MNA 119 1085 NATIONAL Assessment Centre Services. [wel + Jarios] . Done by Date &Timo Completed Date In: 19/8/2019 Jeb description REINO. NBA/MSJI9014A37/F SAS c-Illing Veh No. SBH 9797 J E-mail (&jala ther, AIC 2hrs) I-Motor Claim Form 001 16/08/2019 I-Motor W/O (Withlis: OD 2hrs, TP 4hrs) TP Reporting Only I-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksn Profurred Wksp / INC Assign Wksp / QW: (Tol)/Non-INC(TP Particulars: Veh No: SKU 6159X. INC (Tcl: Owner / Driver: (Policy No: (Cover Type: (Period: (Confirmed by : (Dates . P: 80-100%] %) [Note-Est Status (WO): N: 0-20%; P: 21-79%. Insured/Driver Liability: (Year of Registration: (Warranty: YES ()/NO(Loading: \$1,000 (Bxccss: (\$)/52,000 (se encodite manescress e massizanda de la contratamenta de la concodite de la contratamenta de la contratament) Walle-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repairer.) Total Loss Case : to e-mall Insurer URGENTLY. Drive-In ()/Towed-In (); Invoice: YES () / NO () ; Towing Co: 1) Apply for Transport Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost> \$3000] Infury : MA1906283 1) AR 1 Accident Reporting (530); 2) DA : Dame to Assessment 3) Tr : Towing Pos \$120 4) PT : Follow-Through Survey Driver/Owner: 5) PT ; Pollow-Through Busyey (Resurvey) Por claimbux against INC Only (wer 10 Jan 200) Contact No: 6) TR: Re-laspection 5160 7) NI ; Idao DA + SMRT Survey Darnaged Portion: 1) NTUC Additional Services:-*NS: Courlesy Cer / Tpt Allowande QC Checked by (Engr-In-Charge): 510 *N6: Rapair Co-ordination \$23 *NI; Fost Repelr Inspection No: DV / Collect Uxcess Coordination 33 TP (NII) : TP (Non INC) against INC

9) N17: Ideo Mobile Involve doted

Involce dated

classiv

Per Charges

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1 2/3;

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

	ACCIDENT STATEMENT	
Date Of Report	19/08/2019 14:19	
Date Of Accident	16/08/2019 17:40	
Exact Location Of Accident	INSIDE CONNECTION ONE BULIDING CARPARK	
Country/State of Loss	SINGAPORE	
C. C	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SBH9797J	
Insured/Policyholder		
Name Of Registered Owner	AZHAR BIN OMAR	
NRIC No	S1786119J	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-90226137	
Alternative Phone No	OFFICE-90226137	
Vehicle Particulars		
Manufacturer	SUBARU	
Model	IMPREZA WRX	
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	THIRD PARTY FIRE AND/OR THEFT	
Fleet Policy	NO	
Policy Number	A29052779QMX	
Cover Note Number		
Driver		
Name of Driver	AZHAR BIN OMAR	
NPIC No.	647864464	

NRIC No S1786119J Date Of Birth 07/04/1967 Occupation **INDOOR** Date Of Driving Pass 27/07/1992 Driving Experience 27 YEARS AND 0 MONTHS Gender MALE Mobile Number (LOCAL) +65-90226137 Fax Number (LOCAL) +65-90226137 Contact Number

OFFICE-90226137

EMail Address NOEMAIL Address

399 TELOK KURAU ROAD SINGAPORE

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

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)

2

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)

0

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

BUKIT MERAH WEST NPC

Police Station Address

ROAD: 500 BUKIT MERAH VIEW #01-01, POSTCODE: 159682,

COUNTRY: SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

SKU 6159X

Details Of Properties

Vehicle Category

PRIVATE CAR

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 Signature

Name:

NRIC/FIN No.:

	MARKIN	O LOT AT	CONNECTION	ONE		
SKETCH PLAN	167 3	ALAN BUKI	T MERAH LE	VEKI	parking Lots	
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	SBH 979	75				
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			SKU 61597	/		
DESCRIPT SIRSH		122-102-103				
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DECLARATION						
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27k V V V V V V V		-	× *			
Policyholder's Signatur	re	Driver Signature	value was construction	Reportin	g Centre Personnel's Signature	
Date & Time:		(If driver is not the	policyholder)	Name:		
		Date & Time:		NRIC/FI	1 No.:	





Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682 1 of 3 Report No. T/20190819/2071

Tel No: 1800-3779999

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 019 12:55	Made:	Vide Report No.:	Station Diary No.: 22	
Informa	nt's Partic	ulars			
	f Informant: BIN OMAR		Address: 399 TELOK KURAU ROAD S	SINGAPORE 423903	
ID Type / ID No.: NRIC NO / S1786119J			Contact No.: Home/Office: Mobile: 90226137		
National SINGAF	ity: ORE CITIZ	ΈN	Email:		
Sex: Male	Age: 52	Date of Birth: 07/04/1967	Type of Informant: Vehicle Owner		
Race: Malay			Language: Institution / School		
	cupation: Driving Licence SISTANT MANAGER Class:		Driving Licence Information: Class:	Date of Expiry:	

General Infor	mation of the Accide	ent			
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 16/08/2019 17:40	Type of Location: Car Park	
Location: Along Road 1 JALAN BUKI Inside Conne Weather:		rpark, 167 Jalan Bukit Road Surface: Drv		Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled		raffic Volume:	
Type of Collis Moving Vehic	ion: le Against Staionary V	ehicle	a	Anyone conveyed by ambulance:	

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SBH9797J	Car				Slightly Damaged	0
SKU6159X	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682 2 of 3 Report No. T/20190819/2071

Tel No: 1800-3779999

CONTINUATION OF REPORT

Vehicle Owner		HOME		HILLER B		
Name	AZHAR BIN OMAR			ID No).	S1786119J
Related Vehicle	SBH9797J (Car)			Conta	act No.	90226137
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	22	Date Disc	charge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o		NIL	

Brief Details.

On 18/08/2019 at about 1000hrs, I wanted to wash my vehicle bearing SBH9797J and I realized that there was some dent and scratches on the front left fender and bumper of my vehicle near to the front wheel area, as such I was puzzled about the accident and hence I went through my in car camera to check if it managed to capture the cause of the dents.

While going through the in car camera, I found out that the accident had occurred on the 16/08/2019 at about 1740hrs, at Connection One building where I work. I recalled that on that day at about 0830hrs, I had reached my work place and I had parked at lot.145, before going to work, my car did not have the dent, however as I had a lot of errands to run, by the time I went home it was already late and I did not realized that there was a dent. From the video, I saw that there was a Mercedes bearing number plate SKU6159X that wanted to park at lot.1 146, which is beside my vehicle, as such while the vehicle was reversing into the lot, the right rear of the vehicle had hit onto the left front side of my car as such there was a dent.

I further found out that the driver had stayed in the vehicle for about 05 minutes and the said driver exiting the vehicle to check on his vehicle after the impact before the said driver drove off the vehicle. I have the in-car camera footage of the accident and the time-stamp showed that the impact had happened at around 1740hrs. As I am working with the management office, this said vehicle is not an season parker in which we are unable to trace his contact.





3 of 3 Report No. T/20190819/2071

Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682

Tel No: 1800-3779999

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

CONTINUATION OF REPORT

Signature Of Informant:
funding.
Date/Time:
19/08/2019 12:55
Classification Of Case:

Parking at: Connection One, 167 Jalan Bukit Merah, Level 1.





Vehicle No: SBH9797H

Hit & run by Mercedes E class no: SKU6159X



SBH 9797J parked at this lot number on 16.8.19 1740hrs. SKU6159X parked at this lot number on 16.8.19 1740hrs.







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

ORIGINAL

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, 1995 EDITION (REPUBLIC OF SINGAPORE) OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.X.1 Individual Ownership

MOTOR MAX Third Party Fire & Theft

Certificate No. A 29052779 QMX

1. Index Mark and Registration Number of Vehicle SBH9797J

2. Name of Policyholder

Azhar Bin Omar

- 3. Effective Date of the Commencement of Insurance for the purposes of the Act 29/12/2018
- Date of Expiry of Insurance 28/12/2019
- 5. Persons or Classes of Persons entitled to drive

Azhar Bin Omar

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 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 Street Union thereof.

Quotigo Pto Ltd Senior Operations Manager

60 Paya Lebar Road

Paya Leberg Sallar Bate 11-41

Counter-Signatory Amy Ler
Senior Vice President, Agencies
Senior Vice President, Agencies
Counter-Signatory Senior Vice President, Agencies
Senior Vice President, Agencies
Counter-Signatory and Counter-Signed by a duly authorised representative of the Counter-Signatory
Counter-Signatory
Counter-Signatory

XQUOTSCXH2018121818120075

MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurers Chillian