NATIONAL Assessment (	Centre Services	Imei 1 Jan'osim MA	1911647	
Date In: 4/9/19 - 10:00	Job descript	ion	Date & Time Completed	Done by
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Veh No: SUGSGYZ	E-mail (with	hia 8hrs, AIC 2hrs)		
D.O.A: 28 19-04:70	i-Motor C	laim Form		
OD / TP / Reporting Only	i-Motor W	7/O (Within: OD 2hrs, 7)	4hrs)	
OD . IT - Reporting Only	i-Photo Up	oloaded		
TP Insurer:	Assessment	Survey Report		
	Ass't Repor	t by <u>Fax / Hand</u> to <u>O</u>	wner/Wksp	
Preferred Wksp / INC Assign Wksp / Q	W: (		fel: Fa	ax:
TP Particulars: Veh No:	FB4608411	INC(	)/Non-INC( )	71
Owner / Driver: (			Tel:	)
Policy No: ( )	Period: (	) 0	over Type: (	)
Confirmed by : (		Date:	Time:	)
Insured/Driver Liability: (	%) [Note-Est. Status	(WO): N: 0-20%;	P: 21-79%. P: 30-10	00%]
Year of Registration: (	) Warranty: YES (	)/NO( )		
Excess: (\$ ) Loading	: \$1,000 ( )/\$2,00	00()		
General Remarks:-		the and the fall		25 C 12
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( ) Total Loss Case : to e-mail			NO rater of repairer.	
			·	
		NO ( ); Towi	ng Co: (	
Remarks: (INC hotline: 6788 66	16)	+ \\ D	ate&Tirrie Completed	Done by
1) Apply for Transport Allowance (	) / Courtesy Car (	)		Make A
2) QC Check / Post Repair Inspection	(	)	*****	
3) Upload Resurvey Photo [Repair Cos	st > \$3000] (	5		
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Injury.			·	
Date/Time Actions			7-57-57 SAPE SE	
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laimant's Particulars :-		1) AR : Accident Repo		
		2) DA : Damage Asses	sment (\$100); INC (\$80) \$40/\$	
river/Owner:		3) TF : Towing Fee 4) FT : Follow-Through		
ontact No:	****	5) FT : Follow-Through	Survey (Resurvey) \$3 INC Only (wef 10 Jan 2005)	30
amaged Portion:		6) TR : Re-inspection		75
	1	7) N1 : Idao DA + SMI		50
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C Checked by (Engr-In-Charge):		*N5: Courtesy Car /		\$5
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nditors' Comments :-		*N8; DV / Collect E:	cess Coordination 3	53
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TO DO DOOR		Invoice dated	Fee Charged	SECON .

#### 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 <u>truthful</u> and <u>accurate</u> 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.
- 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.

Date Of Accident 20/08/2019 09:30  Exact Location Of Accident SLIP RD SENGKANG EAST RD TWDS SENGKANG EAST AVE SINGAPORE  DETAILS OF OWN VEHICLE  Vehicle Registration Number SLG9369Z  Insured/Policyholder  Name Of Registered Owner TE PUI KING  NRIC No S8683208I  Mobile Phone No (LOCAL) +65-98166543  Alternative Phone No OFFICE-98166543  Vehicle Particulars  Model FORESTER 2.0I-L CVT AWD SR  Exact Purpose for which vehicle was being used at imme of accident Property or repair to your vehicle?  If No, Please state action to be taken REPORTING ONLY  Vehicle Category PRIVATE CAR  Insurance Company  Name of Insurance Company  Name of Insurance Company  Policy Number  A29128997QMX  Date Of Birth  O7/07/1986  Docupation  Dorwor Pass  Diving Pass  Diving Pass  Diving Pass  Diving Pass  Diving Pass  NO SIC Sen		ACCIDENT STATEMENT
Exact Location Of Accident Country/State of Loss  DETAILS OF OWN VEHICLE  Vehicle Registration Number Insured/Policyholder Name Of Registered Owner NEIC No S8683208I NOEMAIL Mobile Phone No (LOCAL) +65-98166543  Vehicle Particulars Manufacturer Model State Purpose for which vehicle was being used at lime of accident Acre you claiming under your own insurance policy or repair to your vehicle?  If No, Please state action to be taken REPORTING ONLY PRIVATE CAR Insurance Company Name of Insurance Company Name of Insurance Company Name of Driver Report Of Coverage COMPREHENSIVE No Date Of Birth Oncount Of Server No No S8683208I No S8683208I No No S8683208I No No S8683208I No No S8683208I No Please state action to be taken REPORTING ONLY PRIVATE CAR Insurance Company Name of Insurance Company Type Of Coverage COMPREHENSIVE No Date Of Birth On/O7/1986 Obele Of Birth On/O7/1986 Date Of Driving Pass 10/12/2011 Tyears And 8 MONTHS MALE Gordact Number Ortice Years And 8 MONTHS MALE Gordact Number OFICE-98166543	Date Of Report	04/09/2019 10:00
Country/State of Loss SINGAPORE  DETAILS OF OWN VEHICLE  Vehicle Registration Number  SLG9369Z  Insured/Policyholder  Name Of Registered Owner  NRIC No S8683208I  Mobile Phone No (LOCAL) +65-98166543  Mobile Phone No (FICE-98166543  Mobile Phone No (Price-98166543)  Morricle Particulars  Manufacturer  Model FORESTER 2.0I-L CVT AWD SR  Exact Purpose for which vehicle was being used at lime of accident Are you claiming under your own insurance policy or repair to your vehicle?  If No, Please state action to be taken  REPORTING ONLY  Vehicle Category  PRIVATE CAR  Insurance Company  No  MSIG INSURANCE (SINGAPORE) PTE. LTD.  COVERNER POINT ONLY  POPUS OF COVERAGE  COMPREHENSIVE  NO  Date Of Driver  TE PUI KING  S8683208I  Date Of Driving Pass  10/12/2011  Driving Experience  7 YEARS AND 8 MONTHS  MALE  Mobile Number  Contact Number  Contact Number  Contact Number  Contact Number  Office-98166543	Date Of Accident	20/08/2019 09:30
Country/State of Loss  DETAILS OF OWN VEHICLE  Vehicle Registration Number SLG9369Z  Insured/Policyholder  Name Of Registered Owner NERIC No S8683208I NOEMAIL Mobile Phone No (LOCAL) +65-98166543  Vehicle Particulars  Manufacturer Model FORESTER 2.0I-L CVT AWD SR Exact Purpose for which vehicle was being used at lime of accident Are you claiming under your own insurance policy or repair to your vehicle?  If No, Please state action to be taken REPORTING ONLY Pehicle Category No No  Wisig Insurance (SingaPore) PTE. LTD.  Type Of Coverage COMPREHENSIVE No No S8883208I NOEMAIL NO SIG INSURANCE (SINGAPORE) PTE. LTD.  COVEY NOTE A29128997QMX  Cover Note Number  Driver  Name of Driver TE PUI KING S8883208I Obate Of Birth O7/07/1986 Obate Of Birth O7/07/1986 Obate Of Driving Pass 10/12/2011 Oriving Experience Text Number Contact Number  OFFICE-98166543	Exact Location Of Accident	SLIP RD SENGKANG EAST RD TWDS SENGKANG EAST AVE
Vehicle Registration Number Insured/Policyholder Name Of Registered Owner NRIC No S8683208I Mobile Phone No (LOCAL) +65-98166543 Mobile Phone No OFFICE-98166543 Wehicle Particulars Manufacturer Model Exact Purpose for which vehicle was being used at time of accident Wehicle Policy Por Vehicle Property Private Category For repair to your vehicle? No Wishamman Company Name of Insurance Company Name of Insurance Company No Sile Of Coverage Company No Sees Sees Sees Sees Sees Sees Sees Sees	Country/State of Loss	
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Name Of Registered Owner         TE PUI KING           NRIC No         \$8683208I           NRIC No         \$8683208I           NOEMAIL         MOBILE Phone No           Mobile Phone No         OFFICE-98166543           Vehicle Particulars         FORESTER 2.0I-L CVT AWD SR           Manufacturer         SUBARU           Model         FORESTER 2.0I-L CVT AWD SR           Exact Purpose for which vehicle was being used at me of accident         PRIVATE USE           Are you claiming under your own insurance policy or repair to your vehicle?         NO           If No, Please state action to be taken         REPORTING ONLY           Vehicle Category         PRIVATE CAR           Insurance Company         MSIG INSURANCE (SINGAPORE) PTE, LTD.           Value of Insurance Company         MSIG INSURANCE (SINGAPORE) PTE, LTD.           Policy Number         A29128997QMX           Policy Number         A29128997QMX           Cover Note Number         TE PUI KING           WRIC No         \$8683208I           Date Of Driver         \$8683208I           Value Of Birth         07/07/1986           Occupation         0UTDOOR           Date Of Driving Pass         10/12/2011           Oriving Experience         7 YEARS AND 8 MONTHS	Vehicle Registration Number	SLG9369Z
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for repair to your vehicle?  If No, Please state action to be taken  Vehicle Category  PRIVATE CAR  Insurance Company  Name of Insurance Company  Name of Insurance Company  MSIG INSURANCE (SINGAPORE) PTE, LTD.  COMPREHENSIVE Fleet Policy  NO  Policy Number  Cover Note Number  Driver  Name of Driving  Pass  Determine Total Cover of the Number  Driving Pass  10/12/2011  Typa Rand B Months  Gender  MALE  Mobile Number  OFFICE-98166543	Exact Purpose for which vehicle was being used at time of accident	
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Name of Insurance Company  MSIG INSURANCE (SINGAPORE) PTE, LTD.  COMPREHENSIVE  NO  A29128997QMX  Cover Note Number  Cover Note Number  Driver  Name of Driver  Name of Driver  Name of Birth  Ortorion  OutDOOR  OutDOOR  Oute Of Driving Pass  Driving Experience  MALE  Mobile Number  Contact Number  OFFICE-98166543	Vehicle Category	PRIVATE CAR
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NO	Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Policy Number Cover Note Number  Driver  Name of Driver  NRIC No  S8683208I  Oate Of Birth  Occupation  OutDOOR  Date Of Driving Pass  10/12/2011  Oriving Experience  MALE  Mobile Number  Contact Number  Contact Number  OFFICE-98166543	Type Of Coverage	COMPREHENSIVE
Driver   TE PUI KING     Name of Driver   TE PUI KING     NRIC No   S86832081     Date Of Birth   07/07/1986     Decupation   OUTDOOR     Date Of Driving Pass   10/12/2011     Driving Experience   7 YEARS AND 8 MONTHS     Gender   MALE     Mobile Number   (LOCAL) +65-98166543     Contact Number   OFFICE-98166543	Fleet Policy	NO
Driver         TE PUI KING           NRIC No         \$8683208I           Date Of Birth         07/07/1986           Decupation         OUTDOOR           Date Of Driving Pass         10/12/2011           Driving Experience         7 YEARS AND 8 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-98166543           Fax Number         OFFICE-98166543	Policy Number	A29128997QMX
TE PUI KING	Cover Note Number	
NRIC No         \$8683208I           Date Of Birth         07/07/1986           Decupation         OUTDOOR           Date Of Driving Pass         10/12/2011           Driving Experience         7 YEARS AND 8 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-98166543           Fax Number         OFFICE-98166543	Driver	
Date Of Birth         07/07/1986           Occupation         OUTDOOR           Date Of Driving Pass         10/12/2011           Oriving Experience         7 YEARS AND 8 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-98166543           Fax Number         OFFICE-98166543	Name of Driver	TE PUI KING
Occupation         OUTDOOR           Date Of Driving Pass         10/12/2011           Oriving Experience         7 YEARS AND 8 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-98166543           Fax Number         OFFICE-98166543	NRIC No	S8683208I
Date Of Driving Pass         10/12/2011           Driving Experience         7 YEARS AND 8 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-98166543           Fax Number         OFFICE-98166543	Date Of Birth	07/07/1986
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Gender         MALE           Mobile Number         (LOCAL) +65-98166543           Fax Number         OFFICE-98166543	Date Of Driving Pass	10/12/2011
Mobile Number (LOCAL) +65-98166543  Fax Number OFFICE-98166543	Driving Experience	7 YEARS AND 8 MONTHS
Fax Number Contact Number OFFICE-98166543	Gender	MALE
Contact Number OFFICE-98166543	Mobile Number	(LOCAL) +65-98166543
	Fax Number	
Mail Address NOEMAIL	Contact Number	OFFICE-98166543
	EMail Address	NOEMAIL

Address BLK 310 ANCHORVALE ROAD

#11-27

Postcode 541310

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

005

#### 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? 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.

Number of Passengers (Including Driver)

NO 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

ON STATED DATE AND TIME, AS I APPROACHED THE SLIP RD OF SENGKANG EAST RD. I CHECK ONCOMING VEHICLES ON MY RIGHT SIDE BEFORE I CAN PROCEED FORWARD. WHEN I LOOK BACK TO MY VEHICLE FRONT VIEW, I DID NOT NOTICED THAT VEHICLE B WAS STATIONARY STOPPED. I COULDN'T BRAKE MY VEHICLE IN TIME AND HIT ONTO VEHICLE 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

FBG6084H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

92211577

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

4

## 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.
- 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.:

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CLARATION			
Ve declare the foregoing par	iculars are true in every re	spect.	$\rightarrow$
//1			
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licyholder's Signature	Driver's Signature	Re	porting Centre Personnel's Signature

Date & Time:

(If driver is not the policyholder) Date & Time:

Name:

NRIC/FIN No.:

MSIG

Insurance (Singapore) Pte. Ltd. nenton Way, # 21-01, SGX Centre 2, Singapore 068807 +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

MOTOR MAX Comprehensive

Certificate No. A 29128997 QMX

Excess: SGD700

Windscreen Excess: SGD100

1. Index Mark and Registration Number of Vehicle

SLG9369Z

2. Name of Policyholder

Te Pui King

3. Effective Date of the Commencement of Insurance for the purposes of the Act 28/06/2019

4. Date of Expiry of Insurance

27/06/2020

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.
- 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 substitution thereof.

> MSIG Insurance (Singapore) Pte. Ltd. Approved Insurers

> > for Chief Executive Officer