23/04/2019 14:44			
Date Of Accident	21/04/2019 20:30			
Exact Location Of Accident	SYED ALWI ROAD			
Country/State of Loss	SINGAPORE			
Little Committee of the	ETAILS OF OWN VEHICLE			
Vehicle Registration Number	SLT6791M			
Insured/Policyholder				
Name Of Registered Owner	THUM YIEONG TONG			
NRIC No	S1541425A			
Email Address	NOEMAIL			
Mobile Phone No	(LOCAL) +65-93580178			
Alternative Phone No	OFFICE-93580178			
Vehicle Particulars				
Manufacturer	PORSCHE			
Model	CAYENNE TIPTRONIC			
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 29117760 MPQ			
Cover Note Number	·			
Driver				
Name of Driver	THUM YIEONG TONG			
NRIC No	S1541425A			
Date Of Birth	30/07/1962			
Occupation	INDOOR			
Date Of Driving Pass	30/01/2013			
Driving Experience	6 YEARS AND 2 MONTHS			
Gender	MALE			
Mobile Number	(LOCAL) +65-93580178			
Fax Number				

OFFICE-93580178

NOEMAIL

Address

BLK 12 KITCHENER LINK #12-24

Postcode

207224

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 SIDE SWIPE 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

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? 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

I STATIONARY AT THE SIDE ROAD ALONG SYED ALWI RD, SUDDENLY A TAXI COME FROM MY RIGHT SIDE HIT ONTO MY VEH RIGHT HAND SIDE.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHA7629R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

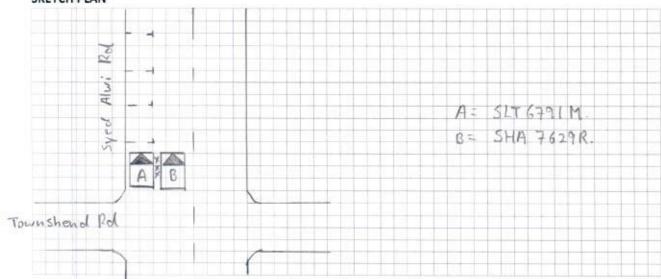
- Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material
 facts 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")
- (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 .:



Please	Refer	+,	Statement	
		/		
		/		

DECLARATION

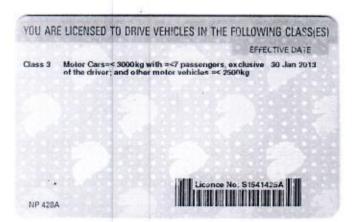
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:











MSIG Insurance (Singapore) Pte. Ltd. 4 Sherton May, r. 21-01, SCX Centre 2 Singapore 068807 Tell+65-6827 7888, Fax +65-6827 7800 Co Reg No. 2004122120 GST Reg No. 20 04123120

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

PRIVATE MOTOR CAR Comprehensive

Certificate No. A 29117760 MPO

 Index Mark and Registration Number of Vehicle SLTS791M

2. Name of Policyholder

Thum Yieong Tong

- 3. Effective Date of the Commencement of Insurance for the purposes of the Act 04/03/2019
- Date of Expiry of Insurance

03/03/2020

Persons or Classes of Persons entitled to drive*

Thum Yieong Tong

* 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 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 (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.

Excess: SGD7,000

Approved Insurers

for Chief Executive Officer