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TP Biodiculors Veh No:	SL1 1387.1	. NC(.)/Non-	MC().	£
Owner / Driver: (-			Tel:)
Policy No: ()	Perlod: ()	Cover Ty	po: ().
Confirmed by a (1	Dates,		Tlingi)
Insured/Driver Liability: (%	6) [Note-Est Status	(WO): N: 0-2	0%; P: 21.	79%. P: 80-10	00%]
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 truthful and accurate as possible. Any willful misrepresentation or witholding of material facts may allow insurance companies to
- 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. 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

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Date Of Report	25/09/2020 15:43
Date Of Accident	24/09/2020 08:10 ALONG PIE TOWARDS CHANGI NEAR BUKIT TIMAH EXIT
Exact Location Of Accident	
Country/State of Loss	SINGAPORE
公司 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKW618S
Insured/Policyholder	
Name Of Registered Owner	NG HOE SOON
NRIC No	SXXXX929E
Email Address	PINTECHNOLOGY@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97318069
Alternative Phone No	OTHERS-97318069
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 CVT (A)
Exact Purpose for which vehicle was being us time of accident	sed at PRIVATE USE
Are you claiming under your own insurance p 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	A 28827231 QMY
Cover Note Number	
Driver	
Name of Driver	NG HOE SOON
NRIC No	SXXXX929E
Date Of Birth	15/01/1965
Occupation	INDOOR
Date Of Driving Pass	11/02/1985
Driving Experience	35 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97318069

OTHERS-97318069

PINTECHNOLOGY@YAHOO.COM.SG

Address

BLK 421 PASIR RIS DRIVE 6

#06-521

Postcode

510421

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

WET

Other Information

Was any foreign vehicle involved in this accident? NO

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

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

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

SLT1387E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

ONG KOK SOON ANDREW

NRIC/Passport Number

SXXXX327Z

Contact Number

97476081

Address

Postcode

Insurance Company Name

Nature Of Damage

No, Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SMT8966B

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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 aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

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:
 - 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 a Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 20/08/2010

1600pm

Reporting Centre Personnel's Signatu

Name:

NRIC/FIN No.:

BURNES SOUTH BACKSON FA

Date of accident:	ACCIDENT STATEME				
	34 5 261 Tim	e: 0810 H.	in the second		i.
location of accident:	ALONG PIE TOWARDS CHANG	AIRPORT	NEAR BUKE	TIMBH FRIT	
	Details of Own Veh	de	Y		1
Vehicle Number:	SICW 6185	Contract Con	Make/Model	TOYOTA COR	E
Insurer:	MSIG INSURANCE		(incl. Driver)		-
Policy No:	MA 18271335 A		Commence of the second	C) TPFT/ TPO	-
Policyholder	0	-	10.00	9,	
Name:	NE HOE SOON .		NRIC/FIN no.:	S1697 95	29 E
Contact no.;	9731 8069	-			E//
Driver		-			
·Name:	NO HOE SOON		NRIC/FIN no:	5169792	9E -
Contact no.:	9731 8069		D.O.B:		
Email:	PINTECHNOLOGY @ YAHOO. COM	. 36	Occupation:	PIRECTION.	9
Address:	BILC 421 PAGIR RIS DRIVE 6	SINGAPORG	510421		•
Driving pass date:	11/02 1985 Re	lationship with	Policyholder:	OWNER	
General Information					
Weather conditions:(C	ear) Raining	Road surface:	Dry/(Wet)		
Police report: Ye	15/(No)	Video Footage:	Yes/No		
Prosection Letter: Ye	is/NO If Yes	against whom:			
Injuries: (Ye	No If Yes, provide injuries deta	ils;-		77	
	Name	Veh No.	Seatbelt(Y)N)	Conveyed to hospital	
	NG HOS SOON	akm 6183	4	(Y/N)	
		0.00			
4:					l.
		STATE OF STATE	THE NAME OF STREET	SHOW THE MANAGES	B.
	Details of Third par	ty			
Vehicle no	Vehicle B	1	Vehicle C		V611
Vehicle no.:	Vehicle B	SM	89666		149V 46072
Driver name:	SLT 13 & 7 E ONG KOK SOON ANOREN	SM S	RIGIN OS	MÁN	G Burney
Driver name: NRIC/ FIN no.:	Vehicle B ONG KOK SOON ANOREN S141 232 FZ	SM	RIGIN OS	INAN	G Burney
Driver name: NRIC/ FIN no.: Contact no:	SLT 13 & 7 E ONG KOK SOON ANOREN	SM S	RIGIN OS	MÁN	G Burney
Driver name: NRIC/ FIN no.: Contact no: Insurance Co:	Vehicle B ONG KOK SOON ANOREN S141 232 FZ	SM S	RIGIN OS	MAN	G Burney
Driver name: NRIC/ FIN no.: Contact no: Insurance Co: Remarks: (Made/Model, Passenger,	Vehicle B SLT 1387 E ONG KOK SOON ANOREN S141 232 FZ 97476081	SM S	RIGIN OS	MAN	G Burney
Driver name: NRIC/ FIN no.: Contact no: Insurance Co: Remarks:	Vehicle B SLT 1387 E ONG KOK SOON ANOREN S141 232 FZ 97476081	SM S	RIGIN OS	ITÁN	G Burney
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Driver name: NRIC/ FIN no.: Contact no: Insurance Co: Remarks: (Made/Model, Passenger, property Info & etc) Name:	Vehicle B SLT 13 & T E ONG KOK SOON ANOREN S141 232 F Z 97476081	SM S	RIGIN OS	ITAN	G Burney
Driver name: NRIC/ FIN no.: Contact no: Insurance Co: Remarks: (Made/Model, Passenger, property Info & etc)	Vehicle B SLT 13 & T E ONG KOK SOON ANOREN S141 232 F Z 97476081	SM S	RIGIN OS	MAN	G Burney
Driver name: NRIC/ FIN no.: Contact no: Insurance Co: Remarks: (Made/Model, Passenger, property Info & etc) Name:	Vehicle B SLT 13 & 7 E ONG KOK SOON ANOREN S141 232 FZ 97476081 Witness 1	SM SAM SAM SAM SAM SAM SAM SAM SAM SAM S	RIGIN OS	INAM	G Burney
Driver name: NRIC/ FIN no.: Contact no: Insurance Co: Remarks: (Made/Model, Passenger, property info & etc) Name: Contact no.:	Vehicle B SLT 13 & T E ONG KOK SOON ANOREN S141 232 F Z 97476081	SM SAM SAM SAM SAM SAM SAM SAM SAM SAM S	RIGIN OS	INAIN	G Burney



MSIG Insurance (Singapore) Pte. Ltd. 4 Shenton Way, fl 21-01, SGX Centre 2, Singapore 068807 Tel +65 6827 7888, Fax +65 6827 7800 Co. Reg. No. 200412212G GST Reg. No. 20-0412212G



RENEWAL INVITATION

Insured Name and Address

Ng Hoe Soon 421

Pasir Ris Drive 6

#06-251

Singapore 510421

06/08/2019

Policy No.

A 28827231 QMY

Client No.

10433261

Expiry Date Account No. 1A0209

14/10/2019

Place of Issue Singapore

Thank you for insuring with MSIG. We are pleased to invite renewal of your policy which is due for renewal soon.

To enjoy continuity of cover, please return this Renewal Invitation with your instruction and payment early. Please speak to your servicing agent should you have any enquiries on your renewal. If you are paying your road tax by GIRO, online or by AXS, kindly send your renewal instruction to your servicing agent at least 2 weeks before the insurance expiry.

If there is any change to your personal particulars, please provide updates on the last page of this Renewal Invitation.

We look forward to continuing as your preferred general insurance partner.

RENEWAL DETAILS

Policy Class

Period of Insurance

Premium Payable

(inclusive of 7% GST)

MOTOR MAX PLUS

15/10/2019 to 14/10/2020

SGD868.64

Financial Interest

Hong Leong Finance Limited as Hire Purchase Owners

Scope of Cover

Comprehensive

Interest Insured

Registration No.

SKW618S

Make/Model

Toyota Corolla Altis 1.6L CVT

Engine Number

1ZRY217906

Chassis Number

MR053REH104539970

Year of Mfg Capacity

Seating Capacity

UNLIMITED

5 (incl. Driver)

Windscreen

2015

1598 C.C.

Discount

NCD Protector

Sum Insured .

Incl. COE/PARF

No Claim Discount

Off-Peak Car

Good Driver's

Excess

MARKET VALUE

NO

50.00% (or F/D)

5.00%

COVERED SGD500



MSIG Insurance (Singapore) Ptc. Ltd. 4 Shenton Way, #21-01, SGX Centre 2, Singapore 068807 Tel +65-6827 7888, Fax +65-6827 7800 Co.Reg No. 200412212G G51 Reg. No. 20-0417212G A Member of MS&AD INSURANCE SROUP

MOTORMAX PLUS

RENEWAL CERTIFICATE

POLICYHOLDER INFORMATION

Name

: Ng Hoe Soon

Date of Issue

: 01/10/2019

: A 300186226 QMY

Address

: 421 Pasir Ris Drive 6

Policy No. Account No.

: 3293

#06-251

Singapore 510421

Period of Insurance : 15/10/2019 to 14/10/2020 : 5GD868.64

Premium

(inclusive of GST)

RISK NUMBER 1

Insured Details

Registration No.

: SKW618S

Year of Registration

: 2015

Make/Model

: Toyota Corolla Altis 1.6L CVT

Capacity

: 1598 C.C.

Engine No.

: 1ZRY217906

Seating Capacity

: 05 (Incl. Driver)

Chassis No.

: MR053REH104539970

Off-peak Car

: No

Financial Interest

: Hong Leong Finance Limited as Hire Purchase Owners

Coverage Details

Type of Cover

: Comprehensive

Sum Insured

: Market Value at the Time of Loss

Windscreen

: Unlimited

Windscreen Excess

: SGD100

No Claim Discount

: 50%

NCD Protector

: Covered

Annual Premium

: SGD811.81

Good Driver Discount: 5%

Excess

: SGD500 (Own Damage Excess)

Authorized Driver(s) : Ng Hoe Soon

Any other person provided he is driving on the Policyholder's order or with the Policyholder's

permission.

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.

Clauses/Endorsements applicable to the above Risk

This Policy extends to include the following endorsements and clauses subject otherwise to the terms conditions and exceptions/exclusions of this Policy:

Automobile and Medical Assistance Services Endorsement

The Automobile and Medical Assistance Services are arranged by Us through Our appointed assistance company to assist You in an emergency caused by or arising out of the use of the Insured Vehicle within the Geographical Area unless otherwise stated.

The caller will be required to always identify themselves by their full name and Policy number.

MSIG 24 HOUR EMERGENCY HELPLINE

(65) 6337 1208