NATIONAL Assessment Centre Services. [wel | Jan'03] . : MMA 1190892 Done by Date &Time Completed Jeb description Date in: 917/19 11:32 SAS c-filing Ref No: NAI MSG 19012084/44 E-mail (white this, AIC 2hrs) Veh No: GB0 1937X I-Motor Claim Form DATA 8 17 119 12:30. 1-Motor W/O (Within: OD 2hts, TP 4hts) Reporting Only I-Photo Uploaded Assessment/Survey Report Tl' Insurer. Ass't Report by Fax / Hand to Owner/Wksn Face: Tol: 'referred Wksp / INC Assign Wksp / QW: (INC ()/Non-INC (Veh No: IP Particulars: GBE 2808 7 Owner / Driver: (Tcl: Cover Type: (Period: (Policy No: (Time: Confirmed by : (Dates %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. Insured/Driver Liability: (Year of Registration: (Warranty: YES ()/NO(Excess: (\$ Londing: \$1,000 ()/\$2,000 (Gonedal Religional State of the Second) Walle-In Customer: Customer's information strictly Confidential & Strictly NO refer of repoliter.) Total Loss Case : to e-mall Insurer URGENTLY.) / NO () ; Towing Co: (Drive-In ()/ Towed-in (); Invoice: YES (Remarks - Cangulating Countries of the C 1) Apply for Transfort Allowance ()/ Courtesy Car (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Infury : Dankering & Arction MA1905076 1) AR t Anddent Reporting = (530); Chimmids President \$40/\$45 3) TF : Towing Fee Driver/Owner: \$120 4) FT : Pollow-Through Survey 5) PT : Pollow-Through Burvey (Resurvey \$30 Contact No: Porelaiming against INC Only (wef 10 Jan 200) 6) TR: Re-Inspection Damaged Portion: 3160 7) NI : Idao DA + SMRT Surva) 8) NTUC Additional Services: QC Checked by (Engr-In-Charge); *NS: Courtery Car / Tpt Allowance * Not Rapair Co-ordination 510 \$ 2.5 *N7; Post Repair Inspection 22 *NR: DV / Collect Excess Coordination TI: (NII) : Th (Non INC) against INC al. l: 9) NI21 Idao Mobile Involor dated 91 2/3: Fee Charged Involce dated

F . pa ct C3

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.
- 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.
- 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	09/07/2019 11:32		
Date Of Accident	08/07/2019 12:30		
Exact Location Of Accident	PIE TWDS CHANGI		
Country/State of Loss	SINGAPORE		
	DETAILS OF OWN VEHICLE		

	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	GBD1937X		
Insured/Policyholder			
Name Of Registered Owner	SINDECON AIRCON & BUILDING SERVICES PTE LTD		
Co Reg No	-		
F 14.11			

Email Address NOEMAIL
Mobile Phone No

Alternative Phone No OFFICE-62141671

Vehicle Particulars

Manufacturer NISSAN

Model CABSTAR

Exact Purpose for which vehicle was being used at time of accident WORKING

Are you claiming under your own insurance policy for repair to your vehicle?

If No, Please state action to be taken

Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE. LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number A 28984598 MKC

Cover Note Number

Driver

Name of Driver CHOW AH HOONG

 NRIC No
 \$2562419Z

 Date Of Birth
 13/04/1956

 Occupation
 OUTDOOR

 Date Of Driving Pass
 06/11/1979

Driving Experience 39 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91294706

Fax Number

Contact Number

EMail Address NOEMAIL

Address

BLK 10C LOR 12 GEYLANG

Postcode

398991

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

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

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

NO 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)

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

I WAS TRAVELLING ALONG THE LOCATION AS MENTIONED, VEH B WHICH WAS INFRONT OF ME APPLY BRAKE, I MANAGE TO STOP BUT CANNOT STOP IN TIME, AS THE RESULT, MY VEH HIT ONTO VEH B REAR PORTION.

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

GBE2808Z

Vehicle Make/Model/Colour

Details Of Properties

Details Of Properties

Vehicle Category

Name of Driver

COMMERCIAL VEHICLE

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
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- 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
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 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)

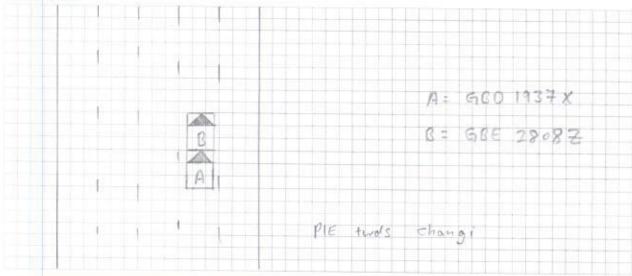
I understand, acknowledge, agree and consent that:

- (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 .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please	Refer	+0	Statemen T	
		\neq		

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/FIN No.:





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)



Date: 06/09/2016

For LKK/NAC Use Only



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.Z.300

Goods Carrying Vehicle - Sch I

COMMERCIAL VEHICLE

Comprehensive

Certificate No. A 28984598 MKC

Excess: SGD600

- Index Mark and Registration Number of Vehicle GBD1937X
- 2. Name of Policyholder

Sindecon Aircon & Building Services Pte Ltd

- Effective Date of the Commencement of Insurance for the purposes of the Act 16/07/2018
- Date of Expiry of Insurance

15/07/2019

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 in connection with the Policyholder's business. Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. Use for social domestic and pleasure purposes. The Policy does not cover

(1) Use for hire or reward or for racing pace-making reliability trial

or speed-testing.

(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

† 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.

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