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(OD) Th (Dansana Chaha	I-Motor W/O	(Withles OD 2hrs	TP 4hrs)	
OD: TP ! Reporting Only	l-Photo Uplos	ıded	1	
	Assessment/Su	rvey Report		
TP Insurer:	Ass't Report by	Pax/Hand	o Owner/Wksp	
Proformed Wksp / INC Assign Wksp / QW:	(Telt	Faxt
TP Particulars: Veh No:	<i>-</i> · · .	. INC(.)/Non-INC().	
Owner / Driver: (Tcl: ·)
Policy No: (Period: ()	Cover Type: (····
Confirmed by : (Dates .	Timer)
The second secon			0%; P: 21-79%. P: 80	-[00%]
Year of Registration: () Warranty: YES ()/NO()	
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Drive-In ()/Towed-In (); Inv	voice: YES()/N	o () []	meremana con C	
Company of the Compan	ticle (contemple)	NAME AND ASSOCIATE	ti innesimile southers	the set set trought
1) Apply for Transport Allowance ()/Courtesy Car ()		
2) QC Check / Post Repair Inspection	(·)			
3) Upload Resurvey Photo [Repair Cost	> \$3000] ()	1	
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N41906798		1) Alt 1 Apelden	ASIA CALIBRAS AND ASIA	PARTY SHADING WINDOW
terriront stractleulors (E. 1985)		2) DA ! Damage	Assessment (\$100); INC	(240)
river/Owner:		3) TF 1 Towing	Threateh Survey	\$120
ontact No:		5) PT : Follow-1	krough Survey (Resurvey)	000)
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rriaged Portion:	<u>x</u>	1) NTUC Addit	+ SMRT Survey	
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c. Checken by (Bugi-tu-Cum ge).		*Not Repair	Deportination	\$10 \$23
arditors Communister 12 1 Jan 19		LUID- DUIC	that Tixouts Coordination	\$30
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THE RESERVE THE PARTY AND PROPERTY AND PROPE		Involce dated		

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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.

- 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.

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Date Of Report 05/09/2019 13:54 Date Of Accident 02/09/2019 19:00

UPPER BUKIT TIMAH ROAD OPPOSITE BEAUTY WORLD Exact Location Of Accident

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

SLB4492J Vehicle Registration Number

Insured/Policyholder

Name Of Registered Owner SEOW FOOK KWONG ALPHONSUS

S0158201A NRIC No

ALPHONSUS.SEOW@SPERRE.COM **Email Address**

Mobile Phone No (LOCAL) +65-96549170 OTHERS-96549170 Alternative Phone No

Vehicle Particulars

Manufacturer HYUNDAI **ELANTRA** Model

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

Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken

PRIVATE CAR Vehicle Category

Insurance Company

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

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

71653660 QMY Policy Number

Cover Note Number

Driver

SEOW FOOK KWONG ALPHONSUS Name of Driver

NRIC No S0158201A Date Of Birth 17/11/1954 Occupation OUTDOOR 12/06/1976 Date Of Driving Pass

43 YEARS AND 2 MONTHS **Driving Experience**

MALE Gender

Mobile Number (LOCAL) +65-96549170

Fax Number

OTHERS-96549170 Contact Number

ALPHONSUS.SEOW@SPERRE.COM EMail Address

Address BLK 671 CHOA CHU KANG CRESCENT

#06-371

Postcode 680671

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 BY FALLEN TREE / OTHER OBJECTS

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

1

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

NO

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: WIFE

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 (LATE REPORTING BECAUSE OWNER WAS ON MC FROM 02/09/2019 TO 06/09/2019)

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

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.
- 3. 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.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- Any false reporting may be referred to the Police for investigation.
- 6. 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.
- 7. 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:

- 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)
 - (i) 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
- (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
- 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.
- 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:

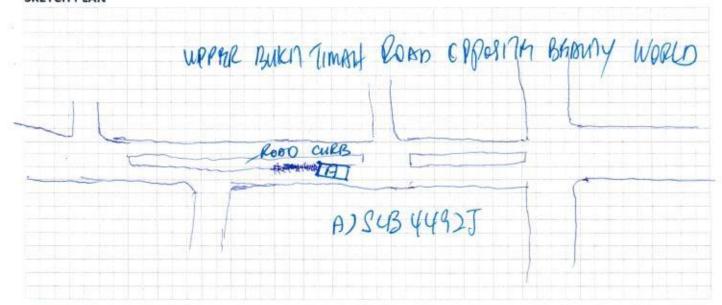
Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's signature
Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Lost	· control of	the steen	ring Wheel	and hi	it the roa	d kerb.
Fron	+ tyre pui	netured on i	mpact and	back +	tyre got	reaptured.
Sor	ne damages	Was gus	tained to t	he under	carriage i	as well.
		203 - AMERICAN -				
					Andrew Company of the	

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time: 5 | 9

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's gignature
Name:

NRIC/FIN No .:

National University Hospital (Singapore) Pte Ltd

5 Lower Kent Ridge Road. Singapore 119074 TEL: (65) 6779 5555 Business Registration No.198500843R

ORIGINAL

MEDICAL CERTIFICATE

Date

A member of the NUHS

NAME: SEOW FOOK KWANG ALPHONSUS



Signature

NUH19242715

TANE. SECVI FOOR	KVVANG ALPHONSUS	NRIC:	S0158201A
Type of Medical Leav	e granted : HOSPITALIZATION LEAVE		
The above named is	unfit for duty for a period of 5 day(s) from 02-Sep-2019 to 06-Sep-20	019 inclusive	
The certificate is not	valid for absence from court attendance.		
The above named at	ended for Examination/Treatment from 02-Sep-2019 21:37 to 03-Se	ep-2019 15:09	
03-Sep-2019	PAVEENA GANDHI (11543F) A&E	10/	

Location

Issued by

MOTOR ACCIDENT REPORT FORM

PHMO.

	BASIC I	NFORMATION
Date of Report	5 9 2019	Time: 12 hour
Date of Accident	02 Sep 201	19 60 pm
Exact Location of Accident	upper Burit Tima	A land and the state of the sta
WHEN THE RESERVE AND THE PERSON NAMED IN	DETAILS O	OF OWN VEHICLE
Vehicles Registration Number: 3 16449	27	Name of Registered Owner: Segui Fook K Waga Ale hon Sus
NRIC / Passport No. / FIN: 50 58201	A	Co. Reg. No.(for Co. Vehicle Only): —
Vehicle Particulars	ACA - Sapara tangga kalangan	
Manufacturer: Hyund	ai	Model Elantia (Elite).
Exact purpose for which vehicle was being use		Normal usage ☑ Other ☐ (please state)
Are you claiming your own insurance policy fo		Yes ☑ No. Reporting Only ☐ No. Third Party ☐
Vehicle Category: Private Car O	Commercial Vehicle	Others 🗆
Insurance Company		*
Name of Insurance Company:		
	rd Party Third Pa	arty Fire and/or Theft □
Fleet Policy: Yes □ No □		Policy / Cover Note Number
Low roles of the later to be a supple of the same of t	TANKS THE STATE OF	MARKET TO STATE OF THE STATE OF
Name of Driver: S20w Fook Kwong	Alononsus V	NRIC / Passport No. / FIN: 50 5820 A
Date of Birth: 17 NOV 1954	1 milestrand	Occupation. Indoor Outdoor
	2	Gender: Male ☑ Female □
	Fax No.:	Alternative Phone No.
2 /- /- /	7 1 1 1 0 7	-371 5680671 (Post Code. 68.0671)
Address: BIK 671 (how the Kang	(rescent # 06	5 5/1 7680 E /1 (Post Code: 08 040 /)
aftip the Ity of National	d sperie com	
Was driver an employee of the Insured's Com		No □ State relationship of the driver with the insured
Vehicle Registration Number of Driver's Own \		
insurance Company of Driver's Own Vehicle (i	f applicable):	No- of person in ven 2
Other Information of the Accident	Name of the second	
Type of Accident:	lerson a	
Weather Conditions	Clear Raining	Others (please state condition)
Road Surface	Wet Dry Ø	Others (please state condition):
Was any body injured in the accident?	No Ø Yes □	
Was any other material or property damaged?	No Ø Yes □	
Are accident photos available for attachment	No □ Yes □	
Was the accident reported to the Police?	No Ø Yes	If Yes, which Police Station?
Was notice of intended Prosecution given?	No 2 Yes 🗆	If Yes, against whom?
DETAILS OF OTHE	R VEHICLE PROPERT	Y (Please fill Annex A if more vehicles involved)
Vehicles Registration No.: 51644025	4	Vehicle Make / Model / Colour: BIND
Details of Property Damaged in Accident:	NIL	
Name of Driver: 920W FOOK KWMG	Alphonous V	NRIC/Passport Number: 90158201A
Contact Number: 9 6 549170		
Address:		(Post Code
Insurance Company Name:		
Nature of Damage:		No. of Passengers (Including Driver)
Details of Witness - Name		
Details of Witness - Contact Number	r	
Details of Witness - Email Address		
	INJURED PERSON (E	Please fill Annex A If more person injured)
Name.	Market Street Street Street Street	Approximate Age
Address.		(Post Code
		Injured person in which vehicle
Injuries Sustained	+	
Were seat belts worn? No D Yes D		Were injured conveyed to hospital by ambulance? No □ Yes U

te May 2016



MISIG Insurance (Singapore) Pte. Ltd. 4 Shenton Way, #21-01, SGX Centre 2, Singapore 068807 Tei +65 5827 7888, Fax: +65 6827 7800 Cc. Reg. No. 200412212G GST Reg. No. 20-0412212G

MOTOR MAX PLUS

THE SCHEDULE

MARKET VALUE

SGD43.73

COVERED

YES

NO

NO CLAIM DISCOUNT 50.00% (or F/D)

Policy Number Period of Insurance			Place of Issue
71653660 QMY 08/04/2019 to 07/04/2020			SINGAPORE
Name and Address of Insured			Date of Issue
SEOW FOOK KWONG ALPHONSUS			14/03/2019
Choa Chu Kang Crescent			Account Number
06-371 Singapore 680671			212581W
Premium	GST		Total Due
SGD830.78	SGD58.1	5	SGD888.93

RISK NUMBER 1

MOTOR MAX PLUS

OCCUPATION

Indoor Occupation

FINANCIAL INTEREST

HL BANK

as Hire Purchase Owners

SCOPE OF COVER Comprehensive

INTEREST INSURED

REGISTRATION NO. SLB4492J

Hyundai Elantra 1.6(A) MAKE/MODEL

ENGINE NUMBER G4FGGU158100

CHASSIS NUMBER KMHD841CMHU143383

2019

YEAR OF MFG

1591 C.C. CAPACITY

SEATING CAPACITY 5 (INCL. DRIVER)

WINDSCREEN

DISCOUNT

NCD PROTECTOR EXCESS

SGD500 UNLIMITED SGD830.78 ANNUAL PREMIUM

Aircon, radio/cassette/compact disc player, in-vehicle unit, ACCESSORIES

rust-proofing and other accessories that are factory fitted.

SUM INSURED

INCL. COE/PARF

OFF-PEAK CAR

GOOD DRIVER'S