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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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.

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.

### ACCIDENT STATEMENT

 Date Of Report
 04/12/2019 17:41

 Date Of Accident
 03/12/2019 20:30

Exact Location Of Accident CHINA SQUARE CARPARK

Country/State of Loss SINGAPORE

#### **DETAILS OF OWN VEHICLE**

CAR WAS PARKED

Vehicle Registration Number SKB1388J

Insured/Policyholder

Name Of Registered Owner WEE BEE HONG
NRIC No S1502052J

 Email Address
 EDMUNDTANJ@GMAIL.COM

 Mobile Phone No
 (LOCAL) +65-98157833

 Alternative Phone No
 OTHERS-91774167

**Vehicle Particulars** 

Manufacturer BMW Model 3181

Exact Purpose for which vehicle was being used at

time of accident

Are you claiming under your own insurance policy NO

for repair to your vehicle?

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 B 27025252 SMP

Cover Note Number

Driver

Name of Driver TAN JINAN, EDMUND

 NRIC No
 S8816905J

 Date Of Birth
 19/05/1988

 Occupation
 INDOOR

 Date Of Driving Pass
 26/02/2016

Driving Experience 3 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91774167

Fax Number

Contact Number OTHERS-98157833

EMail Address EDMUNDTANJ@GMAIL.COM

Address

30 JALAN MERAH SAGA

Postcode

278108

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

CHILDREN

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

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

NO

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)

0

**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

SJP7888G

Vehicle Make/Model/Colour

Details Of Properties Vehicle Category

PRIVATE CAR

Name of Driver

LOW MEI LING

NRIC/Passport Number

S7113130J

Contact Number

82887070

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### SKETCH PLAN

# IMPORTANT NOTICE

- Please report <u>correctly</u> 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 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
- 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:

- 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
- 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.
- 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 Name:

NRIC/FIN No .:

inicho-or, Buschy.

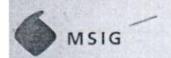
#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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	12/1/2/2019
	W D410129U
holder's Signature	Driver's Signature Reporting Centre Personnel's Signature
& Time:	(If driver is not the policyholder) Name:
	Date & Time: 4/12/19 NRIC/FIN No.: WOOM ON I

# AGCIDENT'STATEMENT

ACCI	DENT DATE: (S) 12 2019 (DD/MM/YYY)	TIME! DO . 30
LOCA	TION: China Square Car Pan	(HH:MM)
1004	HON: CHING SQUARE CAN (ON	· Le .
1,	DETAILS OF VEHICLE	
	a) VEHICLE NUMBER! SUB (38)	Γ .
	DINSURANCE COMPANY: MSIG	
	CIPOLICY NUMBER: 270 25252	
0.44	dipolicy type: (COMPORTED IN A TOTAL	
	DIPOLICY TYPE: (COMPREHENSIVE / THIRD PART DIMAKE & MODEL: BINW	TY / THIRD PARTY FIRE &THEFT]
ř.	HTYPENSALOOM COMPANY	
e.	(TYPE: (SALOON / COUPE / MPV /VAN / LORRY	/ MOTORCYCLE./OTHERS)
57.0	al cinote collegoktillekingte / commercia	AL / MOTORCYCLE)
	THE OWN ONE OF USING AT ACCIDENT TIME!	
28	I) ARE YOU CLAIMING UNDER YOUR OWN INSUR	SYNCE (AEZ\KQ)
2.,	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REF	PORTING ONLY)
	Alname: Wee Bee Hong	
		CONTACT: 9815 7833
	Oladdress: 30 Jalan Merah Sa	140
*	5278108	<del>J</del>
	. CONTINUE TO 3,d IF DRIVER ALSO POLICY HOL	IDEB
4No of passanga	DRIVER .	
(Including driver)	O'NAME: Ton Johan Edmund	(MALE / FEMALE)
(0)	DINRIC/FIN/PASSPORT: SPIGOS DIADDRESS: 30 Jalan Maria	CONTACT: 9177 4/67
		L Sager.
	5278108	
	d) DATE OF BIRTH: ( 19, 05, 1988) (DO/N	(MYYY)
	e) OCCUPATION: (INDOOR / OUTDOOR)	
4	PLASS PARITING PASS	t
14	WAS DRIVER AN EMPLOYEE OF THE INSURE	D'S COMPANY? (YESY NO)
· 5.	IF NO, RELATIONSHIP OF THE DRIVER WITH DIWEATHER CONDITION! (CLEAR / RAINING / O	INSURED!
333	b) ROAD SURFACE: (DRY / WET / OTHERS	iners
6,	WAS ANYBODY INJURED (YES / NO)	
7.	a) REPORTED TO POUCE (YES / NO)	* * * *
	IF YES, PLEASE STATE WHICH POLICE STATIONS	2
8,	YIII DD D A BYLL LINIUS DIE	
g his of historia an	a) VEHICLE NUMBER: SIT +888 LT	_MODEL:
(Including delvar)	b) DRIVER'S NAME: LOW Mei LINS	A5 88 5 =
( )	CI NKIC/FIN/FASSPORT! 571151303	CONTACT: 8288 7070
	THIRÖ, PARTY VEHICLE	
to No of passenger	d) VEHICLE NUMBER:	_MODEL:
(Industing driver)	e) DRIVER'S NAME:	CONTRACT
1 4	f) NRICYFIN/PASSPORT!	_CONTACTI!
( · )	* *	

email = edmundtanje smail.com



MSIG Insurance (Singapore) Pte. Ltd. 4 Shenton Why, # 21-01, SCX Centre 2, Singapore 068807 Tel +65 6827 7888, Fax +65 6827 7800 Co. Reg. No. 2004122126 GST Reg. No. 20-04122126

Your alternative contacts

Sime Darby Insurance Brokers (Singapore) Pte Ltd Mon to Fri (excluding PH) (8.30 am - 5.45 pm)

# Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA), ROAD TRANSPORT (AMENDMENT) ACT 2019 (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.X.1 Individual Ownership

SIME MOTOR PRIVATE Comprehensive

Certificate No. B 27025252 SMP

Excess: SGD500

- Index Mark and Registration Number of Vehicle SKB1388J
- 2. Name of Policyholder Wee Bee Hong
- 3. Effective Date of the Commencement of Insurance for the purposes of the Act 29/11/2019
- 4. Date of Explry of Insurance 28/11/2020
- 5. Persons or Classes of Persons entitled to drive\*

Wee Bee Hong 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 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

PSW201911011133