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Date In: 09/09/2018 18:21	Jeb description		Ymu Completed	. Done b	Ņ
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TP Insurer:		ax/Hand to Owner/	Vksp		• • • •
Profurred Wicep / INC Assign Wksp / QW: (		Yelt		ox:	
TP Engliculars: Veh No:	JE:67372	. INC( )/No	n-INC( ).		
Owner / Driver: (		Tel:	•	)	_
Policy No: (	Period: (	) Cover T	ype: (	).	
Confirmed by : (		Dater,	Timer	)	
	[Note-Est. Status (WO	): N: 0-20%; P: 2	1-79%. P: 80-1	00%]	
Year of Registration: ( )	Warranty: YES ( )	/NO( )			
Excess: (\$ ) Loading:\$	1,000 ( )/\$2,000 (	)			****
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Drive-In ( )/ Towed-In ( ); Invo	ice: YES( ) / NO	( ); Towing Co	1		7
commules as a consequence of a success		控制性世界规划	が同場では	in Expond b	y ·
1) Apply for Transport Allowance ( )	/ Courtesy Car ( )				
2) QC Check / Post Repair Inspection	( ·)				-0-
3) Upload Resurvey Photo [Repair Cost>	\$3000] ()		· .,.		
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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.
- 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 aforesaid.

	ACCIDENT STATEMENT
Date Of Report	09/09/2019 18:21
Date Of Accident	09/09/2019 06:45
Exact Location Of Accident	JUNCTION OF UPPER THOMSON ROAD
Country/State of Loss	SINGAPORE
De la	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGB7016R
Insured/Policyholder	
Name Of Registered Owner	HPC BUILDERS PTE LTD
Co Reg No	auricicos-social-auriones Vocasevie.
Email Address	TANWEEHANG@NPC.SG
Mobile Phone No	(LOCAL) +65-82233488
Alternative Phone No	OFFICE-62277927
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1,6 CVT (A)
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B 29127208 MCX
Cover Note Number	
Driver	
Name of Driver	TAN WEE HANG (CHEN WEIHAN)
NRIC No	S6819402D
Date Of Birth	14/05/1968
Occupation	INDOOR
Date Of Driving Pass	30/07/1990
Driving Experience	29 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82233488
Fax Number	
Contact Number	OFFICE-62277927
EMail Address	TANWEEHANG@NPC.SG

Address

BLK 507A WELLINGTON CIRCLE

#11-152

Postcode

751507

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

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?

Number of vehicles (including own vehicle) involved in the accident

NO 2

NO

Was any body injured in the Accident?

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)

NO

soliciting/offering accident claims assistance.

1

**Details of Police Action** 

Was the accident reported to the police?

Number of Passengers (Including Driver)

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

SJE6737Z

Vehicle Make/Model/Colour

MITSUBISHI COLT

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

WONG JIA WEN

NRIC/Passport Number

Contact Number

97573336

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 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:
  - 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 Signatute Driver's Signature

(If driver is not the policyholder)

Date & Time:

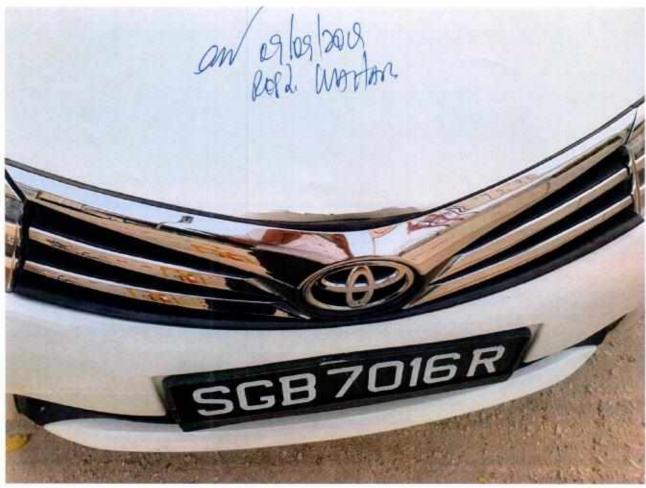
Reporting Centre Personnel's Si

Name:

NRIC/FIN No.:

Date & Time





# ACCIDENT STATEMENT

ACCIDENT DATE: 9 . 9 15 (DD/MM)	MYM), TIME: (06. 95) (HH:MM)
LOCATION: juntion ipper Thom	son Proof of A Flyover
1. DETAILS OF VEHICLE  a) VEHICLE NUMBER: SGB 70  b) INSURANCE COMPANY: MSIG  c) POLICY NUMBER: B 29127 20	016 R
d)POLICY TYPE: (COMPREHENSIVE / THIRD	PARTY / THIRD PARTY FIRE STHEET
FITYPE: (SALOON / COUPE / MPV (VAN /)	ORRY MOTORCYCLE COTUME
1) PURPOSE OF USING AT A COIDENT TIME	ERCIAL / MOTORCYCLE)
I) ARE YOU CLAIMING UNDER YOUR OWN IF NO, PLEASE STATE (THIRD PARTY CLAIM 2. INSURED / POLICY HOLDER	NIBUR AND THE RESERVE
Alname: HPC Builders PTE LT	TO
D) NRIC/FIN/PASSPORT:	COLUMN (CONTRACT)
CIADORESS: 165 Butet merch Co	entral # 08-3/87
* CONTRACTOR	CHOLDER
Prisonal Driver	, motocic
C) DIADDRESS: COTA WULLY CO	CONTACT: \$2133 KAS
ODATE OF BIRTH: ( 14/ 07/ 1948) 1000 PASS PASS	1 1000
WAS DRIVER AN EMPLOYER OF THE INC.	IDEDIC COMPANIE AMERICA
5. DIWEATHER CONDITION: (CLEAR / RAINING	ITH INSURED:
6. WAS ANYBODY INJURED (YES NO	- Dry
/ DIREPORTED TO POUCE (YES (NO)	* .
IF YES, PLEASE STATE WHICH POLICE STATIC	MANTA LANGE
of passinger of Vehicle Million.	Z MODEL MILLOW COLT.
Including delver) DI DRIVER'S NAME: WONG TIG WEN  () CI NRIC/FIN/PASSPORT:	
Y. THIRO PARTY VEHICLE	CONTACT: 9757336
No of passanger d) VEHICLE NUMBER:	MODEL:
Including driver )   DRIVER'S NAME:	
( )	CONTACT::-
3	
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email = tan wee hang@npc. sg.



MSIG Insurance (Singapore) Pte. Ltd. A himton Way, # 21-01, SDX Centre 2, Singaponi D68807 Te :65 bid27 7888, Fax :65 6827 7800 Ce leg No 2004122126 GST Reg No 20-04122126

MOTORMAX-COMMERCIAL

THE SCHEDULE

Policy Number		Period of Insurance	Place of Issue	
B 29127208 MCX	. 05	9/06/2019 to 08/06/2020	SINGAPORE	
Name and Address of Insured		Date of Issue		
HPC Builders Pte Ltd 165			12/06/2019	
Bukit Merah Central #08-3687		in Central		
Singapore 150165			211903	
Premium	GST		Total Due	
SGD1,202,98	SGD84.21		SGD1,287.19	

RISK NUMBER 1

MOTORMAX-COMMERCIAL

FINANCIAL INTEREST

Prime Motor & Leasing Pte Ltd as Hire Purchase Owners

SCOPE OF COVER Comprehensive

INTEREST INSURED

REGISTRATION NO. SGB7016R

MAKE/MODEL Toyota Corolla Altis 1.6L CVT INCL. COE/PARF

ENGINE NUMBER 1ZRX513722

CHASSIS NUMBER MR053REH104533758

2015

YEAR OF MFG

CAPACITY 1598 C.C.

SEATING CAPACITY 5 (INCL. DRIVER)

WINDSCREEN UNLIMITED SUM INSURED

MARKET VALUE

YES

OFF-PEAK CAR

NO

NO CLAIM DISCOUNT 10.00% (or F/D)

NCD PROTECTOR EXCESS

NOT COVERED SGDS00

ANNUAL PREMIUM

SGD1,202.98

**ACCESSORIES** 

Aircon, radio/cassette/compact disc player, in-vehicle unit, rust-proofing and other accessories that are factory fitted.

## AUTHORISED DRIVERS

Tan Wee Hang

Any other person provided he is driving on the Insured's order or with the Insured's permission.

nxt201906121356 QMX91807