NATIONAL Assessment Centre Services. [wel 1 Jan/05] MMA 119060803 Done by Date & Time Completed Jeb description 1015/19 14:40 Ref No: SAS c-filling WAI MSG19098326/h4 Vch No: E-mail (while Shis, AIC 2his) SLK 1286K I-Motor Claim Form 11 (I A 915 /19 19:25. I-Motor W/O (Within: OD 2hrs, TP 4hrs) 1D' / Reporting Only I-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Proformed Wksp / INC Assign Wksp / QW: (Tol Fax: IP Particulars: Veh No: INC ()/Non-INC (SMA 40777 Owner / Driver: (Tcl: Policy No: (Period: (Cover Type: (Confirmed by: (Time: Date: %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Insured/Driver Liability: (Year of Registration: (Warranty: YES ()/NO(Excess: (\$ Loading: \$1,000 ()/\$2,000 (Concolling markets & Constitution) 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 () ; Towing Co: (tronungiste de (ING HOODERGARE GOLG) Nei 1) Apply for Transport Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury : Dute/Lime MAction MA19033:20 1) AR : Annident Reporting (530); ChumitiseParticulary NC (\$10) 2) DA : Damage Assessment (5100) \$40/\$45 3) TF : Towing Fee Driver/Owner: \$120 4) FT : Pollow-Through Survey 530 5) PT : Follow-Through Burvey (Resurvey) Contact No: For claiming against INC Only (wof 10 Jan 200) \$75 6) TR : Re-Inspection Damaged Portion: \$160 7) N1 : Idao DA + SMICT Survey 5) NTUC Additional Services:-QC Checked by (Engr-In-Charge): 55 *NS: Courtary Car / Tpt Allowance 510 *NG: Repair Co-ordination * N7; Post Repair Inspection Auditors Comments +NB: DV / Collect Excess Coordination 35 TP (N11) : TP (Kon INC) against INC 320 [al_]: 30 9) N12: Idao Mobile white of the Fee Charged Involve dated 31 2/3: Mark X Fee Charged Involce dated

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.
- 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

	ACCIDENT STATEMENT				
Date Of Report	10/05/2019 14:40				
Date Of Accident	09/05/2019 19:25				
Exact Location Of Accident	SERANGOON NORTH AVE 1				
Country/State of Loss	SINGAPORE				
	DETAILS OF OWN VEHICLE				
Vehicle Registration Number	SLK1286K				
Insured/Policyholder					
Name Of Registered Owner	SEO SOON HUNG				
NRIC No	S1766653C				
Email Address	NOEMAIL				
Mobile Phone No	(LOCAL) +65-97322117				
Alternative Phone No	OFFICE-97322117				
Vehicle Particulars					
Manufacturer	TOYOTA				
Model	AXIO				
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	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 29110410 QMY				
Cover Note Number	2 0				
Driver					
Name of Driver	SEO SOON HUNG				
NRIC No	S1766653C				
Date Of Birth	15/07/1966				
Occupation	INDOOR				
Date Of Driving Pass	18/03/1989				
Driving Experience	30 YEARS AND 1 MONTH				
Gender	MALE				
Mobile Number	(LOCAL) +65-97322117				
Fax Number					
Contact Number	OFFICE-97322117				
EMail Address	NOEMAIL				

Address BLK 205C COMPASSVALE LANE #08-35

Postcode 543205 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 - MAJOR/MINOR RD

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : ELAINE

YES

NO

2

NO

NO

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES YES

Was there any video captured by Car Camera?

Remarks/ Reasons: WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMA4077T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver YEO PUAY TECK

NRIC/Passport Number S1776946D

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

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 <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>.
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- 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.

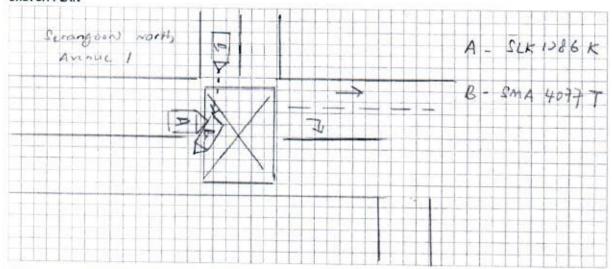
Policyholder's Signature Date & Time:

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Attached	Accident	report	

DECLARATION

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

De

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.:

" Durbest Shielts of Southern Wa

On 09-05-2019 at about 1925 hours, I was driving motor car SLK 1286K along Serangoon North Avenue 1 from the direction of Ang Mo Kio Avenue 3. I was driving on the right side of the lane as I intended to make a right turn into Serangoon North Avenue 1. As I approached the yellow box at the "T" junction of Serangoon North Avenue 1 and the driveway of the carpark of Block 153 which was on my left, traffic was clear on the right lane (my lane) and I proceeded into the yellow box when I saw motor car SMA 4077T proceeded out from the said driveway. I immediately applied brakes to stop my car and sounded my horn. However, the driver of motor car SMA 4077T still continuously looking on his left and making the right turn. In so doing, he encroached onto my path and collided onto the front right of my car.

After the collision, we exchanged particulars and took photographs at the scene before we left. I have a camera mounted on the front of my car which captured the accident.

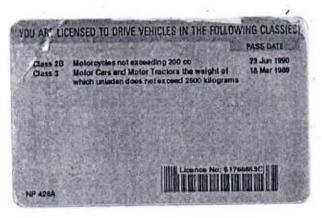
		Accident Re	eport Informati	on	
Accident Date	07.05. 200	9	Accident Time	7:25 1	n .
Location Of Acciden	nt		Serryous north Avel.		. Ave I
Vehicle Registration	No SLE ISS	6 K	1000	U	MM 199-MM 15
INSURED/POL	ICYHOLDER (C	WN VEHIC	CLE)	PASSE LAND	
Registered Owner N	Jame Sic Sc	in Hung			
NRIC No/ ROC No	217666	-			
Mobile Phone No	973221	Em:	ail Address Jam	essessont	runge gnat. wa
VEHICLE INFO	ORMATION			EVEN UNI	
Manufacturer/ Mod	del Togoth A	Haio			
Exact Purpose for w vehicle was being us time of accident	ed at COMMER	TE USE CIAL USE R USE	Are you claiming your own insurator repair to you	nce policy	Own Damage Third Party Reporting Only
Vehicle Category PRIVATE USE COMMERCIAL USE MOTORCYCLE		CIAL USE	TAXI BUS MOTOR TRADE		TANKER PRIVATE HIRER GOVERMENT
INSURANCE C	OMPANY (OWN	VEHICLE			
Insurance Company	milly ins.		Fleet Policy		Yes / No
Policy Number A MII 6410 649 Cover Note Number		kny	Type Of Coverage		Comprehensive Third Party Only Third Party Fire or Theft
DRIVER IDEN	TIFICATION	NATURE OF THE PARTY OF THE PART			
Driver Name	Seo Soun H	419	Driver NRIC	51766	6 Z 3 C
Date Of Birth	15. 4. 1966	2	Occupation	Indoor / Outdoor	
Driving Date Pass 18.3.1939		Gender	Male / Female		
Mobile Phone No	473221F		Email Address		
Address	BIK 205 C Comp =31	Ivale Lane	# 08 - 35	Posto	code 54320x
Relationship	mployee Relative Owner Friend	Children Sibling	Hirer Parent	y.c.men	
GENERAL INF	ORMATION OF	THE ACCI	DENT		
Type Of Accident	FIE7				
Weather Condition	Clear / Rainning / Other	s:	Road Surface	Dry / Wet	/ Others;

Injured	No / Yes	Was there any other vehicle or property damaged?	No / Yes				
Was any injured conveyed to hospital bambulance?	No / Yes	Was any foreign vehicle involved in this accident?	No / Yes				
Foreign Vehicle Registration Number		Foreign Vehicle Category					
Police Report	No / Yes						
Number of Passengers (Including Drive	er) >						
	Male / Female - 1.	Male/Female - 1. Elaine					
	Male / Female - 2.	Male / Female - 2.					
Passenger Details	Male / Female - 3.	Male / Female - 3.					
	Male / Female - 4.	Male / Female - 4.					
	Male / Female - 5.	Male / Female - 5.					
Car Camera ?	No / Yes	No / Yes					
DETAILS OF OTHER VEHICLE 1							
Vehicle Registration No	SMA 4077T	TFF04 An					
Name of Driver	yes Puny Tee						
Driver's NRIC	0 1469FF12	Contact Number					
DETAILS OF OTHER VEHICLE 2	SELECTION DELL'AND						
Vehicle Registration No			The state of the state of the				
Name of Driver							
Driver's NRIC		Contact Number					
DETAILS OF OTHER VEHICLE 3							
Vehicle Registration No	Company of the State of the Sta	STATE OF THE PARTY					
Name of Driver	***						
Driver's NRIC		Contact Number					
DETAILS OF WITNESS							
Name of Witness	47 Charles and						
Witness 's NRIC		Contact Number					
Address Line							
Email							











MSIG Insurance (Singapore) Pte. Ltd. 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 069807 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

MOTOR MAX PLUS Comprehensive

Certificate No. A 29110410 OMY

Excess: SGD500 Windscreen Excess: SGD100

1. Index Mark and Registration Number of Vehicle SLK1286K

2. Name of Policyholder

Seo Soon Hung

- 3. Effective Date of the Commencement of Insurance for the purposes of the Act 05/01/2019
- 4. Date of Expiry of Insurance

04/01/2020

5. Persons or Classes of Persons entitled to drive*

Seo Soon Hung Seo Geok Kim Seo Yong Chern

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 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 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