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TP Particulars: Veh No:	SMN 2326 (1	. INC()/Non-INC().		
Owner / Driver: (-1111		Tcl:)	
Policy No: ()	Period: ()	Cover Type: ().	
Confirmed by : (Dater,	Tlmgi)	
			%; P: 21-79%. F: 80	-100%]	
Year of Registration: ()	Warranty: YES ()/NO(<u> </u>		
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2) QC Check / Post Repair Inspection	(·)		<u> </u>	-7.	
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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.

- 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.

SHALL BEADING AND LOSS BANK	ACCIDENT STATEMENT		
Date Of Report	16/10/2019 17:11		
Date Of Accident	15/10/2019 22:15		
Exact Location Of Accident	CHANGHI AIRPORT T3 B1 SECTION 2 CARPARK		
Country/State of Loss	SINGAPORE		
Man and a second property of p	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SLU4288H		
Insured/Policyholder			
Name Of Registered Owner	ONG HWEE LENG		
NRIC No	S1827200H		
Email Address	JESS6729@YAHOO.COM		
Mobile Phone No	(LOCAL) +65-98220618		
Alternative Phone No	OTHERS-86192672		
Vehicle Particulars			
Manufacturer	BMW		
Model	3181		
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?	YES		
f No, Please state action to be taken			
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 29051355 SMP		
Cover Note Number			
Driver			
Name of Driver	WALTER KONG		
NRIC No	S9811701F		
Date Of Birth	06/04/1998		
Occupation	INDOOR		
Date Of Driving Pass	27/12/2018		
Driving Experience	0 YEAR AND 9 MONTH		
Gender	MALE		
Mobile Number	(LOCAL) +65-86192672		
ax Number	ist a securate est in the second of the Profession Patrick.		

WALTER,98,KONG@GMAIL.COM

Address

105 PRINCE CHARLES CRESCENT

#12-17

Postcode

159019

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

CHILDREN

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 2

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

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMN2326U HONDA

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LEE LAY

NRIC/Passport Number

S2580863J

Contact Number

94751920

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.
- 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 16/10/19 (5-33

Reporting Centre Perso Mame

CHANGI Meter 1/3 BI SHIWN 2 CARPORK SKETCH PLAN PHIST Pilles C A) SLU 4288 H B) SMX 2326V DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A signalled by identions to exit his purloug lot and disched checked adultiment for occorning
poss batere existing the lot. Due to the vehicle purked at a close proximity to his left, he paid more
attention to that velocite and did not notice B muking the bend towards him (A) as he was existing
his lot. As a result, B collisted and the right down area of 18 websele. After the while input, B
cookned (?) accelerating and "purhed" a second-time, stopping just an away from poller C. O became
slightly manifed ? I and A and A's footraight door and door to abstracted from opening. To settle the
Issue without inconveniencing other road user. A directed his welfule away her B and Stoppe of at a close ones.
Upon inspection of the damages. A noticed the fourt-mylet door had dents grada loose nubberseal of
the Prent of the about. There were some scentiles by from the botter maneuver to clear the road. B's valuele
front tall parties (before the wheel) an estightly underefloors. As it was A's first experience in such any
relaterly author, many cell, never made to render help while he discussed and exchanged profession with B.
A and B agreed to cell it a day by fixing their own vehicles and not pursuing any neter books night.

DECLARATION

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

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time: (6/10/19 1356

Reporting Centre Personne

NRIC/FIN No.:

ACCIDENT'STATEMENT

ACCI	DENT DATE: 15 10 2019 (DD/MM/YYY).	TIME: (22 : 16) (HH:MM)
	MON: Chungi Airport T3 B1 Section 2	
	DETAILS OF VEHICLE a) VEHICLE NUMBER: SLU 4285H b) INSURANCE COMPANY: SUPPLY OF THE PART a) POLICY NUMBER: B 29051355 SMP d) POLICY TYPE: (COMPREHENSIVE / THIRD PART a) MAKE & MODEL: GMW I) TYPE: (SALOON / COUPE / MPV / VAN / LORRY g) VEHICLE CATEGORY: (PRIVATE / COMMERCIA 11) PURPOSE OF USING AT ACCIDENT TIME: PHILARE YOU CLAIMING UNDER YOUP OWN INSUR IF NO, PLEASE STATE (THIRD PARTY CLAIM / REF INSURED / POLICY HOLDER A) NAME: Ong Hume Lag b) NRIC/FIN/PASSPORT: SISSTOOH	MOTORCYCLE, OTHERS) ANCE (YES/NO) ORTING ONLY) [MALE / FEMALE) CONTACT: 9511 0618
4-No of passenger Conducting driver)	C) ADDRESS: 105 Pance Charles Crescent #	DER (MALE / FEMALE)
4	"d) DATE OF BIRTH: 06 / 04 / 198 (DD/M e) OCCUPATION: INDOOR / OUIDOOR) f) DATE OF DRIVING PACE 27 Do AND WAS DRIVER AN EMPLOYEE OF THE INSURE IF NO, RELATIONSHIP OF THE DRIVER WITH g) WEATHER CONDITION: (CLEAR / RAINING / O	D'S COMPANY? (YES / NG)
6. 7.	D) ROAD SURFACE: (DRY / WET / OTHERS	• • • • • • • • • • • • • • • • • • • •
of passinger	THIRD PARTY VEHICLE D) VEHICLE NUMBER: SIMN 2326U D) DRIVER'S NAME: Lee Long	MODEL Hunda
("T) 8"	c) NRIC/FIN/PASSPORT: S25808637 THIRD PARTY VEHICLE	_CONTACT: 9475 1920
Kills of passenger Clarifulling driver	d) VEHICLE NUMBER:	_MODEL;
(60 OF	* * 4 4 4

email = weller. 98. kong@guertean, hshu85@yahoo con VIDED , jess 6121@yahov.com.sg



MSIG Insurance (Singapore) Pte. Ltd. 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 058807 Tel +65 6827 7888, Fax +65 6827 7800 Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

Notes and Administration of the Commission of th të op pja - 5 op pag 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 29051355 SMP

Excess: SGD500

1. Index Mark and Registration Number of Vehicle SLU4288H

Name of Policyholder

Ong Hwee Leng

- 3. Effective Date of the Commencement of Insurance for the purposes of the Act 16/11/2018
- 4. Date of Expiry of Insurance 15/11/2019
- Persons or Classes of Persons entitled to drive*

Ong Hwee Leng

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

Tel (65) 6224 0010 Fax (65) 6224 0030

Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: S66S50020d / G57 Reg. No.: M400017735

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 : MNA 419 137 467 Vehicle Registration No: SLU 4268-11 Name(as shownin NRIC): Once Huec ___NRIC/FIN/PassportNo : ___ & 1827200f (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Prince Charles crescent #12-17 singapore(159019) Address : 105 Contact (Tel) ____Mobile No.: 98220618 Email Address less ET29 @ yahoo, com. sg Date of Accident Place of Accident :___ Airport Changi BI Section 2 Insurance Company: ___ MISTIG (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: Change There 50000 Policyholder / Driver's Signature Reporting Centre Personnel's Signature Date: Name:

NRIC/FIN No .: Date: