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D.O.A. 13/08/2020 10:30	I-Motor Claim	Porm	4	<u> </u>	
	1-Motor W/O	Within: OD Thrs.	TP (hrs)		:
OD : TP : Reporting Only	I-Photo Uploa	ded	1	Construction of the Constr	
	Assessment/Sur		•		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp			water water have	
Profurred Wksp / INC Assign Wksp / QW: (encreen e) Cuttons		Fax:)
TP Particulars: Veh No:	26 UZZZM	, INC(.)/Non-INC().	<u> </u>	
Owner / Driver: (113		Tel:)	
Policy No: () Pe	riod: ()	Cover Type: (<u>).</u>	
Confirmed by : (Dates,	Timer)	
Insured/Driver Liability: (%) [Note-Est Status (W	O): N: 0-2	0%; P: 21-79%. P: 80-	100%]	
	Warranty: YES ()/NO(<u> </u>		
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in in our war joint of the first of the		2) DA I Damur	Pro	\$40/\$45	
river/Owner: .		4) PT : Follow-	Through Survey	\$120	
Contact No:	- M-1	Por plaiming	attended by the ball	\$75	
Control of the Contro		GTR: Re-lum	+ SMRT Survey	\$160	
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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 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 ladgement 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

AC	CID	ENI	SIA	ΞV	ENI

Date Of Report 23/03/2020 15:18 Date Of Accident 12/03/2020 14:30

Exact Location Of Accident NO. 1 ENTERPRISE ROAD

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLC4038H

Insured/Policyholder

Name Of Registered Owner NG CHIN LEE NRIC No SXXXX191D

Email Address YONGLINGRUI3@GMAIL.COM.SG

Mobile Phone No (LOCAL) +65-90055443 OTHERS-90055443 Alternative Phone No

Vehicle Particulars

Manufacturer HONDA

Model VEZEL-1.5 X CVT (A)

Exact Purpose for which vehicle was being used at PRIVATE USE time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

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.

COMPREHENSIVE Type Of Coverage

Fleet Policy NO

Policy Number A 28745608 QMX

Cover Note Number

Name of Driver NG CHIN LEE NRIC No SXXXX191D Date Of Birth 10/10/1965 Occupation INDOOR Date Of Driving Pass 18/04/1994

25 YEARS AND 10 MONTHS Driving Experience

Gender

Mobile Number (LOCAL) +65-90055443

Fax Number

Contact Number OTHERS-90055443

EMail Address YONGLINGRUI3@GMAIL.COM.SG

Page 1 of 14

Address

BLK 105A DEPOT ROAD

#21-613

Postcode

101105

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

HIT BY FALLEN TREE / OTHER OBJECTS

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)

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? Was there any audio recorded?

NO NO

Vehicle Registration Number

DETAILS OF OTHER VEHICLE PROPERTY 1 GBE4333M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

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

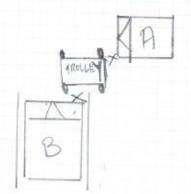
Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

NO. 1 FLMARPRESA ROAD



A) SLC4088 B) GBE 4333M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

-
The incident occurred on 12 morch 2020 at
1 Enterprice Read, cot around 2-30pm when I Encountered a
Van perlied in a porting lot. When I First arrived, I did
not notice the trolley than was stationed at the Front of
11 - Mars Me T
the van. He I needed to adjust my car in order to people into
the oralism lost I are I late 1-1 the the
the gentury lot, I accidentally hit the trolley due to the
disadvantage of blind spots. The trolley then robed and knowled
into the van bumper. This resulted in a don't in the bumper.
2000 to a don't lot tok isampe.

DECLARATION

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

Policyholder's Signature
Date & Time: 12.40

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

Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 20821 WAHAB

ACCIDENT STATEMENT

ACCIDENT DATE: 12 13 1000 (DD/MM)	YYYY), TIME: (2 : 30) (HH:MM)-
LOCATION: 1 Enterprise Koad	t.
1. DETAILS OF VEHICLE	
" a) VEHICLE NUMBER: SLC 4038 H	<u></u>
DINSURANCE COMPANY: M SIG	
CIPOLICY NUMBER: A 28745608 0	
d)POLICY TYPE: (COMPREHENSIVE / THIRD	PARTY ATLIAND BARTY FIRE ATLIANT
THE WINDLE COMPANY OF	701
TITTPE: (SALOON / COUPE / MPV /VAN / I	OPPY / MOTORCYCLE / OTHERS
ST. CINCLE CATEGORI IPRIVATE / COMMI	EDCIAL / LIGITORON (OLD)
OSC OF USING AT ACT TIME	(Par 10
JAKE TOU CLAIMING UNDER YOUR OWN I	MICHA ANOT OVER MICH
TO THE THIRD PARTY CLAIM	/ REPORTING ONLY
TOUCH HOLDER	- State of the co
AINAME: NG CHIM LEE	(MALE / FEMALE)
b)NRIC/FIN/PASSPORT: ST33151D	CONTRACT COS CARCES
CIADDRESS: Deput ROI, PIK LOSA	# 31-6/3
* CONTINUE TO THE	
Ho of passange DRIVER DRIVER ALSO POLICY	HOLDER .
(Including driver) GINAME: AS - Abobele	
folking the second	(MALE / FEMALE)
CJADDRESS:	CONTACT:
"d)DATE OF BIRTH: (10) 10 / 1965)(DI	D/AMA MYVVI
6/OCCUPATION; (INDOOR / OUTDOOR)	5,500,007,1111
DONE OF DRIVING DACE 18-4-1	994
4. WAS DRIVER AN EMPLOYEE OF THE INCL	DEDIC COMPANIE OFFE
WE THE DELIVER WITH THE DELIVER WITH	TTLI YAICH IN CO. Lat. of the co.
THE CONDITION: ICLEAR / RAINING	OTHERS
DINCAD SURFACE: IDRY / WET / OTLIEBE	
6. WAS ANYBODY INJURED (YES / NO.)	
7. a) REPORTED TO POLICE (YES / NO)	
IF YES, PLEASE STATE WHICH POLICE STATION	V:
of passenger at VEHICLE NUMBER GRE 4323 M	7.
Including driver) b) DRIVER'S NAME:	MODEL: Toyata
- I DIVICATINA NOSECIRA.	COUTLOT
Y. IHIRD PARTY VEHICLE	CONTACT:
No of passanger d) VEHICLE NUMBER:	MODEL:
Indudia At a C DRIVER'S NAME:	
Mo of passanger d) VEHICLE NUMBER: Including driver) f) DRIVER'S NAME: [NRIC/FIN/PASSPORT:	_CONTACT:

email = Yong ling Rui 3 & Goneil.com.



MSIG Insurance (Singapore) Pte. Ltd. 4 Shenton Way#21-01 SGX Centre 2 Singapore 068807 Tel: (65) 6827 7886 Fax: (65) 6827 7800 Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

MOTOR MAX

RENEWAL CERTIFICATE

Place of Issue
20 SINGAPORE
Date of Issue
10/05/2019
Account Number
156356
Total Due
SGD717.09
The state of the s

NAME OF INSURED

NG CHIN LEE

RISK NUMBER 1

MOTORMAX

OCCUPATION

Indoor Occupation

FINANCIAL INTEREST

Jack Cars Enterprise Pte. Ltd. as Hire Purchase Owners

SCOPE OF COVER Comprehensive

INTEREST INSURED

REGISTRATION NO. SLC4038H

MAKE/MODEL

Honda Vezel 1.5% CVT

ENGINE NUMBER

L15B4034323

CHASSIS NUMBER RU11114318

YEAR OF MFG

2016

CAPACITY

1,496 C.C.

SEATING CAPACITY 5 (INCL. DRIVER)

WINDSCREEN

UNLIMITED

SUM INSURED

MARKET VALUE

INCL. COE/PARF

YES

OFF-PEAK CAR

NO

NO CLAIM DISCOUNT 50.00 % (or F/D)

GOOD DRIVER'S

DISCOUNT

SGD35.27

NCD PROTECTOR

NOT COVERED

EXCESS

SGD500

ANNUAL PREMIUM SGD670.18