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The	Assessment/Survey I	teport	Company of the Compan	
TP Insurer:	Ass't Report by Fax	Hand to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No:	HA 8629T	INC()/Non-INC()		
Owner / Driver: (T'el:	Tel:)	
Policy No: () P	criod: () Cover Type: () Cover Type: ()	
Confirmed by : (Dat	e: Time:	<u> </u>	
Insured/Driver Liability: (%)	[Note-Est Status (WO):	N: 0-20%; P: 21-79%. F: 80-	100%]	
Year of Registration: ()	Wattanty: YES ()/1	40 ()		
Excess: (\$) Loading: \$1	,000 () / \$2,000 ())		
General Remarks	2.01200 PARENTE			
() Walk-In Contoniar : Customer's in	formation strictly Confiden	tial & Strictly NO rafer of repairer		
() Total Loss Case : to e-mail Insu	rer URGENTLY.			
Drive-In () / Towed-In (); Invoi	ce: YES () / NO (); Towing Co: ()	
Remarks: (INC horline: 6788 6616)		Date&Tune Completed	Done by	
	Courtesy Car ()	SENTEN DESCRIPTION OF THE SENTENCE OF THE SENT		
2) QC Check / Post Repair Inspection	()		1	
3) Upload Resurvey Photo [Repair Cost >	\$3000] ()			
Injury:				
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Chumant's Particulars :-	ASSESSED TO A PROPERTY OF THE PARTY OF THE P	R: Assident Reporting (\$30); A: Dumoge Assessment (\$100); INC	(\$KÛ)	
Driver/Owner:	3) TF	: Towing Fee	\$40,345	
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Contact No:	Ec	e claiming angion INC Only (wal 10 Jan 2	995) 575	
Damaged Portion:		R: Re-iaspection I: Iday DA + SMRT Survey	\$160	
	5 <u>f) N'</u>	TUC Additional Services;		
QC Checked by (Engr-In-Charge):		13: Courtery Car / Tpt Allawanse		
AND THE PERSON OF THE PERSON O		No. Repair Co-ordination No. Fost Repair Inspection	\$10 \$25	
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Jul. 2/3	the same of the sa	ice dated For Charg	and Elizabeth	
I /I /I	F	in dried Fax Charg	and SECTION	

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 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

foresaid.		
	ACCIDENT STATEMENT	
Date Of Report	26/06/2019 16:30	
Date Of Accident	25/06/2019 16:45	
Exact Location Of Accident	ALONG LOMPANG ROAD	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLP3340Y	
Insured/Policyholder		
Name Of Registered Owner	VALERIE TAN HUALI	
NRIC No	S9247589A	
Email Address	WONGJIEJUN,JAMES@GMAIL.COM	
Mobile Phone No	(LOCAL) +65-98179680	
Alternative Phone No	OTHERS-91814381	
Vehicle Particulars		
Manufacturer	VOLKSWAGEN	
Model	GOLF-1.2 TSI DSG (A)	
Exact Purpose for which vehicle was being used a time of accident	POTENTAL MATERIAL PROPERTY OF CAMP	
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 28967681 AVW	
Cover Note Number		
Driver		
Name of Driver	WONG JIE JUN (WANG JIEJUN)	
NRIC No	S9221901A	
Date Of Birth	03/06/1992	
Occupation	INDOOR	
Date Of Driving Pass	13/06/2019	
Driving Experience	0 YEAR AND 0 MONTH	
Gender	MALE	
Mobile Number	(LOCAL) +65-98179680	
Fax Number		
Contact Number	OTHERS-91814381	
EMail Address	WONGJIEJUN.JAMES@GMAIL.COM	

Address

62 FOWLIE ROAD

Postcode

428501

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - BOY FRIEND

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

NO

ambulance?

Was any other material or property damaged? I have been approached by unknown person(s) YES

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

PLEASE REFER TO SKETCH PLAN

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 Vehicle Make/Model/Colour

SHA8629J

Details Of Properties

TAXI

Vehicle Category

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

- 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 withholding 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. 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.
- 7. 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:
 - (i) 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:
 - (i) 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: 76/06/2019

Reporting Centre Personnel's Signature

NRIC/FIN No.1

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

en en en 1900 en
I WAS DRIVING ALONG LOMPANG RUAD STRAIGHT AND ON THE RIGHT
LANE. A YELLOW COMFORT DELGRO TAXI (SHA 8629) WAS
CUTTING INTO MY LANE AND HE WAS HAD CROSSED THE LANE
DIVIDER FROM THE LEFT AND CTOPPED THEFE
AS A PESULT, MY CAR'S LEFT SIDE MIRROR WAS SCRATCHED
AGAINST AGAINST HIS LIGHT SIDE MIRROR
- THE TAXI DRIVER DID NOT GET DOWN TO EXCHANGE PARTICULARS
HE DROVE AHEAD AND EVENTUALLY DROVE OFF BEFORE I COULD
COMMUNICATE WITH HIM.
FOR RECORD REEPING PURPOSES ONLY.

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: 26/06/ 2019

11 STHR

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Mc

ACCIDENT STATEMENT

I. DETAILS OF VEHICLE GIVEHICLE NUMBER: GIPOLICY NUMBER: GIPOLICY NUMBER: GIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY FIRE & THEFT, OF DOLLY NUMBER: GIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY FIRE & THEFT, OF DOLLY NOT OR CYCLE / OTHERS) GIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT, OF DOLLY NOT OR CYCLE / OTHERS) GIPOLICY HOLDER ANAME: GIPOLICY HOLDER ANAME: GIPOLICY HOLDER ANAME: GIPOLICY HOLDER GINAME: GIPOLICY HOLDER GIPOLICY HOLDER GINAME: GIPOLICY HOLDER GIPOLICY HOLDER GINAME: GIPOLICY HOLDER GI	ACCIDENT DATE: 15 1.6 12017	JOD/MM/YYY), TIME: (/6 : 43 J(HH:MM)
CINCLINGUES: A 28/6768 I AVW DIPOLICY NUMBER: A 28/6768 I AVW DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY FIRE &THEFT DIMAKE & MODEL: VW 601F 1.71 &1 (D.56) I)TYPE: (SALOON / COUPE / MPY / VAN / LORRY / MOTORCYCLE / OTHERS) GIVEHICLE CATEGORY: (PRIVATE) GOMMERCIAL / MOTORCYCLE / OTHERS) GIVENUS GOMMERCIAL / MOTORCYCLE / OTHERS) DINSICRED / POLICY HOLDER ANAME: VALENT TAN HUMLI DINSICRIPIN/PASSPORT: (PRIVATE) GOMPANTAN GING FEMALE) DINSICRIPIN/PASSPORT: (PRIVATE) GOMPANTAN (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: (GILL FRIEND) GOMPANTER CONDITION: (CLEAR) RAINING / OTHERS DIROCAD SURFACE: (DRY) WET / OTHERS DIROCAD SURFACE: (DRY) WET / OTHERS DIROCAD SURFACE: (DRY) WET / OTHERS DIROCAD GOMPANTAN CONTACT: GIVEN FAST VEHICLE GIVEN'S NAME:	(20nd.
d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT O MAKE & MODEL: VW GOLF 1.2 TL 81 (DSG) (I)TYPE: (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE / OTHERS) (G)VEHICLE CATEGORY: (MPV /V AN / LORRY / MOTORCYCLE / OTHERS) (G)VEHICLE CATEGORY: (MPV /V AN / LORRY / MOTORCYCLE / OTHERS) (G)VEHICLE CATEGORY: (MPV /V AN / LORRY / MOTORCYCLE / OTHERS) (I) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (MOTORCYCLE) (I) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (MOTORCYCLE) (I) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (MALE / FEMALE) (I) ANAME: VOLUME OF THE MUNTURE ON THE POPULATION OF POPULATI	DINSURANCE COMPANY:	
SIMAKE & MODEL: W GOLF 137L 87 (DSG) STYPE: (SALOON / COUPE / MPY // VAN / LORRY / MOTORCYCLE / OTHERS) OVEHICLE CATEGORY: (PRIVATE) GOMMERCIAL / MOTORCYCLE) DIPURPOSE OF USING AT ACCIDENT TIME: 'COMMUTE DIPURPOSE OF USING ONLY DIPURPOSE OF THE USING OF		The state of the s
(1) TYPE: (SALOON / COUPE / MPY / VAN / LORRY / MOTORCYCLE / OTHERS) B) VEHICLE CATEGORY: (PRIVATE / GOMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: 'COMPUTE I) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING OND) 2. INSURED / POLICY HOLDER A) NAME: VALERIE TAN HUML! (MALE / FEMALE) b) NRIC/FIN/PASSPORT: 972 476 9A CONTACT: 817 968 c) ADDRESS: BIK 23 8 BULL PANTATUS (ING FOR PUR) CONTINUE TO 3. dif DRIVER ALSO POLICY HOLDER DRIVER C) NAME: WOND JIE JUN (MALE / FEMALE) b) NRIC/FIN/PASSPORT: 972 / 901 A CONTACT: 18 18 18 18 18 18 18 18 18 18 18 18 18	DIMAKE & MODEL: VW	SOLF 1.2 TL 81 (DSG)
SIVENCLE CATEGORY/PRIVATE/ GOMMERCIAL/MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME: COMMUTE i) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING OND) 2. INSURED / POLICY HOLDER A)NAME: VALERY TAN HUML! (MALE / TEMALE) b)NRIC/FIN/PASSPORT: 97 247 (89A CONTACT: 98/7 968 C) ADDRESS: BIK 239 BONT PANTATUR RING FOR PORT C) ADDRESS: BIK 239 BONT PANTATUR RING FOR PORT C) ADDRESS: BIK 239 BONT PANTATUR RING FOR PORT C) ADDRESS: BIK 239 BONT PANTATUR RING FOR PORT (Including driver) b) NRIC/FIN/PASSPORT: 972/931A CONTACT: 98/438 c) ADDRESS: 62 FOWLIE ROAD *G)DATE OF BIRTH: (83/6) / 773 J(DD/MM/YYYY) e) OCCUPATION: (NDOOR POUTDOOR) IDDATE OF BIRTH: (83/6) / 773 J(DD/MM/YYYY) e) OCCUPATION: (NDOOR POUTDOOR) IDDATE OF BIRTH: (83/6) / 773 J(DD/MM/YYYY) e) OCCUPATION: (NDOOR POUTDOOR) IF NO, RELATIONSHIP OF THE INSURED'S COMPANY? (YES 1/ NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: GIRL FRIEND 5. a) WEATHER CONDITION: (CLEAR) RAINING / OTHERS b) ROAD SURFACE: (DRY) WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POUCE STATION: 8. THIRD PARTY VEHICLE D) RIVER'S NAME: () VEHICLE NUMBER: SHA 86297 MODEL: bichading driver) D) DRIVER'S NAME: () NRIC/FIN/PASSPORT: CONTACT: C) NRIC/FIN/PASSPORT: C) NRIC/FIN/PASSPORT: C) CONTACT: C) NRIC/FIN/PASSPORT: C) NRIC/FIN/PASSPORT: C) NRIC/FIN/PASSPORT: C) NRIC/FIN/PASSPORT: CONTACT: CO	/)TYPE:(SALOON / COUPE / MP	V/VAN/LORRY/MOTORCYCLE/OTHERS
IJARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING OND) 2. INSURED / POLICY HOLDER A)NAME: VALERG TAN HUML! [MALE FEMALE] D)NRIC/FIN/PASSPORT: 972 47 69 CONTACT: 917 968 C)ADDRESS: BIK 239 BAKIT PANJAWA PING FOR PORT CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER C)NAME: WONG JIE JUN (MALE / FEMALE) D)NRIC/FIN/PASSPORT: 972 1901A CONTACT: 918 1438 C)ADDRESS: 62 FOWLIE ROPD *d)DATE OF BIRTH: (23/06 / 772)(DD/MM/YYYY) e)OCCUPATION: (MDOOR POUTDOOR) JIDAYE OF DRIVING PASS 13/06/2019 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: GIRL FRIEN b)ROAD SURFACE: (DRY) WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. OIREPORTED TO POUCE (YES / NO) IF YES, PLEASE STATE WHICH POUCE STATION: 8. THIRD PARTY VEHICLE O NRIC/FIN/PASSPORT: CONTACT: O NRIC/FIN/PASSPORT: CONTACT: O NRIC/FIN/PASSPORT: CONTACT: 9. THIRD PARTY VEHICLE O NRIC/FIN/PASSPORT: CONTACT: O NRIC/FIN/PASSPORT: CONTACT:	h)PURPOSE OF USING AT ACCI	E/ GOMMERCIAL / MOTORCYCLE)
A)NAME: VALERIZ TAN HUMLI b)NRIC/FIN/PASSPORT: 372 47 (8 9A CONTACT: 9817 968 c)ADDRESS: BIK 239 BAKIT PANJATULA BING FOR PORT CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER ()NAME: WONG JIZ JUN (MALE / FEMALE) b)NRIC/FIN/PASSPORT: \$972 / 901A CONTACT: 918 / 438 c)ADDRESS: 62, POWLIE ROAD "d)DATE OF BIRTH: (83, 66 / 1972) (DD/MM/YYYY) e)OCCUPATION: (IMDOOR POUTDOOR) IDATE OF DRIVING PASC 13 / 06 / 2019 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: GIRL FRIEN b)ROAD SURFACE: (DRY) WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE INCLUDING PARTY VEHICLE C) NRIC/FIN/PASSPORT: CONTACT: 9. THIRO PARTY VEHICLE C) NRIC/FIN/PASSPORT: CONTACT: 9. THIRO PARTY VEHICLE C) NRIC/FIN/PASSPORT: CONTACT:	IF NO, PLEASE STATE (THIRD PA	OUP OWN INSURANCE IVES INO
D)NRIC/FIN/PASSPORT: 3924769A CONTACT: 18/7968 c)ADDRESS: BIK 239 BOKKT PANJAWA PING FOR PORT S (670239) **CONTINUE TO 3.d IF DRIVER ALSO POUCY HOLDER DRIVER DINRIC/FIN/PASSPORT: 3927901A CONTACT: 7/8/138/ C)ADDRESS: 62, POWL/E ROAD **d)DATE OF BIRTH: (03/06/1/772) (IDD/MM/YYYY) B)OCCUPATION: (MODOR/OUTDOOR) 1DDTE OF DRIVING PASS IS 13/06/2019 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES!) NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: GIRL FRIEND 5. D)WEATHER CONDITION: (CLEAR) RAINING / OTHERS D)ROAD SURFACE: (DRY) WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. D)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE NO PARTY VEHICLE O NRIC/FIN/PASSPORT: CONTACT: 9. THIRD PARTY VEHICLE	4. INSURED / POLICY HOLDER	HIMALI CO
CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER Cincluding driver) DINRIC/FIN/PASSPORT: S92/901A CONTACT: 9/8/438 CJADDRESS: 62, FOWLIE E09D *d)DATE OF BIRTH: (03/06/7772) (DD/MM/YYYY) e) OCCUPATION: [MDOOR POUTDOOR] f)DATE OF BIRTH: (03/06/7772) (DD/MM/YYYY) e) OCCUPATION: [MDOOR POUTDOOR] f)DATE OF DRIVING PASC 13/06/2019 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES! NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: GIRL FRIEN 5. d) WEATHER CONDITION: (CLEAR) RAINING / OTHERS b) ROAD SURFACE: (DRY) WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. 0) REPORTED TO POUCE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE INCHARGING drivar) b) DRIVER'S NAME: C) NRIC/FIN/PASSPORT: CONTACT: 9. THIRD PARTY VEHICLE	b) NRIC/FIN/PASSPORT: 392	47589A CONTACT: 98/7 9680
CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER CINCLUDING driver) CINCLUDING PASSPORT: S922/9014 CONTACT: 918/438 CINCLUDING PASSPORT: S922/9014 CONTACT: 918/438 CINCLUDING PASSPORT: S922/9014 CONTACT: 918/438 CINCLUDING PASS CONTACT: 918/438 CINCLUDING PASSPORT: S922/9014 CONTACT: 918/438 CINCLUDING PASSPORT: S922/9014 CONTACT: 918/438 CINCLUDING PASSPORT: CONTACT: 918/438 CINCLUDING PASSPORT: CONTACT: CONTACT: 918/438 CINCLUDING PARTY VEHICLE CINCLUDING PARTY VEHICLE CONTACT: 918/438 CINCLUDING PARTY VEHICLE CONTACT: 918/438 CONTACT: 918/438 CINCLUDING PARTY VEHICLE CONTACT:		BUKIT PANJANG RING FOR PURI
Cincluding driver) Cincluding driver (Contact: Cincluding driver) Cincluding driver (Contact: Cincluding driver) Cincluding driver (Contact: Cincluding driver)	* CONTINUE TO 2 4 IS DRIVED A	SO BOUGHTONES
(Including driver) (Inclu	THO of passanas DRIVER	SO POLICY HOLDER
b) NRIC/FIN/PASSPORT: \$972/901A CONTACT: \$18 438 c) ADDRESS: 62 POWLIE POAD *d) DATE OF BIRTH: (*3/*6/7772) (DD/MM/YYYY) e) OCCUPATION: (MDOOR/OUTDOOR) f) DATE OF DRIVING PASS WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: GIRL FRIEN 5. a) WEATHER CONDITION: (CLEAR) RAINING / OTHERS b) ROAD SURFACE: (DRY) WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE WICHIGH NUMBER: SHA 86297 MODEL: DICINICIPIN/PASSPORT: CONTACT: 9. THIRD PARTY VEHICLE C) NRIC/FIN/PASSPORT: CONTACT:	Chicheding 1 -) SINAME: WONG DIE 7	WAS TELLED
## PASSINGER OF THE UNITED STATION: ## PASSINGER OF THE INSURED'S COMPANY? (YES / NO) ## WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) ## IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: GIRL FRIEND ## IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: GIRL FRIEND ## INSURED: GIRL	6 DINRIC/FIN/PASSPORT: 392	21901A CONTACT: 918/4381
## PASSENGET OF PARTY VEHICLE ## OCCUPATION: [RDOOR POUTDOOR] ## OF PARTY VEHICLE ## OF PA	"dipate of Ripth: / 02 ,06 ,	/993
## TIDATE OF DRIVING PASS	eloccupation: IMPOOR POLI	TDOOP!
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: GIRL FRIEN 5. GIWEATHER CONDITION: (CLEAR) RAINING / OTHERS b)ROAD SURFACE: (DRY) WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. GIREPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE Mo of passanger GI VEHICLE NUMBER: SHA 86297 MODEL: DISCHARGE STATE WHICH POLICE STATION: C) NRIC/FIN/PASSPORT: CONTACT: 9. THIRD PARTY VEHICLE	DATIE OF DRIVING PACE	13/06/2019
5. d) WEATHER CONDITION: (CLEAR) RAINING / OTHERS b) ROAD SURFACE: (DRY) WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. 0) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE No Passanger a) VEHICLE NUMBER: SHA 86297 MODEL: Including driver D) DRIVER'S NAME: C) NRIC/FIN/PASSPORT: CONTACT: 9. THIRD PARTY VEHICLE	4. WAS DRIVER AN EMPLOYEE OF	THE INSURED'S COMPANYS (VESTINO)
b) ROAD SURFACE: (DRY) WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. D) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE No of passanger a) VEHICLE NUMBER: SHA 86297 MODEL: Including driver) b) DRIVER'S NAME: C) NRIC/FIN/PASSPORT: CONTACT:	IT NO, RECATIONSHIP OF THE	DRIVER WITH INSURED. CIRI FRIENI
6. WAS ANYBODY INJURED (YES / NO) 7. DIREPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE No of passinger a) VEHICLE NUMBER: SHA 86297 MODEL: Including driver) b) DRIVER'S NAME: C) NRIC/FIN/PASSPORT: CONTACT:	OF WEATHER CONDITION; (CLEAR	/ RAINING / OTHERS
IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE No of passanger a) VEHICLE NUMBER: SHA 86297 MODEL: Including driver) b) DRIVER'S NAME: () NRIC/FIN/PASSPORT: CONTACT:	DIROAD SURFACE: (DRY) WET /	OIHERS
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No of passinger a) VEHICLE NUMBER: SHA 86297 MODEL: Including driver) b) DRIVER'S NAME: () NRIC/FIN/PASSPORT: 9. THIRD PARTY VEHICLE	/ DIREPORTED TO POLICE (YES (NO	্য) '
Including driver) b) DRIVER'S NAME: () NRIC/FIN/PASSPORT: 9. THIRD PARTY VEHICLE		
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(I) VEHICLE NUMBER		
No of passanger d) VEHICLE NUMBER: MODEL:	IN AL DENTENDER	MODEL:
Including driver) f) DRIVER'S NAME:	Including driver) 1) NRIC/FIN/PASSPORT.	
CONTACT:	1 STORY THE PROPERTY OF THE PR	CONTACT:

Chail = ONING JIZJ WONG JIEJUN. JAMES @GMAIL. WM

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9221901A



WONG JIE JUN (WANG JIEJUN)

捷傷

CHINESE

03-06-1992

SINGAPORE







5490999





13-06-2015

62 FOWLIE ROAD SINGAPORE 428501

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

Motor cars with unladen weight =< 3000kg with =< 7. 13 Jun 2019 passengers, sxclusive of driver; and other motor vehicles with unladen weight =< 2500kg

For LKK/NAC Use Only

NP 428A





MSIG Insurance (Singapore) Pte. Ltd. 4 Shenton Way #21-01 SGX Centre 2 Singapore 068807 Tel: (65) 8827 7888 Fax: (65) 8827 7800 Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

Certificate of Insurance

COPY

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 VW DRIVEEASY Comprehensive

Certificate No. A 28967681 AVW

Excess: SGD500

Windscreen Excess: SGD100

 Index Mark and Registration Number of Vehicle SLP3340Y

Name of Policyholder
 Tan Huali Valerie

 Effective Date of the Commencement of insurance for the purposes of the Act 31/05/2019

4. Date of Expiry of Insurance

30/05/2020

5. Persons or Classes of Persons entitled to drive*

Tan Huali Valerie

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 MUST BE CARRIED OUT AT VOLKSWAGEN CENTRE SINGAPORE.

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 or Acts passed in autistitution thereof.

Signature / Date

Counter-Signatory:

Winner Consultancy Pte. Ltd.

MSIG Insurance (Singapore) Pte. Ltd. Approved Insurers

Amy Ler Senior Vice President, Agencies

This certificate is not valid unless it is signed for & on behalf of the Company and Counter-Signed by a duly authorised representative of the Counter-Signatory.