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| NATIONAL Assessment Centre Services. | (wet & Jamos) . Al | MA4/90649 | 24 |
| Date In: 2105 2015 OD / Jeb description | | ate &Time Completed | Done by |
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| Veli No SKO 82674 E-mail@dala | a alice, AIC 2hrs) | | - |
| 00 A 00 05/2018 16,40 1-Motor Cla | | | 100 |
| I-Motor W/6 | O (Within: OD 2hrs, TP | 4hrs) | |
| OD TP (Reporting Only) | | | |
| Assessment/S | urvey Report | | |
| TP Insurer: | by Fax / Hand to O | wner/Witsp | |
| Proforred Wksp / INC Assign Wksp / QW: (| CONTRACTOR OF THE PARTY OF THE | THE REAL PROPERTY AND PERSONS ASSESSED. | ex: |
| TP Particulars: Veh No: Val DON | 1 INC(| /Non-INC(). | 740.01 |
| Owner Driver: (| | rel: | · ; |
| Policy No: () Period: (|) Co | over Type: (|). |
| Confirmed by : (| Date: | Tlmer |) |
| Insured/Driver Liability: (%) [Note-Est. Status (| WO): N: 0-20%; | P: 21-79%. P: 80-1 | 00%] |
| Year of Registration: () Warranty: YES (|)/NO() | | |
| Bxccss: (\$) Loading: \$1,000 ()/52,000 |)() | | |
| General Mellines and Scientific Control of the Cont | 机的分类的 | 16/16/16/16/16/16/16/16/16/16/16/16/16/1 | |
| () Walk-In Customer: Customer's Information strictly Co | onlidential & Strictly | NO refer of repolier. | |
| () Total Loss Case : to e-mail Insurer URGENTLY. | • | | |
| Drive-In ()/ Towed-in (); Invoice: YES ()/1 | NO(); Towi | ng Co: (| |
| combate with the income are a second to the second to | | CERTIFICATION OF THE SERVE | Like Whons by |
| Apply for Transport Allowance ()/Courtesy Car (|) | | |
| 2) QC Check / Post Repair Inspection (· |) | | · |
| 3) Upload Resurvey Photo [Repair Cost>\$3000] (|) : : | | |
| Injury: | | | |
| | WAT ALL AND STATE OF THE | | REMICHEUR. |
| AND ASSESSMENT OF STREET STREET, STREE | CANADA MANAGA MARAN | WEST STREET, S | The control of the co |
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| 1/9/903740 | involventing | | MANUEL V LANGED IN |
| minastrania de la compania de la co | 1) AR I Analdest Repo | rting (330); ament (\$100); INC (33 | 0) |
| iver/Owner: | 3) TF t Towing Fee | 240 | 7545 |
| | 4) PT : Follow-Throat | h Survey (Resurvey) | 230 |
| ntaet No: | 6) TR : Re-luspestion | | \$13 |
| rnaged Portion: | 7) NI : Idao DA + SM | I'd Out to | 5160 |
| 70 - 10 - 00 - 00 - 00 - 00 - 00 - 00 - | 8) NTUC Additional S | | |
| Checked by (Engr-In-Churge): : . | NS: Courlesy Cor | Tpt Allowance | 310 |
| | Total Repair In | spection ixcess Coordination | \$23 |
| iditors Comments is the same of the same o | TP (NII) : TP (Not | INC) egalnat INC | 30 |
| . It | 9) N17: Idao Mobile Involve deted | Per Charged | MAN O |
| 2/2: | Involce dated | Fee Charged | 2010 111 DE |
| | A William Committee Commit | | |

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.
- 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. | and to copies of the report being made available |
|--|---|
| Chies Edisor Track | ACCIDENT STATEMENT |
| Date Of Report | 21/05/2019 10:01 |
| Date Of Accident | 20/05/2019 16:40 |
| Exact Location Of Accident | ALONG BIDEFORD ROAD |
| Country/State of Loss | SINGAPORE |
| Control of the Contro | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SKQ8267A |
| Insured/Policyholder | |
| Name Of Registered Owner | ROSS STRAND |
| Passport No/FIN | G3048130K |
| Email Address | STRAND.CM@PG.COM |
| Mobile Phone No | (LOCAL) +65-98639782 |
| Alternative Phone No | OTHERS-97237342 |
| Vehicle Particulars | |
| Manufacturer | BMW |
| Model | 420 |
| 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 | |
| Cover Note Number | 10120609 |
| Driver | |
| Name of Driver | STRAND CATHERINE MARGARET |
| Passport No/FIN | G5462545L |
| Date Of Birth | 22/11/1975 |
| Occupation | INDOOR |
| Date Of Driving Pass | 03/11/2014 |
| Driving Experience | 4 YEARS AND 6 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-98639782 |
| Fax Number | turnormus saturomus i i i i i i i i i i i i i i i i i i i |
| Contact Number | OTHERS-97237342 |
| EMail Address | STRAND.CM@PG.COM |

Address

3 HULLET ROAD #11-07 URBAN SUITES

Postcode

22915R

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

SPOUSE

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) involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

NO

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)

2

Passenger 1

NAME:

: DAUGHTER

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

PLEASE REFER TO SKETCH

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

A RECOGNIS CONTRACTOR OF THE PROPERTY OF THE P

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SGV7280M

Vehicle Make/Model/Colour

MERCEDES BENZ

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

TAN BOON LEONG

NRIC/Passport Number

S0191667Z

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

2

NAME:

GENDER:

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>.
- 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: 21 5

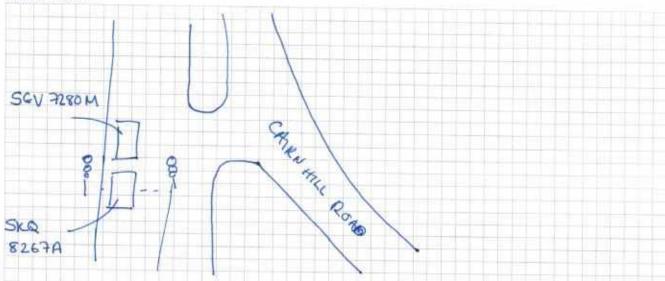
21 ST Way 2019

10:00 AM

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| 20 |
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| Setting off at wattic light, the vehicles in fraud started to make, I set off and the car in fraud stopped I was |
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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: 21 May 2018

10:05 AM

Reporting Centre Personnel's Signature

NRIC/FIN No.:

ACCIDENT STATEMENT

| ACCIDENT DATE: 20, 05, 19 (DD/MM/YYY), TIME: (16:40 (HH:MM) |
|---|
| LOCATION: BIDGFORD ROAD |
| DETAILS OF VEHICLE GIVEHICLE NUMBER: SKQ 8267A b)INSURANCE COMPANY: MSIC C)POLICY NUMBER: 10120 609 |
| d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT) e)MAKE & MODEL: RMD 420 f)TYPE: (SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) |
| i) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: ROSS STRAND. |
| DUGINAL CJADDRESS: 3 HULLET RO 11-07 URBAN SUITES |
| -No of passanger DRIVER ALSO POLICY HOLDER |
| (MALE / FEMALE) DINRIC/FIN/PASSPORT: G5462545L CONTACT: 9723 7342 CIADDRESS: AS ABOVE |
| e)OCCUPATION: (INDOOR / OUTDOOR) F)DATE OF BIRTH: (22 / 11 / 1975) (DD/MM/YYYY) F)DATE OF BIRTH: (22 / 11 / 1975) (DD/MM/YYYY) F)DATE OF BIRTH: (22 / 11 / 1975) (DD/MM/YYYY) |
| IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED. |
| 5. d) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) b) ROAD SURFACE: (DRY / WET / OTHERS) 6. WAS ANYBODY INJURED (YES / NO) |
| IF YES, PLEASE STATE WHICH POLICE STATION: |
| of passenger of VEHICLE NUMBER: SGV 7290M MODEL: MORCEDES 7 G TRON |
| (2) THIRD PARTY VEHICLE CONTACT: |
| duding driver) NRIC/FIN/PASSPORT: |
| |

email = strand.cm@pg.com





· EMPLOYMENT PASS

Employment of Foreign Manpower Act (Chapter 91A) Republic of Singapore

PROCTER & GAMBLE INTERNATIONAL OPERATIONS SA SINGAPORE BRANCH



STRAND CATHERINE MARGARET FINANCE MANAGER

G\$4625451

05-07-2017

Date of leave 18-08-2017 Date of Expiry 02-09-2020



L8232781

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

EFFECTIVE DATE

Motor Cars=< 3000kg with =<7 passengers, exclusive 03 Nov 2014 of the driver; and other motor vehicles =< 2500kg

NP 428A

Licence No: G5462545L

VISIT PASS Immigration Regulations

STRAND CATHERINE MARGARET



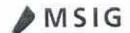
22-11-1975 F

Date of Issue

Date of Expire Q5462545L 18-08-2017 02-09-2020

BRITISH

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



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

MOTOR INSURANCE COVER NOTE Cover Note No. 10120609

The Insured named in the Schedule below having proposed for insurance in respect of the Motor Vehicle described in the Schedule below the risk is hereby HELD COVERED in the terms of the Company's usual form of Policy applicable thereto for the period as stated below unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

Agent No.

: 212165

Name of Insured

: ROSS STRAND

Make and Description of Vehicle : BMW 4201 GRAN COUPE A/T S/R

Vehicle Registration No.

: SKQ8267A

Year of Manufacture

: 2014

Engine No.

: A8740940N20B20B

Chassis No.

: WBA4A12060D967705

Capacity

: 1,997 Cubic Capacity

Cover Type

: Comprehensive

Sum Insured (SGD)

: Market Value

Period of Insurance

: 30/12/2018 to 29/12/2019

Excess (SGD)

: 3,000

I/We hereby certify that this Cover Note is issued in accordance with the Provisions of the Motor Vehicles (Third Party Risks & Compensation) Act (Cap. 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

Not valid unless countersigned by the Company's Authorised Representative MSIG Insurance (Singapore) Pte. Ltd.

Authorised Insurers

Sime Darby Insurance Brokers (Singapore) Pte. Ltd.

Katherine Yeo Senior Vice President, Brokers

Date of Issue: 11/12/2018

This Cover Note is valid for 30 days from the date of issue.