11/13/04/11	e Services well Jamos MA		D 1
Date In: 241 Mary 11 12	Jeb description	Date &Time Completed	Done by
Date In: NI MA IN: W	SAS e-filing		
Rei No: Halmshazofayin	E-mail (within Shrs, AIC 2hrs)		
Veh No: Smunfty	i-Motor Claim Form		
D.O.A: 2 Ma-1673	i-Motor W/O (Within: OD 2hr	s, TP 4brs)	
OD (TP) Reporting Only	i-Photo Uploaded	1	
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (The second secon	Fax:
TP Particulars: Veh No:	INC ()/Non-INC().	V
Owner / Driver: (Tel:)
	eriod: (Cover Type: ()
Configured by : (Date:	Time:)
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-	20%; P: 21-79%. F: 30-	100%]
Year of Registration: ()	Warranty: YES ()/NO()	
Director (C			Solan Street
General Remarks;-	Line assistly Confidential & S	Strictly NO refer of repairer	ī.
() Walk-In Customer: Customer's inf	ormation strictly Confidential &	Allowy I To	
() Total Loss Case : to e-mail Insu		Towing Co: (
Drive-In ()/ Towed-In (); Invoice	ce: YES() / NO();		01-01-01-01-01-01-01-01-01-01-01-01-01-0
Remarks: (INC hotline: 6788 6616)		Date: Time Completed	Done by
	Courtesy Car ()		
The state of the s	()		
2) QC Check / Post Repair Inspection	()		
	()		
2) QC Check / Post Repair Inspection	()		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	()		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	()		Masacons at
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	()		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	()		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	()		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	()		TANCS LA
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions	()	reparation Chrcklist	Ant (S) A
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions	() \$3000] () Invoice I	reparation Checklist.	Tat Bill Ac
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Name Actions	() \$3000] () Invoice I 1) AR: Acci 2) DA: Dan	dent Reporting (\$30); age Assessment (\$100); INC	Tit Bill Ac
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Nalogy 7	() \$3000] () Invoice I 1) AR: Acci 2) DA: Dam 3) TF: Follo	dent Reporting (\$30); age Assessment (\$100); INC ng Fee w-Through Survey	TicBill Ac C (\$80) S40/S45 S120
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Nalogy 7	Invoice I 1) AR: Acci 2) DA: Dar 3) TF: Towl 4) FT: Follo	dent Reporting (\$30); age Assessment (\$100); INC age Fee w-Through Survey age Through Survey (Resurvey)	TicBill Ac C (\$80) S40/S45 S120 S30
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Nanous - Injury : Claimant's Particulars :- Driver/Owner:	[dent Reporting (\$30); age Assessment (\$100); INC ang Fee w-Through Survey w-Through Survey (Resurvey) ang against INC Only (wef 10 Jan	75(Bill Ac C (\$80) S40/S45 S120 S30 2005) S75
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Liamant's Particulars :- Oriver/Owner:	Invoice I Invoice I 1) AR: Acci 2) DA: Dan 3) TF: Tow 4) FT: Folic 5) FT: Folic 6) TR: Re-j 7) NI: Idae	dent Reporting (\$30); age Assessment (\$100); INC age Fee w-Through Survey w-Through Survey (Resurvey) age against INC Only (wef 10 Jan aspection DA + SMRT Survey	(\$80) \$40/\$45 \$120 \$30 \$2005)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Light Particulars :- Oriver/Owner: Contact No:	Invoice	dent Reporting (\$30); age Assessment (\$100); INC age Fee w-Through Survey w-Through Survey (Resurvey) age against INC Only (wef 10 Jan aspection DA + SMRT Survey iditional Services:-	756Bill Ac C (\$80) 540/\$45 5120 \$30 2005) \$75 \$160
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Light Particulars :- Oriver/Owner: Contact No:	Invoice I	dent Reporting (\$30); age Assessment (\$100); INC ng Fee w-Through Survey w-Through Survey (Resurvey) ng against INC Only (wef 10 Jan nspection DA + SMRT Survey dditional Services:-	756Bill Ac C (\$80) \$40/\$45 \$120 \$30 2005) \$75 \$160
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Lamant's Particulars :- Oriver/Owner: Contact No:	Invoice	dent Reporting (\$30); age Assessment (\$100); INC age Assessment (\$100); INC age Fee w-Through Survey w-Through Survey (Resurvey) age against INC Only (wef 10 Jan aspection DA + SMRT Survey Iditional Services: rtesy Car / Tpt Allowance air Co-ordination	756Bill Ac C (\$80) 540/\$45 5120 \$30 2005) \$75 \$160
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Lamant's Particulars :- Oriver/Owner: Contact No: Oamaged Portion: C Checked by (Engr-In-Charge):	Invoice	dent Reporting (\$30); age Assessment (\$100); INC ng Fee w-Through Survey w-Through Survey (Resurvey) ng against INC Only (wef 10 Jan nspection DA + SMRT Survey dditional Services:- rtesy Car / Tpt Allowance air Co-ordination I Repair Inspection / Collect Excess Coordination	756Bill Ac C (\$80) \$40/\$45 \$120 \$30 2005) \$75 \$160 \$55 \$10 \$25 \$55
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Laimant's Particulars: Oriver/Owner: Contact No: Oarnaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments::	Invoice I	dent Reporting (\$30); age Assessment (\$100); INC age Assessment (\$100); INC ang Fee w-Through Survey w-Through Survey (Resurvey) ang against JNC Only (wef 10 Jan aspection DA + SMRT Survey diditional Services: rtesy Car / Tpt Allowance air Co-ordination t Repair Inspection / Collect Excess Coordination : TP (Non INC) against INC	(\$80) \$40/\$45 \$120 \$30 2005) \$75 \$160 \$55 \$100 \$25 \$30 \$200 \$30
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions	Invoice	dent Reporting (\$30); age Assessment (\$100); INC age Assessment (\$100); INC ang Fee w-Through Survey w-Through Survey (Resurvey) ang against INC Only (wef 10 Jan aspection DA + SMRT Survey iditional Services: ricesy Car / Tpt Allowance air Co-ordination I Repair Inspection / Collect Excess Coordination I: TP (Non INC) against INC a Mobile	756Bill Ac 2 (\$80) 540/\$45 5120 530 2005) \$75 \$160 \$55 \$10 \$25 \$50 \$20 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$3

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.
- 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 Accident	A Company of Language Company	ACCIDENT STATEMENT
SLE (BKE) BEFORE LENTOR EXIT	Date Of Report	21/08/2020 12:20
SINGAPORE STAILS OF OWN VEHICLE	Date Of Accident	20/08/2020 16:50
Vehicle Registration Number Insured/Policyholder Name Of Registered Owner NRIC No SXXXX014C Email Address NoEMAIL Mobile Phone No (LCCAL) +65-94378730 OFFICE-94378730 Vehicle Particulars Manufacturer Model Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy or repair to your vehicle? Insurance Company Name of Insurance Company Type Of Coverage Fiet Policy No No NoSI INSURANCE (SINGAPORE) PTE. LTD. COVER NOE WINDER NO NO Vehicle Particulars MSIG INSURANCE (SINGAPORE) PTE. LTD. COMPREHENSIVE Fiet Policy NO No No Vehicle Coverage Vehicle Particulary Vehicle Particulary Vehicle Coverage Vehicle Particulary Vehicle Particulary Vehicle Particulary Vehicle Particulary Vehicle Particulary Vehicle Particulary Vehicle	Exact Location Of Accident	SLE (BKE) BEFORE LENTOR EXIT
Vehicle Registration Number Insured/Policyholder Name of Registered Owner NRIC No SXXXX014C SXXXX014C SMOB VI LING (HUANG HUILING) SXXXX014C Mobile Phone No Alternative Phone No OFFICE-94378730 Vehicle Particulars MazDA Model MazDA Model MazDA Model 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 Name of Insurance Company Name of Insurance Company Name of Insurance Company No Policy Number Cover Note Number Driver Name of Driver No SXXXX014C SXXXX014C SXXXX014C SXXXX014C SXXXX014C SXXXX014C SXXXX014C SXXXXX014C SXXXX014C SXXXXX014C SXXXXX01AC SXXXXXX01AC SXXXXX01AC SXXXXXX01AC SXXXXX01AC SXXXXX01AC SXXXXX01AC SXXXXX01AC SXXXXXX01AC SXXXXXX01AC SXXXXXX01AC SXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Country/State of Loss	SINGAPORE
Insured/Policyholder WONG VI LING (HUANG HUILING) Name Of Registered Owner WONG VI LING (HUANG HUILING) NRIC No SXXXX014C Email Address NOEMAIL Mobile Phone No (LOCAL) +65-94378730 Vehicle Particulars MAZDA Model MAZDA Exact Purpose for which vehicle was being used at time of accident MAZDA3 5DR 1.5 AT M-HYBRID ELEGANCE Are you claiming under your own insurance policy for repair to your vehicle? NO If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE CAR Insurance Company MSIG INSURANCE (SINGAPORE) PTE, LTD. Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number A300342264QMY Cover Note Number WONG VI LING (HUANG HUILING) Driver WONG VI LING (HUANG HUILING) NRIC No SXXXX014C Date Of Birth 107/2/1979 Occupation INDOOR Date Of Driving Pass 02/09/1999 Driving Experience 20 YEARS AND 11 MONTHS Female (LO		DETAILS OF OWN VEHICLE
Name Of Registered Owner WONG VI LING (HUANG HUILING) NRIC No SXXXX014C Email Address NOEMAIL Mobile Phone No (LOCAL) +65-94378730 Alternative Phone No OFFICE-94378730 Vehicle Particulars WAZDA Manufacturer MAZDA Model MAZDA 5DR 1.5 AT M-HYBRID ELEGANCE Exact Purpose for which vehicle was being used at lime 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 THIRD PARTY Vehicle Category PRIVATE CAR Insurance Company MSIG INSURANCE (SINGAPORE) PTE. LTD. Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number A300342264QMY Cover Note Number WONG VI LING (HUANG HUILING) NRIC No SXXXXX014C Date Of Birth 10/12/1979 Occupation INDOOR Date Of Driving Pass 02/09/1999 Driving Experience 20 YEARS AND 11 MONTHS FemALE (LOCAL) +65-94378730	Vehicle Registration Number	SMU2185Y
NRIC No SXXXX014C Email Address NOEMAIL Mobile Phone No (LOCAL) +65-94378730 Alternative Phone No OFFICE-94378730 Vehicle Particulars MAZDA Manufacturer MAZDA Model MAZDA3 SDR 1.5 AT M-HYBRID ELEGANCE 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 THIRD PARTY Vehicle Category PRIVATE CAR Insurance Company MSIG INSURANCE (SINGAPORE) PTE. LTD. Type Of Coverage COMPREHENSIVE Fleet Policy NO A300342264QMY Cover Note Number WONG VI LING (HUANG HUILING) NRIC No SXXXXX014C Date Of Birth 10/12/1979 Occupation INDOOR Date Of Driving Pass 02/09/1999 Driving Experience 20 YEARS AND 11 MONTHS Gender FEMALE Mobile Number (LOCAL) +65-94378730	Insured/Policyholder	
Email Address NOEMAIL Mobile Phone No (LOCAL) +65-94378730 Alternative Phone No OFFICE-94378730 Vehicle Particulars MAZDA Model MAZDA MAZDA 5DR 1.5 AT M-HYBRID ELEGANCE 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 THIRD PARTY Vehicle Category PRIVATE CAR Insurance Company MSIG INSURANCE (SINGAPORE) PTE. LTD. Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number A300342264QMY Cover Note Number WONG VI LING (HUANG HUILING) NRIC No SXXXX014C Date Of Birth 10/12/1979 Occupation INDOOR Date Of Driving Pass 02/09/1999 Driving Experience 20 YEARS AND 11 MONTHS Gender FEMALE Mobile Number (LOCAL) +65-94378730 Contact Number OFFICE-94378730	Name Of Registered Owner	WONG VI LING (HUANG HUILING)
Mobile Phone No Alternative Phone No OFFICE-94378730 OFFICE-94378730 Vehicle Particulars Manufacturer Model MAZDA Model MAZDA SDR 1.5 AT M-HYBRID ELEGANCE 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. COMPREHENSIVE Fleet Policy NO OSO342264QMY Over Note Number Driver Name of Driver NONG VI LING (HUANG HUILING) NRIC No SXXXX014C Date Of Birth 10/12/1979 Cocupation Date Of Driving Pass 02/09/1999 Driving Experience 40 VEARS AND 11 MONTHS FEMALE Mobile Number Contact Number OFFICE-94378730	NRIC No	SXXXX014C
Alternative Phone No Vehicle Particulars Manufacturer MazDA MazDA 5DR 1.5 AT M-HYBRID ELEGANCE 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 MSIG INSURANCE (SINGAPORE) PTE. LTD. COMPREHENSIVE Fleet Policy No A300342264QMY Cover Note Number Driver Name of Driver Name of Driver Name of Driver Name of Driver No SXXXX014C Date Of Birth 10/12/1979 Cocupation Date Of Driving Pass Driving Experience 20 YEARS AND 11 MONTHS Gender Mobile Number Contact Number OFFICE-94378730	Email Address	NOEMAIL
Vehicle Particulars MAZDA Manufacturer MAZDA Model MAZDA3 5DR 1.5 AT M-HYBRID ELEGANCE 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 THIRD PARTY Vehicle Category PRIVATE CAR Insurance Company MSIG INSURANCE (SINGAPORE) PTE. LTD. Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number A300342264QMY Cover Note Number WONG VI LING (HUANG HUILING) NRIC No SXXXXX014C Date Of Birth 10/12/1979 Occupation INDOOR Date Of Driving Pass 02/09/1999 Driving Experience 20 YEARS AND 11 MONTHS Gender FEMALE Mobile Number (LOCAL) +65-94378730 Contact Number OFFICE-94378730	Mobile Phone No	(LOCAL) +65-94378730
Manufacturer Model MAZDA Model MAZDA3 5DR 1.5 AT M-HYBRID ELEGANCE 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 Name of Insurance Company No Policy Number Cover Note Number Driver Name of Driver Name of Driver NAME OF Diriving Pass Driving Experience Gender MAZDA MAZDA3 5DR 1.5 AT M-HYBRID ELEGANCE PRIVATE USE NO PRIVATE USE NO THIRD PARTY PRIVATE CAR MAZDA SAT M-HYBRID ELEGANCE PRIVATE USE NO THIRD PARTY PRIVATE CAR MO SISTINGAPORE) PTE. LTD. COMPREHENSIVE NO A300342264QMY WONG VI LING (HUANG HUILING) NRIC NO Date Of Driving Pass Driving Pass Driving Experience Q0 YEARS AND 11 MONTHS Gender FEMALE Mobile Number Contact Number OFFICE-94378730	Alternative Phone No	OFFICE-94378730
Model MAZDA3 5DR 1.5 AT M-HYBRID ELEGANCE 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 Yepe Of Coverage Fleet Policy Policy Number Cover Note Number Driver Name of Driver Name of Driver NAME OF Diriving Pass Driving Experience Gender Model MAZDA3 5DR 1.5 AT M-HYBRID ELEGANCE PRIVATE USE NO THIRD PARTY PRIVATE CAR THIRD PARTY PRIVATE CAR MSIG INSURANCE (SINGAPORE) PTE. LTD. COMPREHENSIVE NO A300342264QMY WONG VI LING (HUANG HUILING) NRIC No Date Of Driving Pass Driving Experience Gender FEMALE Mobile Number Contact Number OFFICE-94378730	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 MSIG INSURANCE (SINGAPORE) PTE. LTD. COMPREHENSIVE Fleet Policy NO Policy Number Cover Note Number Driver Name of Driver NAME of Driver NAME of Birth 10/12/1979 Occupation Date Of Driving Pass Driving Experience Gender Mobile Number Contact Number DFICE-94378730	Manufacturer	MAZDA
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 Type Of Coverage Fleet Policy Policy Number Cover Note Number Driver Name of Driver NAME OF Birth 10/12/1979 Occupation Date Of Driving Pass Driving Experience Gender Mobile Number Contact Number Contact Number OFFICE-94378730 THIRD PARTY NO NO WONG WILING (SINGAPORE) PTE. LTD. COMPREHENSIVE FLEAR HIRD PARTY WONG VI LING (SINGAPORE) PTE. LTD. THIRD PARTY WONG VI LING (HUANG HUILING) NEIC NO SXXXXX014C Date Of Birth 10/12/1979 Occupation Date Of Driving Pass 02/09/1999 Driving Experience Contact Number Contact Number	Model	MAZDA3 5DR 1.5 AT M-HYBRID ELEGANCE
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. Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number Cover Note Number Driver Name of Driver NAME of Birth 10/12/1979 Cocupation Date Of Driving Pass Driving Experience Gender Mobile Number Contact Number OFFICE-94378730		PRIVATE USE
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 A300342264QMY Cover Note Number Driver Name of Driver NRIC No SXXXX014C Date Of Birth 10/12/1979 Occupation Driving Pass 02/09/1999 Driving Experience 20 YEARS AND 11 MONTHS Gender Mobile Number Contact Number OFFICE-94378730		NO
Insurance Company Name of Insurance Company Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number Cover Note Number Driver Name of Driver NAME OF Birth Occupation Date Of Driving Pass Driving Experience Gender Mobile Number Contact Number MSIG INSURANCE (SINGAPORE) PTE. LTD. MOMO VI LIND MSIG INSURANCE (SINGAPORE) PTE. LTD. MOMO VI LIND MSIG INSURANCE (SINGAPORE) PTE. LTD. MOMO VI LIND MOMO V	If No, Please state action to be taken	THIRD PARTY
Name of Insurance Company Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number A300342264QMY Cover Note Number Driver Name of Driver WONG VI LING (HUANG HUILING) NRIC No SXXXX014C Date Of Birth 10/12/1979 Occupation Driving Pass Driving Experience Gender Mobile Number Contact Number MSIG INSURANCE (SINGAPORE) PTE. LTD. COMPREHENSIVE NO COMPREHENSIVE NO NO COMPREHENSIVE NO NO NO A300342264QMY WONG VI LING (HUANG HUILING) SXXXX014C 10/12/1979 COCUPATION DATE OF DRIVING HUANG HUILING SYXXX014C 10/12/1979 COCUPATION DATE OF DRIVING HUANG HUILING SYXXX014C 10/12/1979 COCUPATION DATE OF DRIVING HUANG HUILING SYXXX014C DATE OF DRIVING HUANG HUILING SYXXX014C DATE OF DRIVING HUANG HUILING SYXXXX014C DATE OF DRIVING HUANG HUILING COCUPATION DATE OF DRIVING HUANG HUILING SYXXXX014C DATE OF DRIVING HUANG HUILING COCUPATION DATE OF DRIVING HUANG HUILING SYXXXX014C DATE OF DRIVING HUANG HUILING OFFICE-94378730	Vehicle Category	PRIVATE CAR
Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number A300342264QMY Cover Note Number WONG VI LING (HUANG HUILING) Name of Driver WONG VI LING (HUANG HUILING) NRIC No SXXXX014C Date Of Birth 10/12/1979 Occupation INDOOR Date Of Driving Pass 02/09/1999 Driving Experience 20 YEARS AND 11 MONTHS Gender FEMALE Mobile Number (LOCAL) +65-94378730 Contact Number OFFICE-94378730	Insurance Company	
Fleet Policy NO Policy Number A300342264QMY Cover Note Number WONG VI LING (HUANG HUILING) Name of Driver WONG VI LING (HUANG HUILING) NRIC No SXXXX014C Date Of Birth 10/12/1979 Occupation INDOOR Date Of Driving Pass 02/09/1999 Driving Experience 20 YEARS AND 11 MONTHS Gender FEMALE Mobile Number (LOCAL) +65-94378730 Fax Number OFFICE-94378730	Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Policy Number Cover Note Number Driver Name of Driver NRIC No Date Of Birth Occupation Date Of Driving Pass Driving Experience Gender Mobile Number Contact Number A300342264QMY A30034264QMY AS0034264QMY AS	Type Of Coverage	COMPREHENSIVE
Cover Note Number Driver Name of Driver NRIC No Date Of Birth Occupation Date Of Driving Pass Driving Experience Gender Mobile Number Contact Number Driver WONG VI LING (HUANG HUILING) SXXXX014C 10/12/1979 INDOOR 10/12/1979 10/2/09/1999 20/9/1999 20 YEARS AND 11 MONTHS FEMALE (LOCAL) +65-94378730	Fleet Policy	NO
Driver WONG VI LING (HUANG HUILING) NRIC No SXXXX014C Date Of Birth 10/12/1979 Occupation INDOOR Date Of Driving Pass 02/09/1999 Driving Experience 20 YEARS AND 11 MONTHS Gender FEMALE Mobile Number (LOCAL) +65-94378730 Fax Number OFFICE-94378730	Policy Number	A300342264QMY
Name of Driver NRIC No Date Of Birth Occupation Date Of Driving Pass Driving Experience Gender Mobile Number Contact Number WONG VI LING (HUANG HUILING) SXXXX014C 10/12/1979 10/12/1979 10/10/1999	Cover Note Number	
NRIC No SXXXX014C Date Of Birth 10/12/1979 Occupation INDOOR Date Of Driving Pass 02/09/1999 Driving Experience 20 YEARS AND 11 MONTHS Gender FEMALE Mobile Number (LOCAL) +65-94378730 Fax Number OFFICE-94378730	Driver	
Date Of Birth 10/12/1979 Occupation INDOOR Date Of Driving Pass 02/09/1999 Driving Experience 20 YEARS AND 11 MONTHS Gender FEMALE Mobile Number (LOCAL) +65-94378730 Fax Number OFFICE-94378730	Name of Driver	WONG VI LING (HUANG HUILING)
Occupation INDOOR Date Of Driving Pass 02/09/1999 Driving Experience 20 YEARS AND 11 MONTHS Gender FEMALE Mobile Number (LOCAL) +65-94378730 Fax Number OFFICE-94378730	NRIC No	SXXXX014C
Date Of Driving Pass 02/09/1999 Driving Experience 20 YEARS AND 11 MONTHS Gender FEMALE Mobile Number (LOCAL) +65-94378730 Fax Number OFFICE-94378730	Date Of Birth	10/12/1979
Driving Experience 20 YEARS AND 11 MONTHS Gender FEMALE Mobile Number (LOCAL) +65-94378730 Fax Number OFFICE-94378730	Occupation	INDOOR
Gender FEMALE Mobile Number (LOCAL) +65-94378730 Fax Number OFFICE-94378730	Date Of Driving Pass	02/09/1999
Mobile Number (LOCAL) +65-94378730 Fax Number OFFICE-94378730	Driving Experience	20 YEARS AND 11 MONTHS
Fax Number Contact Number OFFICE-94378730	Gender	FEMALE
Contact Number OFFICE-94378730	Mobile Number	(LOCAL) +65-94378730
	Fax Number	
EMail Address NOEMAIL	Contact Number	OFFICE-94378730
	EMail Address	NOEMAIL

BLK 127 POTONG PASIR AVENUE 1 Address #03-239 Postcode 350127 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 CHAIN COLLISION Weather Conditions CLEAR Road Surface DRY Other Information Was any foreign vehicle involved in this accident? NO Number of vehicles (including own vehicle) 3 involved in the accident NO Was any body injured in the Accident? Was any injured conveyed to hospital by ambulance? YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 2 Passenger 1 NAME: : JULIAN FRANCIS CORT GENDER: : MALE **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) YES Are accident photos available for attachment? YES Was there any video captured by Car Camera? VIDEO FOOTAGE WITH DRIVER Remarks/ Reasons: NO Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SJT1025Z Vehicle Make/Model/Colour

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

SJT1025Z

PRIVATE CAR

WILLIE LIM WEI MING

SXXXX918C

84289527

Address

Postcode

Insurance Company Name

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SHC1351U

TAXI

TAN CHENG HUI

SXXXX287J

SKETCH PLAN

IMPORTANT NOTICE

- I section report correctly the detired of the adordest to specified the chains process.
- 2. Part of the campleted by the Policyholder and/or the Authorised Driver.
- intercurrent periodical must be an truthful and accurate as possible. Any ward independence of a terror law of marries.
 intercurrent periodical must be an intercurrent periodical profits.
- The first and acceptance of this firm to more able companies is out an admission of policy lightly on the part of the resultance companies.
- Any raise reporting may be referred to the Police for investigation.
- 6. The sport will be forwarded by the insurers of the GIA Regards Management Centre established by the General modance Association of sugapore (GIA) or increving and that copies of this report will for a fee be made invaluate upon authorities by inforestant partner.
- 7. By the indigment of this report to the insurance you hereby consent to the archiving of this report at the centre and to copies or the resert among made available aforesaid.
- 5 Consent under the Personal Data Protection Act (PDPA)
 - citationshard, teknowladge, agree and consent that
 - My is sized, my workshop and the General latur race Association of Singapore ("GIA") may rare permitted to rollect, use, feschive and/or process my personal data/personal information set but in this [form] and any other personal information as included by one or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such as a later than action 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 (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s)) who have insured vehicle(s) involved in this accident (all insurer(s)) who have insured vehicle(s) involved in this accident (all insurer(s)) who have insured vehicle(s) involved in this accident (all insurer(s)) who have insured vehicle(s) involved in this accident (all insurer(s)) who have insured vehicle(s) involved in this accident (all insurer(s)) who have insured vehicle(s) involved in this accident (all insurer(s)) who have insured vehicle(s)
 - (if an except mode and or decomp with my classic stouding the settlement of the data or and any necessary monethylations relating to the claims;
 - (ii) The distance the accordent and/or my mample.
 - only intrying out lead, or dealing with my instructions in responding to any enquiries by any
 - (iv) administering by claims (alcording the making of correspondence, statements, invokes, reports as notices to my 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 craims (correct only the Purposes").
- (fig. at insurery) who have insured venicletal involved to this accident and the insurers' (awyers/law figns, tray/are percented to collect, use, discress and recording and information for one or more of the above Porposes, and
- (i.) By the sound retains soon may/can be disclosed by any of the Insurers and/or GIA to their burd party service provides our agains (nucleating their lawyers/law firms), which may be said outside of Singapors, for any in, more of the above flaguous.
- (d) they Personal information will also be collected and used to compile claims history for the phichose of front detection, investigation and management is present and all return claims.
- (a) the isturmation so unlected under (d) above may be soured / disclosed:
 - (4) to all housers and/or any other third parties that assist in evaluating, investigating, controlling or managing mand, regulators, law enforcement and government agencies as reasonably required for the purposes stated in.

(a) for complying with requirements under any regulations, laws or court orders

Paracyholder's Separature

MESTADO DO ANEZE

Devor's Signature

If dever is not the assiculation.

Data & Front

20 ANG 2620

Reporting Contro Personner's Suportura

Name

NRIC/SIN No.

SLE

VEHILLEA SMU LISSY VEHICLE B. SIT 10252 VEHILUE C SH C 1351 VI -

	/			
TAI	(B)	101		TOI
71	mark	LDM	1	101
	_	-	7	_
To		-		

DESCRIBE CIRCUMSTANCES OF THE ACC	DENT
AND HEAT A WUD BANG VEHILLE C COLLINED IN	LE: SO HR I WAS TRUGLING ON SLE BEFORE SAN THE CAR INFRONT STOPPED SO I ALSO SWIN THILLS B BEHIND SUNDINN FROM THE REAR MIRROR TAND FELT A COLLISION FROM MY REAR. TO VEHICLE E AND UGHICLE B COLLIDED INFO
MY REAR	B COCCUED INTO
The state of the s	New 2011 10 10 10 10 10 10 10 10 10 10 10 10
the particular to the second of the second o	
And printed the second	
The second secon	
LARATION	

DEC

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

Polityholder's Signature

Date & Time DO PUBL 2020

Driver's Signature

(If driver is not the policyholder)

Date & Time: 30 AVG 2020

Reporting Centre Personnel's Signature Name.

NRIC/FIN No :

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 20/08/20 (dd/mm/yy)	Time of Accident: 16 : 50 (24-HR-FORMAT)
Vehicle No. 2 MU 2185 4 (BKE) Ma	ke & Model: MA2DA 3
Exact location of Accident: SLE BEFO	RE LENTOR GXT.
Policyholder's Name / IC No. : WONG V	The state of the s
Driver's Name / IC No. :	(As Above).
Driver's Contact No. : 9437 8730	Company Contact No:
Driver's Address: BUX 127 POTONG	PASIR AVENUE 1 #03-139
Insurance Company: MS1 G	Email address (if any): SAUS AFRAGE 13 - LOM - SE
Relationship between Owner & Driver; Owner / Spouse / Children / Friend / Parer.	or Others specify:
What do you wish to claim? (Please TICK on	e only)
Own Insurance / Other Vehicle (The one s	ou want to claim against) / Reporting (For Record Purpose)
Exact purpose for which the vehicle Was being used at time of accident?	Occupation (nature of job) Indoor/ Outdoor
Private use / Work purpose	No. of Passengers (Including Driver): 02
Passenger Name: Julian Francis Co	Gender: male
Weather condition & Road conditions? (On the d	ay of accident)
Clear & Dry / Raining & Wet / Afte	er-Rain & Wet / Drizzling & Wet / Others:
Was there any video captured by your Car Came	ra? Yes / No
Any Injuries: Yes / No (If YES) Injure	ed Person' Name:
Injuries Sustain:	Injured Person in Which Vehicle:
Police Report filed: Yes / No (If YES	Which Police Station:
The O	Other Party(s) Details:
I. Driver's Name / IC No: WILLIE LIM W	61 MIN + (59524918C) Vehicle No: SJT 1025 Z
Driver's Contact No: 84289527	Insurance Company (If any):
2. Driver's Name / IC No: TAN CHENG	HUI (S696 6287) Vehicle No: SAC 1351 W
Driver's Contact No:	Insurance Company (If any):
Independent Witness (If Any);	Contact No:
Preferred Workshop Name:	Contact No:
If no necessir becomes an produced 10 M. booking Group	70 20 20 20 20 20 20 20 20 20 20 20 20 20



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: 566SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

with whom you submitted the Original Report. ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : MNAIN 0071397 Vehicle Registration No: IMM 71859 Name(as shown in NRIC): WONC UI LING NRIC/FIN/Passport No : \$79.39 (7)40 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Address Singapore(Mobile No. :_____ Contact (Tel) SALES & GARAGE 13 . COM . SG Email Address Date of Accident : 23 1713 Place of Accident : SLE (ISKE) 4 pm 40tor Fit InsuranceCompany: MSIG (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: 2. Velicle driver name - willie um Reporting Centre Personnel's Signature Policyholder / Driver's Signature Date: Name: 20 Aug 2020

NRIC/FIN No.: Date:

ribible oldenburbers Va



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
A Member of MSSAD INSURANCE GROUP

CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA), ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (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.

MOTORMAX PLUS Comprehensive

Certificate No.

A 300342264 QMY

Excess: SGD500

Windscreen Excess: SGD100

- Index Mark and Registration Number of Vehicle SMU2185Y
- Name of Policyholder
 Wong VI Ling (Huang Huiling)
- Effective Date of the Commencement of Insurance for the purposes of the Act 30/07/2020
- Date of Expiry of Insurance 29/07/2021
- Persons or Classes of Persons entitled to drive*

Wong Vi Ling (Huang Huiling), Henry Julian Cort

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.

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 Risk and Compensation) Act (Chapter 189) and Chapter 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

PLEASE NOTE ALL CLAIMS RELATED REPAIR CAN BE EARRIED OUT AT ANY WORKSHOP OF YOUR CHOICE OR AT ANY MISIG AUTHORISED WORKSHOP, REFER TO MISIG COM 56 FOR DIST OF AUTHORISED WORKSHOPS

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 offense 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

Craig Ellis Chief Executive Officer