1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 1) Upload Resurvey Photo [Repair C Injury : Date/Time Actions 1) Actions 10 Control of the control	n Cost > \$3000]	Car () () () () () () () () () ()	owing Fee ollow-Throng ollow-Throng inding against a-inspection lau DA + SMI Additional Se courtesy Car / apair Co-ordi out Repair Ins	rling (530); sement (5100); In Survey In Durvey (Resurvey) INC Only (wef 10.) Cf Survey sevices:-	1NC (550) 540/54; 5120 530	
1) Apply for Transfort Allowance (2) QC Check / Post Repair Inspection 1) Upload Resurvey Photo [Repair C Injury : Date/Cline / Arthors wor/Owner: ntact No: naged Portion: Checked by (Engr-In-Charge):	MA1903	Car () () () () () () () () () ()	Ancident Report of the Country of the Country Carlon Country Carlon Country Carlon Courtesy Carlon Carlo	rling (530); rrling (530); rrling (530); rrling (5100); h Survey h Durvey (Resurvey) INC Only (wef10.) Cf Survey revices:- Tpt Allowence mation peution	INC (550) \$40/\$4: \$120 \$30 \$20,200 \$373 \$160	Aniciss Anicis
1) Apply for Transfort Allowance (2) QC Check / Post Repair Inspection 1) Upload Resurvey Photo [Repair C Injury : Party time Actions Invertible Actions Ver/Owner: Hact No: Häged Portion:	n	Car () () () () () () () () () ()	Anoldent Report owing Pee ollow-Throng ollow-Throng inding against a-inspection law DA + SMI Additional Sections of the contract of the contra	riing (530); sment (5100); h Survey h Burvey (Resurvey) INC Only (wef 10) Cf Survey	INC (580) \$40/\$4: \$120 \$30 \$1,200\$) \$1,200\$ \$	And Some Individual bi
1) Apply for Transfort Allowance (2) QC Check / Post Repair Inspection 1) Upload Resurvey Photo [Repair C Injury : Party time Actions Invertible Actions Ver/Owner: Hact No: Häged Portion:	n	Car () () () () () () () () () ()	Anoldent Report owing Pee ollow-Throng ollow-Throng ollow-Throng inding against a-inspection DA + SMI	rling (530); sment (5100); h Survey h Durvey (Resurvey) INC Only (wef 10.)	INC (550) 540/54 5120 530 an 2993) 573	Anices Tradition
1) Apply for Transfort Allowance (2) QC Check / Post Repair Inspection 1) Upload Resurvey Photo [Repair C Infury: Date/Chas Actions wor/Owner: plact No:	n	Car ()	Accident Repu Darmage Assau owing Pee ollow-Throng ollow-Throng inulus against a-inspection	rting (530); sment (5100); h Survey h Survey (Resurvey) hNC Only (wef 10.)	INC (550) 540/54 5120 530 an 2993) 573	Anices Tradition
1) Apply for Transfort Allowance (2) QC Check / Post Repair Inspection 1) Upload Resurvey Photo [Repair C Injury : Party time - Actions 2 Unionity Particulars ; Var/Owner:	n	Car () () () () () () () () () ()	Andident Repu Damage Assau owing Fee ollow-Throng ollow-Throng	rding (330); sment (5100); h Survey	1NC (550) 540/54; 5120 530	Ani((s)) RiAlii((s)) Rialii((s)) Rialii(bi
1) Apply for Transfort Allowance (2) QC Check / Post Repair Inspection 1) Upload Resurvey Photo [Repair C Injury : Party time - Actions 2 Unionity Particulars ; Var/Owner:	n	Car()	Accident Repu Dernege Asses owing Pee	rling (530); sment (5100);	154 (174) 11/C (550) 540/54	Ani(S) (SANI(S
1) Apply for Transfort Allowance (2) QC Check / Post Repair Inspection 1) Upload Resurvey Photo [Repair C Injury : Party time - Actions (1)	n	Car () (·	Ancident Repu	rding (530);	154,774,00 104,774,00 104,00	· Ani(G) R. Alii(G Chillick - Inail bi 3000
1) Apply for Transfort Allowance (2) QC Check / Post Repair Inspection 1) Upload Resurvey Photo [Repair C Injury: Pate/Tune Actions	n	Car () (·) (·)				Amilias Chamica
1) Apply for Transfort Allowance (2) QC Check / Post Repair Inspection 1) Upload Resurvey Photo [Repair C Injury: Party Time / Actions	n	Car () (·) (·)				
1) Apply for Transfort Allowance (2) QC Check / Post Repair Inspection 1) Upload Resurvey Photo [Repair C Injury: Pate/Times / Arthoris.	n Cost > \$3000]	Car ()				
1) Apply for Transfort Allowance (2) QC Check / Post Repair Inspection 1) Upload Resurvey Photo [Repair C Injury:	n	Car ()				
1) Apply for Transfort Allowance (2) QC Check / Post Repair Inspection 1) Upload Resurvey Photo [Repair C Injury:	n	Car ()				
1) Apply for Transfort Allowance (2) QC Check / Post Repair Inspection 1) Upload Resurvey Photo [Repair C Injury:	n	Car ()				
1) Apply for Transfort Allowance (2) QC Check / Post Repair Inspection 1) Upload Resurvey Photo [Repair C Injury:	n	Car ()				
Apply for Transfort Allowance (QC Check / Post Repair Inspection Upload Resurvey Photo [Repair C	n	Car ()		102020202222323.31g.		
 Apply for Transfort Allowance (QC Check / Post Repair Inspection 	n	Car ()		10202020222222.31 <u>8</u>		
 Apply for Transfort Allowance (QC Check / Post Repair Inspection 	n	Car ()				
1) Apply for Transfort Allowance (Service and the Control of the National Service Servic	Charlest of the Control of the Contr	TANDED TO A PROPERTY OF THE PARTY OF THE PAR	inancasani ananci ci		221A: 1
The state of the s	Commission of the Commission o	ALL SE STONE SHOW THE VEST SEE AND	PARTITION OF THE PARTIT	193000 PARIS, WWW. 141.78	ALC: NO.	State American
(contracts); (incapon) is constituted	661618			Site Salasa Cela		Per Ipone by
The state of the s	Invoice: YES (and the second s) ; Tow	iug Co: (('	.)
() Total Loss Case : to e-ma				· · · · · · · · · · · · · · · · · · ·	Department per	
() Walk-In Customar : Custom	ner's information s	strictly Confident	lal & Strict	y NO refer of re	polier.	
General Kemarks 1856 Steel Will		CALCULATION OF	TANK TA	WANTE OF SECTION OF SEC	175	(A)
Exects: (\$) Loadi	ng:\$1,000 ()/\$2,000()				• •
Year of Registration: () Warranty		10()		1	
Insured/Driver Liability: (%) [Note-Est			; P: 21-79%.	P: 30-10	0%]
Confirmed by : (Dat		Time:		<u>'</u>
Policy No; () Period: () (Cover Type: (
Owner / Driver: (SMK (6362.D .	INC()/Non-INC ()	1
TP Particulars: Veh N	J		n.m.	Tol:	Fa	X:
Proformed Wksp / IMC Assign Wksp /	Ass /	't Report by Fax	/ Hand to (a week manual man	OLIKESTOP OPLISATION OF THE SECOND
TP bisurer;		essment/Survey I				
		hoto Uploaded				
OD - TP - Reporting Only	- 10 man	lotor W/O (with	In: OD 2hrs, 7	P 4las)		
1415119 19:50		lotor Claim Fo		6		
Ych Ho SKX 1145 C	15-1	mail (widde Shrs, A	IC 2lus)			
NAI MSG 1900 85	84144 SA	S c-filling				
Ref No.	3 100	description		Date & Time Co.	mpleted	Done by
15 15 119 11:4	111				The second second second	
D all b)		PICCO Well	J31103] . N	INA 11906.	048.	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate</u> 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.
- 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

artoreserg,		
	ACCIDENT STATEMENT	
Date Of Report	15/05/2019 11:43	
Date Of Accident	14/05/2019 19:50	
Exact Location Of Accident	ALONG AIRPORT RD	
Country/State of Loss	SINGAPORE	
C	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKX1145C	
Insured/Policyholder		STATE OF THE PARTY NAMED IN
Name Of Registered Owner	LOH HWEE CHENG	
NRIC No	S7821410D	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-97468066	
Alternative Phone No	OFFICE-97468066	
Vehicle Particulars		
Manufacturer	BMW	
Model	318I SEDAN LED NAV	
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?	YES	
If No, Please state action to be taken		
Vehicle Category	PRIVATE CAR	
Insurance Company		Manual Person
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.	
Type Of Coverage	COMPREHENSIVE	

	7.117.112 07.113
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 29040464 QMY
Cover Note Number	
Driver	· · · · · · · · · · · · · · · · · · ·
Name of Driver	LOH HWEE CHENG

LON HIVEE	
NRIC No	S7821410D
Date Of Birth	29/07/1978
Occupation	INDOOR
Date Of Driving Pass	28/02/1997

Driving Experience 22 YEARS AND 2 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-97468066

Fax Number

Contact Number OFFICE-97468066

EMail Address NOEMAIL

Address

65 PASIR RIS GROVE #07-09

Postcode

518217

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 2.0

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle) involved in the accident

NO

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)

NO

soliciting/offering accident claims assistance.

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

PLEASE REFER TO ATTACHED STATEMENT.

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

SMK6362D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

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 <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.
- 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 Signatur Date & Time:

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

Reporting Centre Personnel's Signature

NRIC/FIN No .:

STARRY AND ART OF SHIP OF



A-SKX1145C B-SMK6362D

on the state		inte and tiv	ne. I was	divi
ny vehicle	Along Airp	ort Road.	had stop	getthe.
		hit on		

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

Policyholder's Signarure Date & Time:

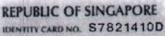
Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Date of Accident	: 14/5/19 Accident Time: 7. 48 pm (24-HR-Format)
Accident Place	: Along Airport Road
Vehicle. No. (Car Plate No.)	: SKX 1/45 CMake/Model: BMW 318]
Insurace Company	: MS16 Policy No: 429040464
Owner or Company Name /IC No.	: Loh Huse Chen (57821410D)
Owner or Company Contact No.	:Owner's Hp 9 7468066 Company Tel
DRIVER'S Name / IC No.	: as above
DRIVER'S Date Of Birth	: 29/7/197 PDRIVER'S License Pass Date 28/2/1997
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: Oww
DRIVER'S Address	: 65 Posir Ris Grove #07-09 5518217
DRIVER'S Contact No./ Alt No.	:1)2)
DRIVER'S Occupation	: INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address	:
Weather & Road Surface	: CLEAR ORY \ RAINING & WET \ AFTER RAIN & WET
	Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Dri	
Was there any video Captured by car Exact purpose for which vehicle was Any Injury (If YES, Pls state):	heing need at the time of the
Other Pa	rty Driver's Particular (if any)
Vehicle, No: SMF 6362	
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	
IC No. Driver/Contact:	
* NEW - Passenger's name & g	







LOH HWEE CHENG (LUO HUIZHEN) 总

CHINESE 29-07-1978

SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

NP 428A

3058012

08-12-1998

65 PASIR RIS GROVE #07-09 SINGAPORE 518217 NRIC No: \$78214100

Date: 30/04/2017



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

MOTOR MAX PLUS Comprehensive

Certificate No. A 29040464 QMY

Excess: SGD500

Windscreen Excess: SGD100

- 1. Index Mark and Registration Number of Vehicle SKX1145C
- 2. Name of Policyholder Loh Hwee Cheng
- 3. Effective Date of the Commencement of Insurance for the purposes of the Act 27/11/2018
- 4. Date of Expiry of Insurance 26/11/2019
- 5. Persons or Classes of Persons entitled to drive*

Loh Hwee Cheng 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.

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 Vahicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysla), are not to be included under these headings.

PLEASE NOTE ALL CLAIMS RELATED REPAIR CAN BE CARRIED OUT AT ANY MORKSHOP 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

DIMIX

for Chief Executive Officer