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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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

100 100 100 100 100 100 100 100 100 100	ACCIDENT STATEMENT
Date Of Report	26/08/2019 19:30
Date Of Accident	24/08/2019 22:40
Exact Location Of Accident	BALESTIER ROAD CTE EXIT SLIP ROAD/MERGING LANE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKD4189L
Insured/Policyholder	
Name Of Registered Owner	CHIM JIA HAO
NRIC No	S9047538Z
Email Address	CHIM.JIAJIAN@GMAIL,COM
Mobile Phone No	(LOCAL) +65-81573326
Alternative Phone No	OTHERS-96437376
Vehicle Particulars	
Manufacturer	BMW
Model	116I AT ABS D/AIRBAG 2WD HID 5DR
Exact Purpose for which vehicle was being used at time of accident	
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	B 27233896 SMP
Cover Note Number	
Driver	
Name of Driver	CHIM JIA JIAN
NRIC No	S9447684D
Date Of Birth	25/12/1994
Occupation	INDOOR
Date Of Driving Pass	02/06/2014
Driving Experience	5 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81573326
Fax Number	- Promotion Control and Mark Provider 21 (Mark Control)
Contact Number	OTHERS-96437376
ADD SSTANDAD VARIABLES	

CHIM, JIAJIAN@GMAIL, COM

Address

126 SERANGOON GARDEN WAY

Postcode

556028

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

SIBLING

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?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: WAN KHAR KHEI CHANTAL

GENDER:

: FEMALE

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

SGH5374M

Vehicle Make/Model/Colour

TOYOTA

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

RYAN XAVIER TAY SEET CHOONG

NRIC/Passport Number

S9603606Z

Contact Number

87258479

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 8

Passenger 1 NAME: GENDER: Passenger 2 NAME: 4 GENDER: Passenger 3

NAME: GENDER:

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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:
 - (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:

26/08/2019

4:3PN

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No :

SKETCH PLAN BOLLS WELL	Ro, UTE EXAT SI	ip for multin	ch Louis
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT		Ball Time 1
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1 was at the 3rd party car 1 turned onto 1est side after 1 before stopping 1 scratch at 16 1 A) SKD 4189 L 1 B) SGH 5374M	nerging lone (right so I turned finished and 3rd party's purmp and - of the sul	my left. After a de), and 3rd particle (ontinued for left upplinged whi	ty cance into my or 2 meters
DECLARATION I/We declare the foregoing parti	culars are true in every respect.		1.1
	7/10_	- //	2 Blacked
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyhol Date & Time:		entre Personnels Signature
	26/07/2019 5-09P	M	

ACCIDENT STATEMENT

ACCIDENT DATE: (24) - 08, 26/9 (DD/MM/YYY), TIME: (22, 43)(HH:MM)
LOCATION: BALESITER ROAD, CTE EXIT SLIP ROAD IMEDICING
1. DETAILS OF VEHICLE
alvehicle Number: SKP4189L
DINSURANCE COMPANY: 4031 G
CIPOLICY NUMBER: 8 2 723 33965MP
DIPOLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE &THEFT)
()TYPE: (SALOON / COUPE / MPV-/VAN / LORRY / MOTORCYCLE / OTHERS) G) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: LET JULE
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/10)
IF NO. PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER
ANAMER CHIM TIGHT
HAR FHEI CHANTAL DINRIC/FIN/PASSPORT: 190475382 CONTACT: \$ 3/3773326
CIADDRESS: 126 SERANGOON GARPEN WAY 1555028
333 6028
*CONTINUE TO 3,d IF DRIVER ALSO POLICY HOLDER
T PASSONAGE DRIVER
Chicheding diam a Charles Charles TIAN TIAN
DINRIC/FIN/PASSPORT: 59447684 D CONTACT: 96437376
CIADDRESS: 126 SERANGOON GARDEN OVAY 5556028
*d) DATE OF BIRTH: (
FOCCUPATION: (INDOOR) OUTDOOR!
DONCE OF DRIVING PACE 02 06 2014
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES Y NO)
" " " I CONTROLL OF THE DRIVER WITH INCHES. I ACTUE
" CONDITION: (CLEAR) RAINING / OTHERS
DINOAD SURFACE: (DRY) WET / OTHERS
6. WAS ANYBODY INJURED (YES /NO)
7. O) REPORTED TO POLICE (YES / NO)
B. THIRD PARTY VEHICLE
TO ME OF DOSCOROUS OF METHODES AND AND COMMENT OF THE PARTY OF THE PAR
MODEL MODEL
(4) C) NRIC/FIN/PASSPORT: 596036067 CONTACT: 87158479
(A) P. THIRD PARTY VEHICLE
M No of passages d) VEHICLE NUMBER:
CITCHELIAN, GVIVZr) A MINIC CITATO A SECOND
() NRIC/FIN/PASSPORT:CONTACT:
Fig

email = chim jeaji an @gmod com

X





4433402



For LKK/NAC Use Only

17-07-2009

125 SERANGOON GARDEN WAY SINGAPORE 556028

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

For LKK/NAC Use Only

NP 428A





Your atternative contact:

Sime Darby Insurance Brokers (Singapore) Pte Ltd Tel. 6222 2244 Mon to Fri (excluding PH) (8.30 am - 5.45 pm)

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.1

Individual Ownership

SIME MOTOR PRIVATE Comprehensive

Certificate No. B 27233896 SMP

Excess: SGD750

- 1. Index Mark and Registration Number of Vehicle SKD4189L
- 2. Name of Policyholder

Chim Jia Hao

- 3. Effective Date of the Commencement of Insurance for the purposes of the Act 29/11/2018
- 4. Date of Expiry of Insurance 28/11/2019
- 5. Persons or Classes of Persons entitled to drive*

Chim Jia Hao

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.
- 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 PERFORMANCE MOTORS LTD OR AT ANY WORKSHOP OF YOUR CHOICE.

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



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: 566550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No. Vehicle Registration No: Name(as shown in NRIC) : NRIC/FIN/Passport No: (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Address Singapore(Contact (Tel) Mobile No.: **Email Address** Date of Accident Time of Accident: Place of Accident Insurance Company: (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Policyholder / Driver's Signature Reporting Centre Personnel's Signature Date: Name: NRIC/FIN No .:

Date: