NATIONAL Assessment Centre	Services per mon	MUHY 190959	55
Date 10: 2007 2007 18:3)	Job description	Date & Time Completed	Done by
REINO: NBAIMSG19012910N	SAS c-filing		
Veh No: SMK 99347 1/	E-mail (within this, AIC 2ht)	,	
D.O.A. 1107/2019 07:50	I-Motor Claim Form	~	
	i-Mater W/O (Within: OD	2hrs 'PP 4hrs)	
OD (B) : Reporting Only	i-Photo Uploaded		
	Assessment/Survey Repor		
TP Insurer:	Ass't Report by Fax / Har	ntl to Owner/Wksp	
Preferred Wksp /4NC Assign Wksp / QW; (ax:
TP Particulars: Veh No:	1 327A INC	2()/Non-INC().	21
Owner / Driver: (Tel:)
Policy No: () Peri	iod: () Cover Type: (
Confirmed by : (Dater	Time:)
Insured/Driver Liability: (%) [N	lote-Est Status (WO): N:	0-20%; P: 21-79%. F: 80-	100%]
Year of Registration: () W	Vattanty: YES ()/NO ()	
Excess: (\$) Londing: \$1,00	00()/\$2,000()		
General Remarks:		draw let 18 15 25 20 and 1, awar at most 17 or	
() Walk-In Costomer's information ()		Strictly NO rafer of repairer	
() Total Loss Case : to e-mail Insure			
Drive-In () / Towed-In (); Invoice:	YES () / NO ()	; Towing Co. (
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury:	000] ()		
Date/Times Actions			Crypeso. Vanishiri
1/0/2006/10 "	Programmes	en anne market 1950 Plants	Manual Anic(s)
24919055181	1 h a 2 h a	Preparation Checklist	Thum ned Bi
liumant's Particulars :-		eident Reporting (\$30); mogs Assessment (\$100); INC	(\$80)
Driver/Ovyter:	3) TF : To	ring Fee	\$120 \$120
Contact No:	5) FT : Fol	low-Through Survey low-Through Survey (Resurvey)	\$30
	Eorslair 6) TR: ite	ping against INC Only (well 10 Jan 10	\$75
Pamiliged Portion:	7) N1 : Ida	UDA + SMRT Survey	\$160
	DIE	Additional Servines:	
(C Checked by (Engr-In-Charge):		untery Cor / Tpt Allowance	\$10
. Maria de la Carla e de la competita	in the Application of the Fo	at Repuls Inspection	525
Additions Comments :		V / Collect Excess Coordination 1): TF (Nota INC) against INC	\$5 \$20
al.J.	9) N12: Id	no Mobile	30
nt. 2/3:	Involve de	red Fee Charge	nd Shipping
1/1 1	I make de		N. Marchand S. St.

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to
- 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

	ACCIDENT STATEMENT
Date Of Report	22/07/2019 18:31
Date Of Accident	17/07/2019 07:50
Exact Location Of Accident	ALONG YISHUN AVENUE 1 (YISHUN DAM)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMK9934J
Insured/Policyholder	
Name Of Registered Owner	PAN KOK MUN, MELVIN (PAN GUOMIN, MELVIN)
NRIC No	S8440404G
Email Address	MELVIN,PAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90302066
Alternative Phone No	OTHERS-94382540
Vehicle Particulars	
Manufacturer	SKODA
Model	SUPERB
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	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 29123596 QMY
Cover Note Number	
Driver	
Name of Driver	TEO HUI KENG
NRIC No	S8506835J
Date Of Birth	26/02/1985
Occupation	INDOOR
Date Of Driving Pass	14/08/2006
Driving Experience	12 YEARS AND 11 MONTHS
Sender	FEMALE
Mobile Number	(LOCAL) +65-90302066
ax Number	TOTAL PROPERTY OF THE SECOND CONTRACTOR OF T

OTHERS-94382540

HUIKENG@GMAIL.COM

Address

BLK 333A YISHUN STREET 31

#15-195

Postcode

761333

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

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

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)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

WOODLANDS DIVISION HO

Police Station Address

ROAD: 1 WOODLANDS STREET 12, POSTCODE: 738622, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT L/20190717/7055

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

FBJ1327A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

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.
- 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:

Reporting Centre Personnel's Signatur

Name:

NRIC/FIN No.:

SKETCH PLAN	Vehicle A: Smk 9934-J	Vehicle B:	AFC212	
	Awag	Vishin	MIKNUE 1	
	4		4 4 4	
PESCRIBE CIRCU	MSTANCES OF THE ACCIDENT	ime of Accident:		
0		1	4	
KHU-	10 Police Report	U2019071	7 7055	
			W. V	
				-
ECLARATION				
	egoing particulars are true in every re	spert.		
ECLARATION We declare the fore	egoing particulars are true in every re	spect.	and malant	
	In wat		Reporting Centre Persophal's Signature	Instr



<u>√20190717/7055</u>

1 of 3

Report No. L/20190717/7055

POLICE REPORT (NP299)

Police Station Of Origin Woodlands Division HQ 1 Woodlands Street 12 SINGAPORE 738622 Tel No:1800-4660000

Date/Time Report Made	Vide Repo	rt No.		Station Diary No.
17/07/2019 23:25				
Name Of Informant TEO HUI KENG	Address APT BLK 3		HUN STREET 31	#15-195
* A TO A TO A STATE OF A TO A	SINGAPO	RE 76133	3	
ID Type / ID No. NRIC NO / S8506835J	Contact N Home/Off		Mobile: 94382540	
Nationality SINGAPORE CITIZEN	Email Add		n	
Occupation	Sex	Age	Date of Birth 26/02/1985	Race Chinese
Financial analyst (eg equities analyst, credit	Female	34	20/02/1903	Offinese
analyst) Institution/School Name	Language English			
Date/Time Of Incident 17/07/2019 07:50 - 17/07/2019 07:55	Location Of Incident Accident happened at Yishun Ave 1 at the Yishun Dan area			at the Yishun Dam

Brief details.

I was driving along Yishun Ave 1 (Yishun Dam) towards Seletar West Link this morning at 7.50am. Car plate number SMK9934J.

Motorbike rider, riding motorbike FBJ1327A was cutting in between lanes. To avoid the big truck in my next lane, he knocked into my car and damaged my left side mirror. The blinker signal on my side mirror

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 17/07/2019 23:25
Officer In-Charge Of Case:	Classification Of Case:
TV 19 - 110V 2850 - 460 - 130	

Authentication Stamp





POLICE REPORT (NP299)

Subjects Involved

Suspect

CONTINUATION OF REPORT

2 of 3

Report No. L/20190717/7055

was knocked off and the mirror was bent.

He was riding off with just a wave when I honked at him 2 times. He turned around and stopped next to my vehicle asking if I need to settle. I said "yes, you knock the side of my car and I need your details. But the traffic is really bad at this road, let's turn right (towards Seletar West Link), park at the side of road and settle the details."

Motorbike rider agreed and ride ahead, weaving between 2 vehicles ahead of me. However, when I turned into Seletar West Link; rider was nowhere to be found. I filtered to the most left lane to keep a look out for him and couldn't find him. I also stopped my vehicle at the most left lane to wait, but he was nowhere to be found.

Eventually, I have to drive off along Seletar West Link.

*unable to upload photos and videos, but can send via email attachment with clearer images

rerson Name	Unknown				
Gender	Male	Age Complexion Attire Last Worn		20-40	
Language	English			Dark tan Long sleeve dark coloured clothes - covered from head to toes - only eyes were shown	
Build	Medium				
Not applicable	icer Recording The Report:		report has	Of Informant: ity of the person making this s been authenticated by . No signature is required.	
Signature Of Inte Not applicable			Date/Time 17/07/201	3.	
Officer In-Charge	e Of Case:		Classifica	tion Of Case:	
Authentication St	lova.				





3 of 3

POLICE REPORT (NP299)

Authentication Stamp

CONTINUATION OF REPORT

Report No. L/20190717/7055

Victim	THE RESERVE OF THE PARTY OF THE	A A TOTAL TO SERVICE	
Person Name	TEO HUI KENG		
ID Type	NRIC NO	ID No	S8506835J
Gender	Female	Age	34
Race	Chinese	Language	English
Occupation	Financial analyst (eg equities analyst, credit analyst)	Address Type	
Address	APT BLK 333A YISHUN STREET 31 #15-195 SINGAPORE 761333	Mobile No	94382540
Is Informant A Victim?	Yes		

The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 17/07/2019 23:25
Classification Of Case:

Accord Auto Services Pte Ltd

Tel: 6481 9517 / 9740 0999 Fax: 6481 9516 Email: claims@mycarworkshop.com.sg

*Date of Accident: 17-07-2019		1 50	9
*Accident Location: YICHUM Dam CY		ent: 7-50 -	+-59 am
			X 1 X 1 X 1 X 1
Vehicle Details *Vehicle Number: SM/C 9934 3	*** Cho	ada Cunavi	
2011	* Make & Model: Sko	DOIOL ZUIDEN 19	
nsured / Policyholder			
Owner Name: Pan Kok www melvin	*NRIC:	SOUROHOHOH B	
Address: RIK 328A YICINUN AVEET 31 #	19-(95 5(761333)		
Email: me Win pan @ gmail com	* HP:	010302066	
Occupation: TYOIDEY (Indoor	/ Outdoor) * Tel /H /Other:		
Oriver () same as above			
Driver Name: TEO HUI KENCY	*NRIC:	0 95068351	
Address: BIK 131 A YUNUN ETVET 31	# 15-195 013-1222)	70900-333	
Date of Birth: 26.02.85 *Driving Pass	n : 14 -08 -2006	0 == 03==10	
Email: hukeng @ gmail - com			
Organia phic txeutive	RESWARD CAN THIS CHARACTER	Gender: Male (Fen	nale
Occupation: bothic Executive (Indoor)	Outdoor) * Tel /H /Other: _		
Driver an employee: Yes No P If no, what is related	tionship with the policyholder:	SPOULL)
	erage: C /TPFT / TPO *Policy N	No: A 29/235	96 amy
etail of other vehicle / Property 1	Detail of other veh	nicle / Property 2	
ehicle No.: FBJ 1324 A	Vehicle No.:		
lake & Model: School Wotoveice Wotoveice	Make & Model: _		
	Vehicle Category		
ame of Driver:			
P :	1.00		
o. of Passengers (Including Driver):	HP :	franchischer aus experience	
	No. or Passengers	Including Driver):	
or Official Use Only			
Claiming against Own Ins.: Yes (No) (If No, Re	eporting Only / TP Claims)		
eneral Information of the accident		4	
ype of accident: Head-Rear / Side swipe / others:	- 5ide swife Hit	X Fun	
Veather conditions: Clear / Raining / others:		y video cam: Yes / N	lo
load Surface: Dry / Wet / others:			1755C
Vitness: Yes / No (Name:	NRIC :	HP:	i i
CONTRACTOR AND A CONTRA	n against whom:)	
September 1 and 1		1 -1	
	No. of passengers (include driv	ver): ICITIVE [
/Name:	No. of passengers (include driv *Fasten seat belt: Yes / No *Co		







CHINESE 26-02-1985

SINGAPORE

ESSONS35J





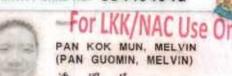
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES! Motor Cars < 3000kg with </p>
7 passengers, exclusive 14 Aug 2006 of the driver; and other motor vehicles < 2500kg</p>

For LKK/NAC Use Only

NP 425A



REPUBLIC OF SINGAPORE



潘 国 氏

28-12-1984

SINGAPORE

584404040

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

PASS DATE

Chass 3 Motor Cars and Motor Tractore the weight of which unlader does not exceed 2500 kilograms

FOR LKK/NAC Use Only

NP 420A





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

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.

Individual Ownership

MOTOR MAX PLUS Comprehensive

Certificate No. A 29123596 QMY

Excess: SGD1,500 Windscreen Excess: SGD100

1. Index Mark and Registration Number of Vehicle SMK9934J

2. Name of Policyholder

Pan Kok Mun Melvin (Pan Guomin Melvin)

- Effective Date of the Commencement of Insurance for the purposes of the Act 30/04/2019
- 4. Date of Expiry of Insurance 29/04/2020
- 5. Persons or Classes of Persons entitled to drive*

Pan Kok Mun Melvin (Pan Guomin Melvin) 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 (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

for Chief Executive Officer