

|                                 |  |                       |         |
|---------------------------------|--|-----------------------|---------|
| Date In: <b>08/11/09 13:08</b>  | Job description                            | Date & Time Completed | Done by |
| Ref No: <b>X19/m89/90/98744</b> | SAS e-filing                               |                       |         |
| Veh No: <b>G156 4833B</b>       | E-mail (John King, AIC 2hrs)               |                       |         |
| D.O.A: <b>08/11/09 18:30</b>    | I-Motor Claim Form                         |                       |         |
| OD: TP: Reporting Only          | 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 / WR32 |                       |         |

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Vch No: **SCM 39884** 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% P: 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 repair.

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

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

- 1) Apply for Transport Allowance ( ) / Courtesy Car ( )
- 2) QC Check / Post Repair Inspection ( )
- 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: \_\_\_\_\_

| Date/Time | By | Remarks |
|-----------|----|---------|
|           |    |         |
|           |    |         |
|           |    |         |

|                                |  |  |
|--------------------------------|--|--|
| <b>X19190853</b>               | 1) AR: Accident Reporting (\$30)             |  |
| Driver/Owner:                  | 2) DA: Damage Assessment (\$100) INC (\$10)  |  |
| Contact No:                    | 3) TP: Towing Fee \$40/\$45                  |  |
| Damaged Portion:               | 4) PT: Follow-Through Survey \$120           |  |
| QC Checked by (Bug-In-Charge): | 5) PT: Follow-Through Survey (Resurvey) \$30 |  |
| Auditors Comments:             | 6) TR: Re-inspection \$75                    |  |
| Date:                          | 7) NI: Idas DA + SMRT Survey \$160           |  |
| Page 1 of 2                    | 8) NTUC Additional Services:                 |  |
|                                | ON:  |  |
|                                | *NS: Courtesy Car / Tpl Allowance \$5        |  |
|                                | *NG: Repair Co-ordination \$10               |  |
|                                | *NT: Post Repair Inspection \$25             |  |
|                                | *NB: DV / Collect Excess Coordination \$5    |  |
|                                | TP (NI); TP (Non INC) against INC \$30       |  |
|                                | 9) NI: Idas Mobile \$0                       |  |
|                                | Invoice dated _____ Fee Charged _____        |  |
|                                | 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             | 09/11/2019 13:08                                |
| Date Of Accident           | 08/11/2019 18:30                                |
| Exact Location Of Accident | ALONG STADIUM CRESCENT JUNCTION OF STADIUM WALK |
| Country/State of Loss      | SINGAPORE                                       |

### DETAILS OF OWN VEHICLE

|  |                                      |
|--|--------------------------------------|
| Vehicle Registration Number  | GBG4833B                             |
| <b>Insured/Policyholder</b>  |                                      |
| Name Of Registered Owner   | OSIM INTERNATIONAL PTE. LTD.         |
| Co Reg No  | 198304191N                           |
| Email Address  | NG_SAIHO@YAHOO.COM.SG                |
| Mobile Phone No  | (LOCAL) +65-91817638                 |
| Alternative Phone No   | OFFICE-91817638                      |
| <b>Vehicle Particulars</b>   |                                      |
| Manufacturer   | NISSAN                               |
| Model  | NV200                                |
| 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                   |
| <b>Insurance Company</b>   |                                      |
| Name of Insurance Company  | MSIG INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage   | COMPREHENSIVE                        |
| Fleet Policy   | NO                                   |
| Policy Number  | B 29128772 MKF                       |
| Cover Note Number  |                                      |
| <b>Driver</b>  |                                      |
| Name of Driver   | NG SAI HO                            |
| NRIC No  | S7638689G                            |
| Date Of Birth  | 25/11/1976                           |
| Occupation   | OUTDOOR                              |
| Date Of Driving Pass   | 28/10/1997                           |
| Driving Experience   | 22 YEARS AND 0 MONTHS                |
| Gender   | MALE                                 |
| Mobile Number  | (LOCAL) +65-91817638                 |
| Fax Number   |                                      |
| Contact Number   | OTHERS-91817638                      |
| EEmail Address   | NG_SAIHO@YAHOO.COM.SG                |

|   |                                    |
|---|------------------------------------|
| Address   | BLK 99 OLD AIRPORT ROAD<br>#09-209 |
| Postcode  | 390099                             |
| 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 - MAJOR/MINOR RD |
| 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 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)   | 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         |
| Remarks/ Reasons:                             | WITH DRIVER |
| Was there any audio recorded?                 | NO          |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                     |             |
|-------------------------------------|-------------|
| Vehicle Registration Number         | SLM3983H    |
| Vehicle Make/Model/Colour           | HONDA VEZEL |
| Details Of Properties               |             |
| Vehicle Category                    | PRIVATE CAR |
| Name of Driver                      |             |
| NRIC/Passport Number                |             |
| Contact Number                      |             |
| Address                             |             |
| Postcode                            |             |
| Insurance Company Name              |             |
| Nature Of Damage                    |             |
| No. Of Passenger (Including Driver) |             |

## Sketch Plan

### 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.



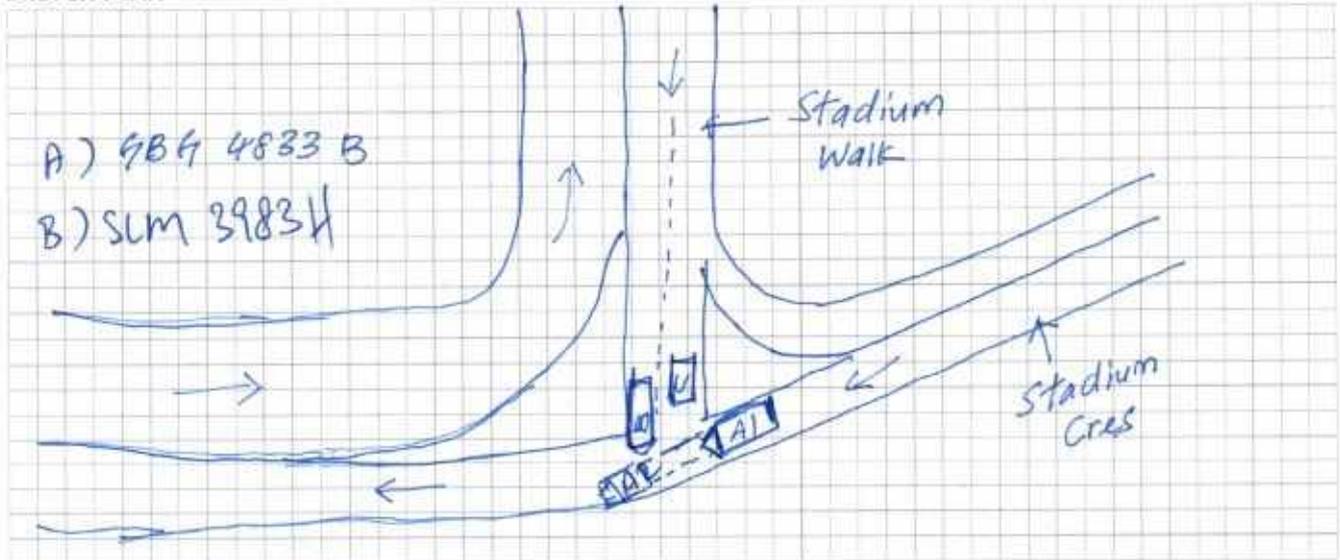
Policyholder's Signature  
Date & Time:

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

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

**SKETCH PLAN**



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Date: 08/11/2019 Time: 18:32 hrs When I was on Stadium Cres and I was cross on the junction and I heard a sound behind the back of the van. and I stop on the side of the road. I asking the SLM 3983H drive to exchange ID, but he refuse to exchang. and drive off.

**DECLARATION**

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



Policyholder's Signature  
Date & Time:

*[Signature]*  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 9/11/19 13:24

*[Signature]* 09/11/2019  
Reporting Centre Personnel's Signature  
Name: Resa  
NRIC/FIN No.:

# ACCIDENT STATEMENT

ACCIDENT DATE: (08 / 11 / 2019) (DD/MM/YYYY), TIME: (18 : 32) (HH:MM)

LOCATION: Stadium Cres

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 939 4833 B  
b) INSURANCE COMPANY: MSIG  
c) POLICY NUMBER: B-29128772 MKP  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: NISSAN NV200  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: WORK / DELIVER ASK  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: Ng Sa Ho (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 576386896 CONTACT: 9181 7638  
c) ADDRESS: Blk 99 Old Airport Rd #09-009

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Osim International Pte Ltd (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 198304191N CONTACT:  
c) ADDRESS: 65 Wei Ave 1, Osim Headquarters Space 408939

\*d) DATE OF BIRTH: (25 / 11 / 1976) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS Class 3

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 93 SLM 3983 H MODEL:  
b) DRIVER'S NAME:  
c) NRIC/FIN/PASSPORT: CONTACT:

## 9. THIRD PARTY VEHICLE

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

No. of passengers  
(Including driver)  
(1)

No. of passenger  
(Including driver)  
( )

No. of passenger  
(Including driver)  
( )

email = [ng-saio@yahoo.com.sg](mailto:ng-saio@yahoo.com.sg)

VIDEO

758  
12

## 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   | RC 100  | <b>COMMERCIAL VEHICLE - FLEET</b> |
|  |   | <b>Comprehensive</b>              |
| Certificate No.  | R 20128772 MFF  | <b>Excess: S\$500</b>             |
| 1. Index Mark and Registration Number of Vehicle   | SP04833B  |                                   |
| 2. Name of Policyholder  | MSIM International Pte. Ltd.  |                                   |
| 3. Effective Date of the Commencement of Insurance for the purposes of the Act   | 21/07/2019  |                                   |
| 4. Date of Expiry of insurance   | 18/06/2020  |                                   |
| 5. Persons or Classes of Persons entitled to drive*  | Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.<br>* 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 in connection with the Policyholder's business.<br>Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.<br>Use for social, domestic and pleasure purposes.<br>The Policy does not cover:<br>(1) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing.<br>(2) Use whilst dragging a trailer except the towing of any one disabled mechanically propelled vehicle.<br>* 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. |                                   |
| 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