

NATIONAL Assessment Centre Services

[ver 1 Jan 05]

MAN 119153545

| | | | |
|----------------------------|--|-----------------------|---------|
| Date In: 20/11/19 17:53 | Job description | Date & Time Completed | Done by |
| Ref No: NA1 MS619020624/h4 | SAS e-filing | | |
| Veh No: SMF 7884J | E-mail (within 3hrs, AIC 2hrs) | | |
| DOA: 19/11/19 10:30 | I-Motor Claim Form | | |
| OP: TP / Rep (any) Only | I-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| TP Insurer: | Ass't Report by Fax / Hand to Owner/Wksn | | |

| | | |
|--|---|-----------------------|
| Preferred Wksp / INC Assign Wksp / GW: (| Tel: (| Fax: (|
| TP Particulars: | Veh No: SKX 8951X | 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 rep/aler.

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

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

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

Injury: ()

| Date/Time | Action |
|-----------|--------|
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|---------------------------------|---|-------------|--------------|
| NA1908683 | Invoice Particulars | Amount (\$) | Balance (\$) |
| Client's Particulars: | 1) AR: Accident Reporting (\$30) | 3.00 | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100) INC (\$80) | | |
| Contact No: | 3) TP: Towing Fee \$40/\$45 | | |
| Damaged Portion: | 4) PT: Follow-Through Survey \$120 | | |
| QC Checked by (Bugr-In-Charge): | 5) PT: Follow-Through Survey (Resurvey) \$30 | | |
| Auditors' Comments: | For claiming against INC Only (ver 10 Jan 2005) | | |
| Sal: 1: | 6) TR: Re-inspection \$75 | | |
| | 7) NI: Idao DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services: | | |
| | OP: | | |
| | *N5: Courtesy Car / Tpt Allowance \$5 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| | *N8: DV / Collect Excess Coordination \$5 | | |
| | TP (N11): TP (Non INC) against INC \$20 | | |
| | 9) N12: Idao 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 | 20/11/2019 17:53 |
| Date Of Accident | 19/11/2019 10:30 |
| Exact Location Of Accident | PIE TWDS CHANGI B4 LORNIE EXIT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SMF7884J |
| Insured/Policyholder | |
| Name Of Registered Owner | TAN AH CHWEE |
| NRIC No | S1442426A |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-90270170 |
| Alternative Phone No | OFFICE-90270170 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | VOLVO |
| Model | S60 |
| 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 80463941 QNX |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | TAN AH CHWEE |
| NRIC No | S1442426A |
| Date Of Birth | 26/02/1960 |
| Occupation | INDOOR |
| Date Of Driving Pass | 17/09/1979 |
| Driving Experience | 40 YEARS AND 2 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90270170 |
| Fax Number | |
| Contact Number | OFFICE-90270170 |
| Email Address | NOEMAIL |

| | |
|---|------------------------------------|
| Address | BLK 288G BUKIT BATOK ST 25 #09-248 |
| Postcode | 656288 |
| 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 - CHANGE/CROSS LANE |
| 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? | |
| 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

REFER TO STATEMENT.

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 | SKX8951X |
| Vehicle Make/Model/Colour | |
| 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

VEHICLE NO.: SME 7834J
 INSURER : MS14
 DATE & TIME: 19/11/19 10:30

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:

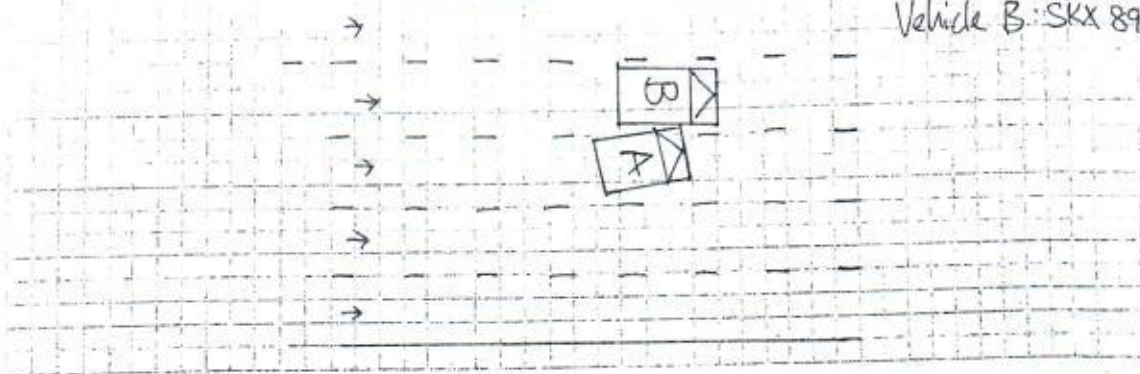
Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

SKETCH PLAN

PIE TWDS Changi B4 Lornie Exit

Vehicle A: SMF 7884J

Vehicle B: SKX 8951X



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I, Vehicle A (SMF 7884J) was travelling straight at the third lane, as I was filtering left, I accidentally collided onto Vehicle B (SKX 8951X) right hand portion.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

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:

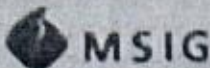
Reporting Centre Personnel's Signature
Name:
NRIC/PIN No:

() Claim Own Policy () Claim Third Party () Reporting Only
() Claim OD/TP at other workshop ()

Date of Accident : 19/11/2019 Accident Time: 1030 (24-HR-FORMAT)
 Accident Place : PIE TWDS Changi B4 Lornie Exit
 Vehicle Reg. No (Car plate No.) : SMF 7884 J Vehicle Make/Model: Volvo S60
 Insurance Company : MSIG Policy No. A8046394 BNX
 Name of Registered Owner : Company / Individual TAN AH CHNEE
 ID of Registered Owner : Co Reg No: _____ Owner's NRIC No: S1442426A
 : Co Contact No: _____ Owner's Contact No: 9027 0170
 DRIVER'S Name : TAN AH CHNEE DRIVER'S NRIC No: S1442426A
 DRIVER'S Date of Birth : 26 FEB 1960 DRIVER'S License Pass Date 22 OCT 1992
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner
 DRIVER'S Address : 288G BUKIT BATOK ST 25 #09-248 S(656284)
 DRIVER'S Contact No./ Alt No. : 1) 9027 0170 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
 Email Address : N/A
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Insurance
 Number of Passengers (including Driver): 1
 Was the accident reported to the police? YES \ NO
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

| | |
|-----------------------------------|-------------------------------|
| Vehicle Reg No: <u>SKX 8951 X</u> | Vehicle Reg No: _____ |
| Vehicle Make/Model: _____ | Vehicle Make/Model: _____ |
| Name DRIVER: _____ | Name DRIVER: _____ |
| IC No. DRIVER: _____ | IC No. DRIVER: _____ |
| DRIVER'S Contact & add: _____ | DRIVER'S Contact & add: _____ |



MSIG Insurance (Singapore) Pte. Ltd.
 4 Shenton Way #21-01 SGA Centre 2 Singapore 068807
 Tel: (65) 6327 7888 Fax: (65) 6327 7900
 E-mail: msig@msig.com.sg Website: www.msig.com.sg

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 RISKS AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form: M.A. 1
 (Third-Party Risks)

MOTOR MAX
 Comprehensive

Certificate No.: A 80303441 QXX

Excess: \$00500

Windscreen Excess: \$00100

1. Index Mark and Registration Number of Vehicle
 2MF78843
2. Name of Policyholder
 TAN AH CHWE
3. Effective Date of the Commencement of Insurance for the purposes of the Act
 03/01/2019
4. Date of Expiry of Insurance
 03/01/2020
5. Persons or Classes of Persons entitled to drive*
 TAN AH CHWE
 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 6 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

Course Signatory

S & M Alliance Pte Ltd

This certificate is not valid unless it is signed for & on behalf of the Company and Course Signatory by a duly authorized representative of the Course Signatory.

X3HMMJHGD019019314317138

MSIG Insurance (Singapore) Pte. Ltd.
 Approved Insurer



Amy Lee
 Senior Vice President, Agencies