

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: <u>11/10/19</u>	Job description	Date & Time Completed	Done by
Ref No: <u>NA/MSG/1901800/113</u>	SAS e-filing		
Veh No: <u>SGV 748PL</u>	E-mail (within 8 hrs. A/C 2 hrs)		
D.O.A: <u>01/09/18</u> <u>2020</u>	i-Motor Claim Form		
OD / TP: <u>Reporting Only</u>	i-Motor W/O (Within: OD 2hrs. TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: <u>JNU5330</u>	INC () / Non-INC ()	
Owner / Driver: (Tel: ()
Policy No: (Period: (Cover Type: ()
Confirmed by: (Date: (Time: (
Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-100%]			
Year of Registration: () Warranty: YES () / NO ()			
Excess: (\$) Loading: \$1,000 () / \$2,000 ()			

General Remarks:-

() Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co. ()

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury : _____

Date/Time	Actions

<u>NA/1907764</u>	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11) : TP (Non INC) against INC \$20		
Cat. 1:	9) N12: Idac Mobile 30		
Cat. 2 / 3:	Invoice dated	Fee Charged	

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 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 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	11/10/2019 17:35
Date Of Accident	01/09/2018 20:20
Exact Location Of Accident	JALAN LINGKARAN DALAM IN MALAYSIA
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGV7488G
Insured/Policyholder	
Name Of Registered Owner	ROSSY BIN MANSJUR DAENG PASULUNG
NRIC No	S8223087D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90922379
Alternative Phone No	OTHERS-90922379
Vehicle Particulars	
Manufacturer	HONDA
Model	ODDYSEY
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 80435696 QMX
Cover Note Number	
Driver	
Name of Driver	ROSSY BIN MANSJUR DAENG PASULUNG
NRIC No	S8223087D
Date Of Birth	02/08/1982
Occupation	INDOOR
Date Of Driving Pass	07/03/2011
Driving Experience	7 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90922379
Fax Number	
Contact Number	OTHERS-90922379
Email Address	NOEMAIL

Address	BK 355 TAMPINES ST 33 #08-632
Postcode	520355
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JNU5330 (MOTORCYCLE)
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?	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)	2
Passenger 1	NAME: : SITI MARINA BTE ZAINAL GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLOCE REPORT.T/20191011/2048

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	JNU5330
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	LAU CHIT HAN
NRIC/Passport Number	810503-07-5085

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.
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 companies.
5. 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:

- (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:
 - (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 "**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: 11 Oct 2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

A - SGV74886
B - JNUS330

JALAN LINGKARAN
SLIP RD INTO
SQUARE MALL

p/s refer to the police report: 1/20191011/2048

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

A handwritten signature in black ink, consisting of a large loop followed by several horizontal strokes.

Policyholder's Signature _____
Date & Time: 11 Oct 2019

Driver's Signature
(If driver is not the policyholder)
Date & Time:

sgm 11/10/19

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA19135167 Vehicle Registration No: SGV 74886
Name(as shown in NRIC) : ROSSY BIN MANSUR DAENG DASULUNG
NRIC/FIN/Passport No : S8223087D
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 355 TAMPAINES ST 33 #08-632 520255 Singapore()
Contact (Tel) : _____ Mobile No. : 90922379
Email Address : _____
Date of Accident : 01/09/2019 Time of Accident : 2020
Place of Accident : JLN LINGKARAN DALAM IN MALAYSIA
Insurance Company : MSIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND YEAR OF ACCIDENT

Policyholder / Driver's Signature
Date:

Syur 11/10/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/10/2019 12:27	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

Informant's Particulars			
Name of Informant: ROSSY BIN MANSJUR DAENG PASULUNG		Address: 355 TAMPINES STREET 33 #08-632 SINGAPORE 520355	
ID Type / ID No.: NRIC NO / S8223087D		Contact No.: Home/Office: Mobile: 90922379	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 37	Date of Birth: 02/08/1982	Type of Informant: Driver
Race: Bugis		Language:	Institution / School Name:
Occupation: Manufacturing engineering technician (general)		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/09/2018 20:20	Type of Location:
Location: Woodlands Crossing JALAN LINGKARAN DALAM IN MALAYSIA				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JNU5330						0
SGV7488G	Car	HONDA	ODYSSEY 2.4 A	Silver	Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20191011/2048

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20191011/2048

CONTINUATION OF REPORT

Brief Details.

ON THE STATED DATE TIME AND PLACE

I STOPPED WHEN THE OTHER CARS IN FRONT OF ME STOPPED SINCE THE TRAFFIC LIGHT WAS RED. MY CAR WAS STATIONARY WHEN A MOTORCYCLE SUDDENLY BANG INTO THE REAR OF MY CAR ON MY RIGHT. I HAVE ALREADY MADE A POLICE REPORT IN MALAYSIA AND HAVE THE IDENTITY NUMBER OF THE MALAYSIAN DRIVER. THAT IS ALL.



**SINGAPORE
POLICE FORCE**



T/20191011/2048

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20191011/2048

CONTINUATION OF REPORT

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.

Signature Of Officer Recording The Report:
TP /
LIM CHIN KIAT

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sgt 3 MOHAMED RIZWAN BIN IBRAHIM
Contact No.: 93265045

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
11/10/2019 12:27

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature:

POL.316



POLIS DIRAJA MALAYSIA
CAWANGAN TRAFIK
IBU PEJABAT POLIS DAERAH JOHOR BAHRU SELATAN,
JALAN TEBRAU, 80250 JOHOR BAHRU
07-2237977

Resit Akuan Penerimaan Repot Polis :

Nama Pengadu : ROSSY BIN MANSJUR DAENG PASULUNG
No Kad Pengenalan / Paspot : E6700550A
No Repot Polis : TRAFIK JOHOR BAHRU(S)/021093/18
Tarikh @ Masa Repot Polis : 01/09/2018 @ 20:28
Pengesahan Penerimaan Repot :

.....
Tandatangan Ketua Pejabat Pertanyaan

Pegawai Penyiasat :

Nama Pegawai Penyiasat : (R102049) SJN MOHD YUSOFF BIN ADON
Tempat Tugas : JOHOR BAHRU SELATAN
No Telefon Pejabat :
No Telefon Bimbit : 013-9829871

Tarikh @ masa Perjumpaan :

Pengesahan Penerimaan Repot :

.....
 (MOHD YUSOFF BIN ADON) SJN 102049
 Pen. Pegawai Penyiasat
 Balai Polis Trafik
 IPPD Johor Bahru(S)

.....
Tandatangan Pegawai Penyiasat

Juru Gambar :

Nama : **No Badan** : **Pangkat** :

Tarikh @ Masa Gambar Diambil :

Pengesahan Gambar Diambil :

.....
Tandatangan Juru Gambar

Unit Pembekalan Dokumen Siasatan :

No Telefon Unit Pembekalan Dokumen :

Waktu Pejabat :

Isnin - Khamis :
 08:00 Pagi - 01:00 Tengah Hari
 02:00 Petang - 04:30 Petang
Jumaat :
 08:00 Pagi - 12:30 Tengah Hari
 02:45 Petang - 04:30 Petang
Cuti Umum / Khas : Tutup

Jenis Dokumen Dibekal Kepada Pengadu :

1. Salinan Repot Polis ☐
2. Gambar Kendaraan ☐
3. Rajah Kasar Kemalangan ☐
4. Keputusan Siasatan ☐
5. Lain-lain Dokumen ☐

Tarikh @ Masa Dokumen Diserah :

Pengesahan Kaunter Pembekalan Dokumen :

.....
Tandatangan Pegawai Kaunter Pembekalan Dokumen

ACCIDENT STATEMENT

ACCIDENT DATE: (01 / 09 / 2018) (DD/MM/YYYY), TIME: (08 : 17) (HH:MM)

LOCATION: _____

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGV 7488G
b) INSURANCE COMPANY: M SIG
c) POLICY NUMBER: 80435696QMX
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HONDA ODYSSEY
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: ROSSY BIN MANSJUR DAENI PASULUNG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8223087D CONTACT: 90922379
c) ADDRESS: Bik 355 #08-632 TAMPINES ST 33 SINGAPORE 520355

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

AS ABOVE.

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: (02 / 08 / 1982) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 7 MARCH 2011

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) NO

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____

b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES / NO) NO

7. a) REPORTED TO POLICE (YES / NO) YES

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: JNU 5330 MODEL: _____
b) DRIVER'S NAME: LAU CHIT HAN
c) NRIC/FIN/PASSPORT: 810503-07-5085 CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passengers
(including driver)
(2)

SITI MARINA BTE ZAINAL

* No of passengers
(including driver)
()

* No of passengers
(including driver)
()

11/10/19
waiting for police
report.

Email =

fax =

video =



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, 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 80435696 QMX

Excess : SGD1,000

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
SGV7488G

2. Name of Policyholder
ROSSY BIN MANSJUR DAENG PASULUNG

3. Effective Date of the Commencement of Insurance for the purposes of the Act
26/06/2018

4. Date of Expiry of Insurance
25/06/2019

5. Persons or Classes of Persons entitled to drive*

ROSSY BIN MANSJUR DAENG PASULUNG

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 substitution thereof.

Evangeline

Signature / Date

Counter-Signatory:

Quotigo Pte. Ltd.

This certificate is not valid unless it is signed for & on behalf of the Company and Counter-Signed by a duly authorised representative of the Counter-Signatory.

XQUOTZRL2018060109445074

Quotigo Pte Ltd
Assistant Manager,
Business Development
60 Paya Lebar Road
Paya Lebar Square #11-41
Singapore 409051
DID : 63865038 Mobile : 88580007
Email : evan@quotigo.com
Website: www.quotigo.com

MSIG Insurance (Singapore) Pte. Ltd.
Approved Insurers

Amy Ler
Amy Ler
Senior Vice President, Agencies



MSIG

MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G)
4 Shenton Way, #21-01 SGX Centre 2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
www.msig.com.sg

Your Ref : SGV7488G
Our Ref : 605403 (Please quote our reference when replying)

11 Sep 2019

URGENT

ROSSY BIN MANSJUR DAENG PASULUNG
5 ST GEORGE'S LANE
#04-199
SINGAPORE 320005

Dear Sir/Madam

Accident involving SGV7488G and LAU CHIT HAN along 101 BLOK STULANG LAUT 2, STULANG LAUT, 80300 JOHOR BAHRU, JOHOR

Policy No : 80435696QMX
Date of Accident : 01 Sep 2018

We have received an injury claim from a solicitor acting on behalf of the owner of Lau Chit Han. However, we have yet to receive your report on the accident.

Under the Motor Claims Framework, motorists are required to report any traffic accident involving their insured vehicles to their insurers within 24 hours of the accident or by the next working day. Any non-reporting may affect the motorist's No Claim Discount and their rights to seek indemnity under their policy.

We urge you to make a report immediately at any of our authorized workshops or IDAC centres. The list is enclosed for your reference. Please bring your vehicle and the following documents with you:

1. Driving license
2. Identity card
3. Police report, if any

If you have already filed an accident report, please accept our thanks and ignore this reminder.

Thank you.

Yours sincerely

NG CHEN HOW
Senior Executive
Claims Services

Tel : 6643 1391
Fax : +65 6827 7800
Email : chenhow_ng@sg.msig-asia.com

cc: Quotigo Pte Ltd

A Member of **MSIG** INSURANCE GROUP