

NATIONAL Assessment Centre Services.

[Page 1 of 3]

MMA 119086319.

| | | | |
|--|---|-----------------------|---------|
| Date In: 3/7/19 09:05 | Job description | Date & Time Completed | Done by |
| Ref No: NAI MSG 19011745164 | SAS e-filing | | |
| Veh No: 5MM 1090K | E-mail (within 2hrs, AIC 2hrs) | | |
| DOA: 2/7/19 10:30 | I-Motor Claim Form | | |
| (11) <input checked="" type="radio"/> Reporting Only | I-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | I-Photo Uploaded | | |
| TP Insured: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner / Wksiz | | |

Preferred Wksp / INC Assign Wksp / GW: () Tel: () Fax: ()

| | | |
|---------------------|-------------------|-----------------------|
| TP Particulars: | Veh No: XE 4332 E | INC () / Non-INC () |
| Owner / Driver: () | Tel: () | |
| Policy No: () | Period: () | Cover Type: () |
| Confirmed by: () | Date: () | Time: () |

| |
|--|
| Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%; P: 80-100%] |
| Year of Registration: () Warranty: YES () / NO () |
| Excess: (\$) Loading: \$1,000 () / \$2,000 () |

| |
|---|
| General Remarks: |
| () 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 () / NO () ; Towing Co: () |

| |
|---|
| Remarks: (INC/Non-INC/Other) |
| 1) Apply for Transport Allowance () / Courtesy Car () |
| 2) QC Check / Post Repair Inspection () |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () |

Injury: ()

| Date/Time | Actions |
|-----------|---------|
| | |
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| | |
|---------------------------------|--|
| NAI 1904932 | Invoice / Fee / Amount / Date / Time / Done by |
| Client's Particulars: | 1) AR: Accident Reporting (\$30) |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$50) |
| Contact No: | 3) TP: Towing Fee \$40/\$45 |
| Damaged Portion: | 4) PT: Follow-Through Survey \$120 |
| QC Checked by (Engr-In-Charge): | 5) PT: Follow-Through Survey (Resurvey) \$30 |
| Auditors' Comments: | For claiming against INC Only (vs 10 Jan 2003) |
| | 6) TR: Re-inspection \$75 |
| | 7) NI: Ideal DA + SMRT Survey \$160 |
| | 8) NTUC Additional Services:- |
| | ON: |
| | * N5: Courtesy Car / Tpt Allowance \$5 |
| | * N6: Repair Coordination \$10 |
| | * N7: Post Repair Inspection \$25 |
| | * N8: DV / Collect Excess Coordination \$5 |
| | TP (Nil) : TP (Non INC) against INC \$20 |
| | 9) NI2: Ideal Mobile \$0 |
| | Invoice dated |
| | Fee Charged |
| | Invoice dated |
| | Fee Charged |

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 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. 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.

ACCIDENT STATEMENT

| | |
|----------------------------|------------------|
| Date Of Report | 03/07/2019 09:05 |
| Date Of Accident | 02/07/2019 10:30 |
| Exact Location Of Accident | BILAL LANE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SMM1090K |
| Insured/Policyholder | |
| Name Of Registered Owner | RICO ENGINEERING WORKS PTE LTD |
| Co Reg No | 199800407G |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-81339392 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | HONDA |
| Model | SHUTTLE |
| Exact Purpose for which vehicle was being used at time of accident | PARKED |
| 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 29127833 MCY |
| Cover Note Number | - |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | LAU SIN KOW |
| NRIC No | S2634923J |
| Date Of Birth | 17/11/1960 |
| Occupation | INDOOR |
| Date Of Driving Pass | 17/05/1994 |
| Driving Experience | 25 YEARS AND 1 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-81339392 |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |

| | |
|---|--------------------------------|
| Address | BLK 816 TAMPINES AVE 4 #14-255 |
| Postcode | 520816 |
| Was driver an employee of the Insured's Company | YES |
| If No, Relationship of the Driver with the Insured | |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|---|
| Type Of Accident | HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED |
| 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? | |
| 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) | 0 |

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 | XE4332E |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

Accident Sketch Plan

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:

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

Accident Sketch Plan

SKETCH PLAN

Driver was not in the vehicle when the accident happened hence unable to provide the sketch plan.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 02.07.2019, my vehicle A (8MM 1090 K) was parked along Bilal Lane. When I returned to my vehicle A at around 10:30 AM, I found a note stating a person name & contact number on my windscreen. I then saw that my vehicle A was damaged on the front left portion including the front left tyre and left side mirror. I later called the number written on the note. The party on the line told me that his vehicle B (X E 4332 E) had hit onto my vehicle A.

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/PIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 02 / 07 / 2019 (DD/MM/YYYY), TIME: 10 : 30 (HH:MM)

LOCATION: Bilal Lane

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SHH 1090 K
b) INSURANCE COMPANY: MSIG
c) POLICY NUMBER: 59500308 A 29127833 MCY
d) POLICY TYPE: (COMPREHENSIVE) / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: HONDA SHUTTLE
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: COMMERCIAL USE
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: RICO ENGINEERING WORKS PTE LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 1998004076 CONTACT: 81339392
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: LAU SIN KOW (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S2634923 J CONTACT: 81339392
c) ADDRESS: Blk 816 Tampines Ave 4 #14-265 S 520816

* d) DATE OF BIRTH: 17 / 11 / 1960 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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

a) VEHICLE NUMBER: XE 4333 E MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

THIRD PARTY VEHICLE

a) VEHICLE NUMBER: _____ MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = roger@ricoeng.com.sg

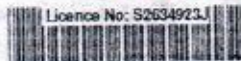
fax = _____

VIDE.O = NO

HP: 81339392

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

| Class | Description | Pass Date |
|----------|--|-------------|
| Class 2B | Motorcycles not exceeding 200 cc | 17 May 1994 |
| Class 3 | Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms | 17 May 1994 |



Licence No: S2634923J

NP 428A

For LKK/NAC Use Only

2875740



NRIC No: S2634923J



Blood Group: A+ Date of issue: 24-08-1996

Address

APT BLK 816 TAMPINES AVENUE 4
#14-255
SINGAPORE 520616

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S2634923J

Name

LAU SIN KOW



Birth Date: 17 Nov 1960

Issue Date: 09 Apr 2003



4000358059F

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S2634923J



Name

LAU SIN KOW



劉善球

Race

CHINESE

Date of Birth

17-11-1960

Country of Birth

HONG KONG

Sex

M





MSIG

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.4
Company Ownership

MOTORMAX PLUS-COMMERCIAL
Comprehensive

Certificate No. A 29127833 MCY

Excess : SGD500
Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
BMM1090K

2. Name of Policyholder
Rico Engineering Works Pte Ltd

3. Effective Date of the Commencement of Insurance for the purposes of the Act
17/06/2019

4. Date of Expiry of Insurance
16/06/2020

5. Persons or Classes of Persons entitled to drive*

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

達高企業
TATCO ENTERPRISE
250/252 JALAN KAYU
SINGAPORE 799475/78
TEL: 6482 0163 FAX: 6481 1903


for Chief Executive Officer