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| | Assessment/Su | | | | |
| TP Insurer: | | | Owner/Wksp | | |
| Preferred Wksp / INC Assign Wksp / QW: (| 765 1 100 | A THULL WHITE | Toli | Fax: | Contraction. |
| TP Panticulars: Veh Nor | 161-7560/C | . INC(| | | |
| Owner / Driver: (| 120 1204.5 | | Tel: |) | |
| Policy No: () | Period: (|) | Cover Type: (|), | |
| Confirmed by : (| | Dates, | Times |) | |
| | [Note-Est Status (V | VO): N: 0-20 |)%; P: 21-79%. P: 80 | -100%] | , |
| Year of Registration: () | Warranty: YES (|)/NO(|) | | |
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| () Walk-In Customer : Customers In | formation strictly Con | Midential & Str | ictly NO refer of repaired | i | |
| () Total Loss Case : to e-mail Inst | orer URGENTLY. | | | | |
| Drive-In ()/ Towed-In (); Invo | ice: YES()/N | 10();To | owing Co: (· , ' | |) |
| ttenthologyavas kirg nichten 64886616 | SIED STORY OF THE STORY | | Die Stone St | LA L | ý · · |
| 1) Apply for Transport Allowance () | / Courtesy Car (|) | 1.0. | | |
| 2) QC Check / Post Repair Inspection | (·) | | • | • | |
| 3) Upload Resurvey Photo [Repuir Cost> | \$3000] (| ; ; | | | |
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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 heraby consent to the archiving of this report at the centre and to copies of the report being made available

| foresaid. | ACCIDENT STATEMENT | |
|--|--|--|
| CHARLEST STREET, STREE | Book day to the Control of the Contr | |
| Jale Of Reput | 31/10/2019 17:04 | |
| Date Of Modeson | 31/10/2019 10:30 | |
| Exact Location Of Accident | BARTLEY BIZ CENTRE GANTRY EXIT | |
| Country/State of Loss | SINGAPORE | |
| | ETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | SKC397J | |
| Insured/Policyholder | | |
| Name Of Registered Owner | CHEAH HWA PING (XIE HUABIN) | |
| NRIC No | S8037662F | |
| Email Address | SALES@MIA.COM.SG | |
| Mobile Phone No | (LOCAL) +65-90087327 | |
| Alternative Phone No | OTHERS-90087327 | |
| Vehicle Particulars | | |
| Manufacturer | VOLVO | |
| Model | XC90 | |
| 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 | THIRD PARTY | |
| 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 80459760 QMX | |
| Cover Note Number | | |
| Driver | | |
| N | CHEAH HWA PING (XIE HUABIN) | |

CHEAH HWA PING (XIE HUABIN) Name of Driver

S8037662F NRIC No 04/12/1980 Date Of Birth INDOOR Occupation 29/05/2006 Date Of Driving Pass

13 YEARS AND 5 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-90087327 Mobile Number

Fax Number

OTHERS-90087327 Contact Number SALES@MIA.COM.SG EMail Address

Address

BLK 213A PUNGGOL WALK

#05-745

Postcode

821213

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?

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

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?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBJ7564S

Vehicle Make/Model/Colour

TOYOTA DYNA

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

CHENNAKRISHNAN SATHISPRABHU

NRIC/Passport Number

G7761953X

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.
- 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)

Lunderstand, 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 Personne

NRIC/FIN No.:

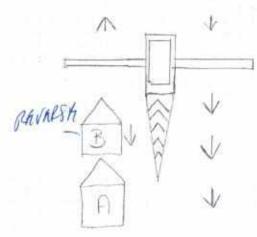
Name



my BIZ COUTRE GRANKY EXIT







DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| 00 | 31/10/19 at about 10.30am, I was driving |
|-------------|---|
| my Ve | hicle@ SKC 3975 along Bartley Biz Centre, 13 kaki |
| Bukit 7 | 20ad 4, Waiting to drive out the gantry Exit |
| there wo | s a lorry Vehicle @ GBJ75645 infrat of my |
| vahicle. Si | uddenly Vehicle (B) GBJ75645 Reverse and |
| Collidea | d onto my front portion of my Vehick. |
| */ - | ir Camera had Captured the accident Video. |

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:

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

Name:

| Date of Accident | : 31/10/19 Accident Time: 10.30am (24-HR-Format) |
|---|--|
| Accident Place | Bartley Biz Centre Gantry Exit |
| Vehicle, No. (Car Plate No.) | SKC397J Make/Model: Volvo XC90 |
| Insurace Company | MSIG Policy No: A80459760 Qmx |
| Owner or Company Name /IC No. | Chean Hwa Ping, S8037662F |
| Owner or Company Contact No. | :90087327 Owner's Hp Company Tel |
| DRIVER'S Name / IC No. | Cheah Hwa Ping, S8037662F |
| DRIVER'S Date Of Birth | : 4 12 1980 DRIVER'S License Pass Date 29/5/2006 |
| Relationship of Owner & Driver | : Spouse \ Parents \ Children \ Sibling \ Employee\ Others: Owner |
| DRIVER'S Address | :Block 213A Pumpol Walk #05-746 Spore 821213 |
| DRIVER'S Contact No./ Alt No. | :1) 9008-B27 2) |
| DRIVER'S Occupation | : INIOOR \OUTDOOR (e.g. working inside or outside office) |
| Email Address | sales@mia.com.sg |
| Weather & Road Surface | CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET |
| 221.1.1 H-01 NVA | Reporting Only \ Claim Other Party \ Claim Own Insurance |
| Number of Passengers (Including Dri | |
| Was there any video Captured by car Exact purpose for which vehicle was Any Injury (If YES, PIs state): | camera: YES \ NO being used at the time of accident: Private use \ Work purpose |
| Other Pa | rty Driver's Particular (if any) |
| Vehicle, No: GBJ 7564S | Vehicle, No: |
| Vehicle Make Model: Toyota Dy | Nehicle Make Model: |
| Name Driver: Channakrishnan Sat | |
| IC No. Driver/Contact: G7761963 | X IC No. Driver/Contact: |

* NEW - Passenger's name & gender:



MSIG Insurance (Singapore) Pte. Ltd. 4 Shenton Way #21-01 SGX Centre 2 Singapore 052807 Tel: (55) 5827 7888 Fax: (65) 5827 7830 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 80459760 QMX

Excess: SGD600 Windscreen Excess: SGD100

Index Mark and Registration Number of Vehicle SKC397J

Name of Policyholder CHEAH HWA PING (XIE HUABIN)

- Effective Date of the Commencement of insurance for the purposes of the Act 18/07/2018
- 4. Date of Expiry of Insurance 17/07/2019
- 5. Persons or Classes of Persons entitled to drive*

CHEAH HWA PING (XIE HUABIN) 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

Signature / Date

Counter-Signatory

Casa Meraki Pte Ltd

MSIG Insurance (Singapore) Pte. Ltd. Approved Insurers

Amy Ler Senior Vice President, Agencies

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-Signalory