| NATIONAL Assessment Centre   | Services.  | [wel 1 Jon 05]                    | MNA 1200   |  |                                       |  |
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| TP Insurer:  | Ass't Report b   | y <u>Fax / Hand</u>               | to Owner/Wksp  |  | ECTIVITY THE SA                       | WANTED THE PARTY OF THE PARTY O |
| Professor / INC Assign Wksp / QW: (  | Transcription and the second   |                                   | Tol:   | Fax:   |                                       | 1  |
| TP Particulars: Veh No: 5  | JK 796K  | , INC(                            | . )/Non-INC  | 2( ).  |                                       |  |
| Owner/Driver: (  |  |                                   | Tel:   |  | )                                     |  |
| Policy No: ( ) Perio   | od: (  | )                                 | Cover Type:  |  |                                       |  |
| Confirmed by : (   |  | Date:                             | Tim  |  | )                                     |  |
| 4  | ote-Est. Status (V   |                                   | 0%; P: 21-799  | 4. P: 80-100   | %]                                    |  |
| Year of Registration: ( ), W   | arranty: YES (   |                                   | )  |  |                                       |  |
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|  | CHICLIAN AND A   |                                   | Terminal.  | Maria Rossia   | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 7.57   |
| ( ) Walk-In Customer's Customer's Inform   | THE RESIDENCE AND ADDRESS OF THE PARTY OF TH | niidential & St                   | rictly NO rater o  | i repoiler.  |                                       |  |
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| Drive-In ( )/ Towed-In ( ); Invoice:   |  | (0 ( ); 1                         | Towing Co: (   | month by the state of the state | STRUCTURE OF THE                      | the latest and the la |
| transactive of the calculate screen determine  |  |                                   | E plice chinus   | of jue 54  | anorthy:                              | by   |
| To the Control of the | irtesy Car (   | )                                 |  |  |                                       |  |
| 2) QC Check / Post Repair Inspection   | .( • )   |                                   |  |  | 7                                     |  |
| <ol> <li>Upload Resurvey Photo [Repair Cost &gt; \$300</li> </ol>  | 00] (  | ) :                               | District Towns   |  |                                       |  |
| Injury;  |  |                                   |  |  |                                       |  |
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| NA 2   | 003060   | Invoice Die                       | in hion chec   | ill (Laborator   | Smille                                | Mad bin  |
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| Contact 19o:   | •  | For alsining a<br>6) TR: Re-inspe | region INC Only (w   | of 10 Jon 2003)<br>37  | 5                                     |  |
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|  |  | S) NTUC Additi                    | onal Services:-  |  |                                       |  |
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| 2/3  |  | Invalor dated                     | 12   | Fee Charged  | MARIE                                 |  |
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### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Mobile Number Fax Number Contact Number

EMail Address

- 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 <u>truthful and accurate</u> 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.

- 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.

| Date Of Report 27/05/2020 16:57 Date Of Accident 16/05/2020 18:30  Exact Location Of Accident CARPARK OF BLK 710A PASIR RIS ST 72 SINGAPORE  DETAILS OF OWN VEHICLE  Vehicle Registration Number SLK5459C  Insured/Policyholder  Name Of Registered Owner NADEN JASON SEBASTIAN NIRIC NO SXXXXX168H NORIC NO SXXXXX168H NORIC NO SYMPHONE NORIC  | atoresaid.   | ACCIDENT STATEMENT                   |
|--|--|--------------------------------------|
| Date Of Accident  Exact Location Of Accident  CARPARK OF BLK 710A PASIR RIS ST 72  SINGAPORE  DETAILS OF OWN VEHICLE  Vehicle Registration Number  SLK5459C  Insured/Policyholder  Name Of Registered Owner  NAME OF REGISTER OWNER  NOEMAIL  Mobile Phone No  OFFICE-97491492  Vehicle Particulars  Manufacturer  MERCEDES-BENZ  Ezact Purpose for which vehicle was being used at lime of accident  Are you claiming under your own insurance policy for repair to your vehicle?  NO  If No. Please state action to be taken  REPORTING ONLY  PRIVATE CAR  Insurance Company  Name of Insurance Company  NAME of Insurance Company  NO  ASSIGNSURANCE (SINGAPORE) PTE. LTD.  COMPREHENSIVE  NO  POlicy Number  COWPREHENSIVE  NO  DIVIVER  NAME OF  |  |                                      |
| Exact Location Of Accident Country/State of Loss  DETAILS OF OWN VEHICLE  Vehicle Registration Number SLK5459C  Insured/Policyholder Name Of Registered Owner NRIC No SXXXX168H NOEMAIL Mobile Phone No (LOCAL) +65-97491492  Vehicle Particulars Manufacturer MerceDes-Benz Exact Purpose for which vehicle was being used at lare of cacident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken Vehicle Category Name of Insurance Company Name of Insurance Company Noel Noel Noel Noel Noel Noel Noel Noel   |  |                                      |
| DETAILS OF OWN VEHICLE  Vehicle Registration Number SLK5459C  Insured/Policytholder  Name Of Registered Owner NADEN JASON SEBASTIAN NRIC No SXXXX168H SEmail Address NOEMAIL (LOCAL) +65-97491492  Vehicle Particulars  Manufacturer Mercedes-Benz Ezad Purpose for which vehicle was being used at Imme of accident Are you claiming under your own insurance policy for repair to your vehicle?  Vehicle Category PRIVATE CAR  Insurance Company  Name of Insurance Company Name of Insurance Company  No Policy Number Cover Note Number  Driver  Name of Driver Name of Oriver Name of Driver Name of Drive |  |                                      |
| Vehicle Registration Number  SLK5459C  Insured/Policyholder  Name Of Registered Owner NADEN JASON SEBASTIAN NRIC No SXXXX168H NOEMAIL Mobile Phone No (LOCAL) +65-97491492  Vehicle Particulars  Manufacturer Mercedes-Benz Exact Purpose for which vehicle was being used at lime of accident Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken Vehicle Category Name of Insurance Company Name of Insurance Company Name of Insurance Company Name of Insurance Company No Policy Number Cover Note Number  Driver Name of Driver Name of Driver Name of Driver Date Of Birth Occupation Date Of Driving Pass Driving Experience NADEN JASON SEBASTIAN NADE |  |                                      |
| Vehicle Registration Number  Insured/Policyholder  Name Of Registered Owner NADEN JASON SEBASTIAN NRIC No SXXXX168H Mobile Phone No (LOCAL) +65-97491492 Matternative Phone No OFFICE-97491492  Vehicle Particulars  Manufacturer MERCEDES-BENZ Model Ezact Purpose for which vehicle was being used at lime of accident Imme of accident Office Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken Vehicle Category Name of Insurance Company Name of Insurance Company Name of Insurance Company Name of Insurance Company No Policy Number Cover Note Number  Driver  Name of Driver Na |  |                                      |
| Insured/Policyholder Name Of Registered Owner NADEN JASON SEBASTIAN NRIC No SXXXX168H NOEMAIL Mobile Phone No (LOCAL) +65-97491492 Malternative Phone No OFFICE-97491492 Vehicle Particulars Manufacturer Mercedes Benz Ezodo Se-2.0 (A) Exact Purpose for which vehicle was being used at lime of accident Ime of accident Office Orepair to your vehicle?  No Or repair to your vehicle?  No No Police Category No No Nosi G Insurance Company Name of Insurance Company Name of Insurance Company Name of Insurance Company No Policy Number Cover Note Number  Driver Name of |  | DETAILS OF OWN VEHICLE               |
| Name Of Registered Owner NADEN JASON SEBASTIAN NRIC No SXXXX168H NOEMAIL (LOCAL) +65-97491492  Alternative Phone No OFFICE-97491492  Vehicle Particulars  Manufacturer MERCEDES-BENZ Model E220D SE-2.0 (A) Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No. Please state action to be taken Vehicle Category PRIVATE CAR  Insurance Company Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE. LTD. Type Of Coverage COMPREHENSIVE Fleet Policy NO OFFICE-97491492  NO OFFICE-97491492  NO OFFICE-97491492  MERCEDES-BENZ MERCEDES-BENZ NO NO OFFICE-97491492  NO OFFICE-974 | Vehicle Registration Number  | SLK5459C                             |
| NRIC No SXXXX168H Email Address NOEMAIL Mobile Phone No (LOCAL) +65-97491492 Alternative Phone No OFFICE-97491492  Vehicle Particulars  Manufacturer MERCEDES-BENZ Ez20D SE-2.0 (A) Exact Purpose for which vehicle was being used at 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. Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number A 80466023 QMY  Cover Note Number  Driver Name of Driver JOANNA KOH HWEE LING NRIC No SXXXX170C Date Of Birth 04/03/1977 Occupation INDOOR Date Of Driving Pass Driving Experience 13 YEARS AND 5 MONTHS   | Insured/Policyholder   |                                      |
| Email Address NOEMAIL Mobile Phone No (LOCAL) +65-97491492  Vehicle Particulars  Manufacturer MERCEDES-BENZ E220D SE-2.0 (A) Exact Purpose for which vehicle was being used at lime of accident a voice of the vehicle?  If No. Please state action to be taken REPORTING ONLY PRIVATE CAR  Insurance Company Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE. LTD.  Type Of Coverage COMPREHENSIVE NO  Policy Number A80466023 QMY  Cover Note Number  Driver Name of Driver JOANNA KOH HWEE LING NRIC No Date Of Birth 04/03/1977 Occupation Date Of Driving Pass Driving Experience 13 YEARS AND 5 MONTHS  | Name Of Registered Owner   | NADEN JASON SEBASTIAN                |
| Mobile Phone No (LOCAL) +65-97491492  Vehicle Particulars  Manufacturer MERCEDES-BENZ E220D SE-2.0 (A)  Exact Purpose for which vehicle was being used at 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.  Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number A 80466023 QMY  Cover Note Number  Driver  NAME OF DIVING NONLY SXXXX170C Date Of Birth O4/03/1977 Occupation Date Of Driving Pass Driving Experience 13 YEARS AND 5 MONTHS   | NRIC No  | SXXXX168H                            |
| Alternative Phone No  Vehicle Particulars  Manufacturer  Mercedes-Benz Ezact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken Vehicle Category  Insurance Company  Name of Insurance Company  Name of Insurance Company  No  MSIG INSURANCE (SINGAPORE) PTE. LTD.  COMPREHENSIVE Fleet Policy NO  A 80466023 QMY  Cover Note Number  Driver  Name of Driver Name of Driver NAME OF Birth O4/03/1977 Occupation Date Of Driving Pass Driving Experience  13 YEARS AND 5 MONTHS   | Email Address  | NOEMAIL                              |
| Wehicle Particulars  Manufacturer  Mercedes-Benz  Ez20D SE-2.0 (A)  Exact Purpose for which vehicle was being used at time of accident  Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken  PREPORTING ONLY  Vehicle Category  PRIVATE CAR  Insurance Company  Name of Insurance Company  MSIG INSURANCE (SINGAPORE) PTE. LTD.  Type Of Coverage  COMPREHENSIVE  NO  Policy Number  Cover Note Number  Driver  Name of Driver  Name of Driver  Name of Driver  No  SXXXX170C  Date Of Birth  O4/03/1977  Occupation  Diving Experience  13 YEARS AND 5 MONTHS  | Mobile Phone No  | (LOCAL) +65-97491492                 |
| Manufacturer MERCEDES-BENZ  Model E220D SE-2.0 (A)  Exact Purpose for which vehicle was being used at Ilme 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 PRIVATE CAR  Insurance Company  Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE. LTD.  Type Of Coverage COMPREHENSIVE  Fleet Policy NO  Policy Number A 80466023 QMY  Cover Note Number  Driver  Name of Driver  Name of Driver JOANNA KOH HWEE LING  NRIC No SXXXX170C  Date Of Birth 04/03/1977  Occupation INDOOR  Date Of Driving Pass 20/11/2006  Driving Experience 13 YEARS AND 5 MONTHS   | Alternative Phone No   | OFFICE-97491492                      |
| Exact Purpose for which vehicle was being used at time of accident  Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken Vehicle Category Insurance Company  Name of Insurance Company  Name of Insurance Company  MSIG INSURANCE (SINGAPORE) PTE. LTD.  COMPREHENSIVE  Fleet Policy NO  A 80466023 QMY  Cover Note Number  Driver  Name of Driver  NAME Of Driving Pass Driving Experience  PARKED  NO  ARKED  NO  ARKED  NO  AO  AO  AO  AO  AO  AO  AO  AO  AO  | Vehicle Particulars  |                                      |
| Exact Purpose for which vehicle was being used at time of accident  Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken  Vehicle Category  Insurance Company  Name of Insurance Company  Name of Insurance Company  No  Type Of Coverage  Fleet Policy  Policy Number  Cover Note Number  Driver  Name of Driver  NRIC No  SXXXX170C  Date Of Birth  Occupation  Date Of Driving Pass  Driving Experience  NO  NO  REPORTING ONLY  REPORT ONLY  REPORT ONLY  REPORTING ONLY  REPORT ONLY  REP | Manufacturer   | MERCEDES-BENZ                        |
| 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  Name of Insurance Company  MSIG INSURANCE (SINGAPORE) PTE, LTD.  COMPREHENSIVE  Fleet Policy  NO  Policy Number  Cover Note Number  Driver  Name of Driver  NAME OF Driver  NAME OF Birth  O4/03/1977  Occupation  Date Of Driving Pass  Driving Experience  NO  REPORTING ONLY  REPORTING ONLY  REPORTING ONLY  REPORTING ONLY  REPORTING ONLY  RAMEORIES  A 80466023 QMY  OAMPREHENSIVE  NO  A 80466023 QMY  O | Model  | E220D SE-2.0 (A)                     |
| for repair to your vehicle?  If No, Please state action to be taken Vehicle Category Insurance Company Name of Insurance Company Name of Insurance Company No Type Of Coverage Fleet Policy Policy Number Cover Note Number  Driver Name of Driver Name of Driver Name of Driver Name of Driver No Date Of Birth Occupation Driving Experience NO  | Exact Purpose for which vehicle was being used at<br>time of accident  | PARKED                               |
| Vehicle Category Insurance Company Name of Insurance Company Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE. LTD. Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number A 80466023 QMY  Cover Note Number  Driver Name of Driver Name of Driver NRIC No Date Of Birth O4/03/1977 Occupation Date Of Driving Pass Driving Experience 13 YEARS AND 5 MONTHS   | Are you claiming under your own insurance policy for repair to your vehicle?   | NO                                   |
| Insurance Company Name of Insurance Company Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE. LTD. COMPREHENSIVE NO Policy Number A 80466023 QMY Cover Note Number  Driver Name of Driver Name of Driver NRIC No Date Of Birth O4/03/1977 Occupation Date Of Driving Pass Driving Experience 13 YEARS AND 5 MONTHS   | If No, Please state action to be taken   | REPORTING ONLY                       |
| Name of Insurance Company Type Of Coverage COMPREHENSIVE Fleet Policy NO A 80466023 QMY Cover Note Number Driver Name of Driver Name of Driver NRIC No Date Of Birth Occupation Driving Pass Driving Experience NSIG INSURANCE (SINGAPORE) PTE. LTD.  COMPREHENSIVE NO A 80466023 QMY  DANNA KOH HWEE LING SXXXX170C DANNA KOH HWEE LING SXXXX170C D4/03/1977 D5/00C D5 | Vehicle Category   | PRIVATE CAR                          |
| Type Of Coverage         COMPREHENSIVE           Fleet Policy         NO           Policy Number         A 80466023 QMY           Cover Note Number         Driver           Driver         JOANNA KOH HWEE LING           NRIC No         SXXXX170C           Date Of Birth         04/03/1977           Occupation         INDOOR           Date Of Driving Pass         20/11/2006           Driving Experience         13 YEARS AND 5 MONTHS   | Insurance Company  |                                      |
| Fleet Policy   | Name of Insurance Company  | MSIG INSURANCE (SINGAPORE) PTE. LTD. |
| Policy Number A 80466023 QMY  Cover Note Number  Driver  Name of Driver JOANNA KOH HWEE LING  NRIC No SXXXX170C  Date Of Birth 04/03/1977  Occupation INDOOR  Date Of Driving Pass 20/11/2006  Driving Experience 13 YEARS AND 5 MONTHS  | Type Of Coverage   | COMPREHENSIVE                        |
| Cover Note Number           Driver         JOANNA KOH HWEE LING           NRIC No         SXXXX170C           Date Of Birth         04/03/1977           Occupation         INDOOR           Date Of Driving Pass         20/11/2006           Driving Experience         13 YEARS AND 5 MONTHS  | Fleet Policy   | NO                                   |
| Driver         JOANNA KOH HWEE LING           NRIC No         SXXXX170C           Date Of Birth         04/03/1977           Occupation         INDOOR           Date Of Driving Pass         20/11/2006           Driving Experience         13 YEARS AND 5 MONTHS  | Policy Number  | A 80466023 QMY                       |
| Name of Driver         JOANNA KOH HWEE LING           NRIC No         SXXXX170C           Date Of Birth         04/03/1977           Occupation         INDOOR           Date Of Driving Pass         20/11/2006           Driving Experience         13 YEARS AND 5 MONTHS  | Cover Note Number  |                                      |
| NRIC No         SXXXX170C           Date Of Birth         04/03/1977           Occupation         INDOOR           Date Of Driving Pass         20/11/2006           Driving Experience         13 YEARS AND 5 MONTHS  | Driver   |                                      |
| Date Of Birth         04/03/1977           Occupation         INDOOR           Date Of Driving Pass         20/11/2006           Driving Experience         13 YEARS AND 5 MONTHS  | Name of Driver   | JOANNA KOH HWEE LING                 |
| Occupation INDOOR Date Of Driving Pass 20/11/2006 Driving Experience 13 YEARS AND 5 MONTHS   | NRIC No  | SXXXX170C                            |
| Date Of Driving Pass 20/11/2006 Driving Experience 13 YEARS AND 5 MONTHS   | Date Of Birth  | 04/03/1977                           |
| Date Of Driving Pass 20/11/2006 Driving Experience 13 YEARS AND 5 MONTHS   | Occupation   | INDOOR                               |
| Driving Experience 13 YEARS AND 5 MONTHS   |  | 20/11/2006                           |
| AND CONTROL OF THE CO | ACCUMUS CONTRACTOR CON | 13 YEARS AND 5 MONTHS                |
|  | Gender   | FEMALE                               |

(LOCAL) +65-97491492

JOANNAKOHHL@GMAIL.COM

BLK 716 PASIR RIS ST 72 #05-15 Address

510716 Postcode

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

2

0

YES

NO

General Information of the Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident?

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

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) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

BEDOK DIVISION HQ Police Station Name

ROAD: 30 BEDOK NORTH ROAD, POSTCODE: 469676, COUNTRY: Police Station Address

SINGAPORE

TEL NO: - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT G/20200517/7022

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SJK796K Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

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

- 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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)

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:
  - 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: 2L1C1

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# DECLARATION

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

Policyholder's Signature

Date & Time: 76 15 70 70

GraffMC SketchPlanForm\_V3

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





1 of 2

Report No. G/20200517/7022

# POLICE REPORT (NP299)

Police Station Of Origin Bedok Division HQ 30 Bedok North Road SINGAPORE 469676 Tel No:1800-2440000

| Date/Time Report Made<br>17/05/2020 17:49                    | Vide Report No.   |     | Station Diary No |         |  |
|--|---|-----|------------------|---------|--|
| Name Of Informant<br>JOANNA KOH HWEE LING                    | Address APT BLK 716 PASIR RIS STREET 72 #05-15 SINGAPORE 510716 |     |                  |         |  |
| ID Type / ID No.<br>NRIC NO / S7706170C                      | Contact No. Home/Office: Mobile: 97491492                       |     |                  |         |  |
| Nationality<br>SINGAPORE CITIZEN                             | Email Address joannakohhl@gmail.com                             |     |                  |         |  |
| Occupation   | Sex   | Age | Date of Birth    | Race    |  |
| Senior Manager   | Female  | 43  | 04/03/1977       | Chinese |  |
| Institution/School Name                                      | Language<br>English   |     |                  |         |  |
| Date/Time Of Incident<br>15/05/2020 18:30 - 16/05/2020 18:30 | Location Of Incident APT BLK 716 PASIR RIS STREET 72 #05-15     |     |                  |         |  |
|  | SINGAPORE 510716  |     |                  |         |  |

# Brief details.

At my house's carpark of Blk 710A, I was walking to drive my car out when I noticed the scratch on the right front rear. It was stained with white paint and I suspect it was from the car parked next to me as his/car also beared the scratch and paint on the left back rear. What could have happpened was, the driver was trying to park the car at the lot next to my car and knocked on my car. His other side of the back rear condition was okay, no scratch. It was a hit and run. The car plate of the white car was SJK 796K. Kindly assist to investigate.

| Signature Of Officer Recording The Report:  | Signature Of Informant:   |
|---|---|
| Not applicable                              | The identity of the person making this report has been authenticated by SingPass. No signature is required. |
| Signature Of Interpreter:<br>Not applicable | Date/Time:<br>17/05/2020 17:49  |
| Officer In-Charge Of Case:                  | Classification Of Case:   |
| Authoritisation Stomp                       |   |

Authentication Stamp





POLICE REPORT (NP299) CONTINUATION OF REPORT

Report No. G/20200517/7022

| Subjects Involve          | ed  |                  |           |
|---------------------------|---|------------------|-----------|
| Suspect                   |   | CVICE CONTRACTOR |           |
| Person Name               | Unknown   |                  |           |
| Gender                    | Unknown   |                  |           |
| Victim                    |   |                  |           |
| Person Name               | JOANNA KOH HWEE LING  |                  |           |
| ID Type                   | NRIC NO   | ID No            | S7706170C |
| Gender                    | Female  | Age              | 43        |
| Race                      | Chinese   | Language         | English   |
| Occupation                | Senior Manager  | Address Type     | Liigiisii |
| Address                   | APT BLK 716 PASIR RIS<br>STREET 72 #05-15<br>SINGAPORE 510716 | Mobile No        | 97491492  |
| ls Informant A<br>Victim? | Yes   |                  |           |

| Signature Of Officer Recording The Report:  | Signature Of Informant:   |
|---|---|
| Not applicable                              | The identity of the person making this report has been authenticated by SingPass. No signature is required. |
| Signature Of Interpreter:<br>Not applicable | Date/Time:<br>17/05/2020 17:49  |
| Officer In-Charge Of Case:                  | Classification Of Case:   |
| Authentication Stamp                        |   |

Ga- (6 ACCIDENT STATEMENT

| A  | CCIDENT DATE: ( ) S / N N ) (DD /MM/YYYY), TIME: ( 19:30) (HH:MM)  |
|--|--|
| L  | OCATION: COMERC OF BILL 2007 FIOA PAGIS KIS S  |
|  |  |
|  | 1. DETAILS OF VEHICLE SLK SAS9 C   |
|  |  |
|  | b)INSURANCE COMPANY: MS 16   |
|  | CIPOLICY NUMBER: A80466023   |
|  | d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)   |
|  | e)MAKE & MODEL:  |
|  | F)TYPE: (SAKOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE / OTHERS)   |
|  | g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)   |
|  | h PURPOSE OF USING AT ACCIDENT TIME: At COPAR  |
|  | IJARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  57 (35.168)   |
|  | 2. INSURED / POLICY HOLDER   |
|  | A)NAME: Johnson to be hill and (MALE (FEMALE)  |
|  | b) NRIC/FIN/PASSPORT: SATOL LAS CONTACT: GAZG 1492   |
|  | CLADDRESS: BIK ALG. RASIV AS ST. AL  |
|  | #05-15 SLS10716)   |
|  | * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER   |
| *Ho of passon                                  | gas DRIVER bang Voh hall Ch ) MALE (ESTATE)  |
| Claduding dri                                  | MALE FEMALE  |
| (0)  | Street late and out the street late and the st |
| 3  | CIADDRESS: 15/16, 12/16  |
|  | *d) DATE OF BIRTH: (04/03/1997 [DD/MM/YYYY)  |
| 8  | e)OCCUPATION: (INDOOR) OUTDOOR)  |
|  | f) YEARS OF DRIVING EXPRERIENCE:   |
|  | 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES //NO)   |
|  | IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SAWE   |
|  | 5. a) WEATHER CONDITION: (QLEAR PRAINING / OTHERS CAMEAL)  |
|  | 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: TREET COLLE  |
|  | 8 IHIKI) PARIT VEHILLE   |
| the of passons                                 | er a) VEHICLE NUMBER: SJK 796 K MODEL: .   |
| Clindudina driv                                | b) DRIVER'S NAME:  |
| ()   | c) NRIC/FIN/PASSPORT:CONTACT:  |
| ()   | 9. THIRD PARTY VEHICLE   |
| tho of passen                                  | d) VEHICLE NUMBER:MODEL:   |
| (Induding dri                                  | e) DRIVER'S NAME:  |
| C I state City                                 | f) NRIC/FIN/PASSPORT:CONTACT:  |
| ()   |  |
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MSIG Insurance (Singapore) Pte. Ltd. 4 Shenton Way #21-01 SGX Centre 2 Singapore 068807 Tel: (65) 6827 7888 Fax: (65) 6827 7800 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 PLUS Comprehensive

Certificate No. A 80466023 QMY

Excess: SGD700

Windscreen Excess: SGD100

 Index Mark and Registration Number of Vehicle SLX5459C

2. Name of Policyholder

NADEN JASON SEBASTIAN

- Effective Date of the Commencement of Insurance for the purposes of the Act 19/01/2020
- Date of Expiry of Insurance

18/01/2021

5. Persons or Classes of Persons entitled to drive\*

NADEN JASON SEBASTIAN KOH KWEE LING JOANNA (S7706170C)

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 ANY WORKSHOP OF YOUR CHOICE OR 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:

Elite (L & G) Associates

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 duty authorised representative of the Counter-Signatory.