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Ob - TP / Reporting Only	i-Photo Uploa	ded				
	Assessment/Sur	vey Report				
TP Insurer:	Ass't Report by	Fax / Hand	o Owner/Wksp			
Professed Wksp / INC Assign Wksp / GW: (*		Tol: /	17 40K :		1
TP Particulars: , Veh No: SM	15 3705 B.	, INC(,)/Non-INC()		
Owner / Driver: (Tel:			
Policy No: () Per	iod: (-)	Cover Type: (
Confirmed by : (Date:	Time:	no tonto)	
Insured/Driver Liability: (%) [N	lote-Est. Status (W		0%; P: 21-79%. F	: 80-100%	l	
	Varranty: YES ()/NO(_)			
Excess: (\$) Loading: \$1,00	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	() ####################################	and an arrange of the latter	इन्द्र स्टब्स्	To the)
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Driver/Owner:		3) TF: Towing 4) FT: Follow-	Through Survey	\$120		
Juntaet No:		5) IFT : Follow-	Through Survey (Reserve) assinst INC Only (wof 10	Jan 2005)		
		6) TR: Re-insp	estion .	373 5160	-	
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MNA120084953 / National Assessment Centre Services - Ubi ENTRY DATE & TIME: 29/09/2020 17:01 SUBMITTED BY: Liew Shan Hui

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 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.

aforesaid.			
	ACCIDENT STATEMENT		
Date Of Report	29/09/2020 17:01		
Date Of Accident	26/09/2020 12:45		
Exact Location Of Accident	RIFLE RANGE RD TWDS DUNEARN RD		
Country/State of Loss	SINGAPORE		
	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SFH22Z		
Insured/Policyholder			
Name Of Registered Owner	LIM TIEN LOCK CHRISTOPHER		
Passport No/FIN			
Email Address	NOEMAIL		
Mobile Phone No	(LOCAL) +65-98560101		
Alternative Phone No	OFFICE-98560101		
Vehicle Particulars			
Manufacturer	LAND ROVER		
Model	RANGE ROVER		
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	REPORTING ONLY		
Vehicle Category	PRIVATE CAR		
Insurance Company			
Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD		
Type Of Coverage	COMPREHENSIVE		
Fleet Policy	NO		
Policy Number	D-20095430MFPC		
Cover Note Number			
Driver			
Name of Driver	LIM JUEXIN LEONARD		
NRIC No	SXXXX095J		
Date Of Birth	06/07/1985		
Occupation	INDOOR		
Date Of Driving Pass	05/05/2004		
Driving Experience	16 YEARS AND 4 MONTHS		
Gender	MALE		
Mobile Number	(LOCAL) +65-98560101		
Fax Number			

NOEMAIL

2 SWETTENHAM CLOSE Address

248140 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle) 2 involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

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

1 Number of Passengers (Including Driver)

Details of Police Action

NO Was the accident reported to the police?

If Yes, Please state which Police Station

NO Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

YES NO

YES

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMS3705B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

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.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful</u> and accurate as <u>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 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:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

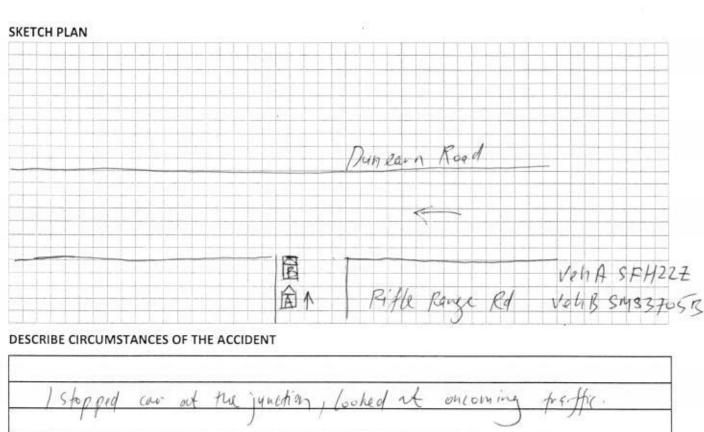
Driver's Signature (If driver is not the policyholder)

Date & Time:

/" (

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:



I stopped can at the junction, looked it oncoming preffic.
I moved slightly forward or I assumed the can in funt would
inch forward as well. I hit the car export's rear branger
slightly, at about 5 km/hr. He came out to check damege
and we proceed to petrol station nearly to exchange detail
Damage to my can is minimal, number plate cracked
stightly. His near bruger has minimal visible durage,
only to the centre top section with with a crack.
Both propies came and 3 booked fine.

DECLARATION			

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

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:



MS First Capital Insurance Limited Co. Reg. No. 195000106C CST Reg. No. M2-0001676-9 6 Raffles Quay #21-00 Singapore 048580 Tel: (65) 6222 2311 Fax: (65) 6222 3547

Claims & Motor Underwriting Dept: 36 Robinson Road #16-01 City House Singapore 068877 Tel: (65) 6507 3848 Fax: (65) 6507 3849

www.msfirstcapital.com.sg

CERTIFICATE OF INSURANCE

ORIGINAL

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1950
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Type of Policy.

: PRIVATE CAR - FLEET

Type of Cover.

: Comprehensive

Certificate No.

: D-20095430MFPC

Vehicle No / Chassis No

: SFH22Z / SALWA2EE7EA337959

Name of Insured

: LIM TIEN LOCK CHRISTOPHER

Period Of Insurance

01.04.2020 To 31.03.2021

Insured Estimated Value

Market Value At Time Of Loss

Excess

SGD1,500.00 SECTION I (APPLICABLE TO VEHICLE NO. SFH22Z)
COMPULSORY EXCESS OF ADDITIONAL SGD1,000.00 APPLIES TO:(1) DRIVERS BELOW THE AGE OF 25 YEARS AND/OR

(2) HAS LESS THAN 1 YEAR DRIVING EXPERIENCE

Authorised Driver*

LIM TIEN LOCK CHRISTOPHER AND ANY AUTHORISED DRIVERS

Persons or classes of persons entitled to drive*

1) The Insured

The Insured may also drive a Motor Car not belonging to or hired (under a hire purchase agreement or otherwise) to him or his employer or his partner.

2) Any other person who is driving on the Insured's order or with his permission.

* Provided that the person driving is permitted in accordance with the licensing or other 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 Insured's business.

The Policy does not cover use for hire or reward, racing, pacemaking, 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.

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)

MS First Capital Insurance Limited (Approved Insurers)

JENNY/B0020/MX1F

Issued at Singapore on 31.03.2020

Authorised Signature

ACCIDENT STATEMENT

	ACCIDENT DATE: (26/9/2020) (DD/MM/YYYY), TIME: (12:45) (HH:MM)
	LOCATION: Rifle Range Rd. towards Dyman Rd.
327	1. DETAILS OF VEHICLE a) VEHICLE NUMBER: SFH22Z
15 an	CIPOLICY NUMBER: D 2007 5 430M FPC
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
	f)TYPE:(SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) \$4 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME:
acon va	I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
(1)	2. INSURED / POLICY HOLDER A) NAME: LIM TIEM LOCK, thristophor (MALE / FEMALE)
NUMBER OF	b)NRIC/FIN/PASSPORT: CONTACT:
PACSANGER	c)ADDRESS:
michigance deliver	
9	CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
9	3. DRIVER
n	a) NAME: At about him Juexin, Leonard (MALE/ FEMALE)
2.0	6) NRIC/FIN/PASSPORT: 85 22 0955 CONTACT: 985601
*	*d) DATE OF BIRTH: (96 / 07/ 1985) (DD/MM/YYYY)
	e)OCCUPATION: (INDOOR / OUTDOOR)
	FIDATE OF DRIVING PASS : 05 May 2004
	4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Son
	5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
	b)ROAD SURFACE: (DRY / WET / OTHERS
20	6. WAS ANYBODY INJURED (YES / NO)
	7. a) REPORTED TO POLICE (YES / NO)
	IF YES, PLEASE STATE WHICH POLICE STATION:
100 mm	8. THIRD PARTY VEHICLE
(2)	a) VEHICLE NUMBER: SMS 370513 MODEL: MUZDL 3
NUMBER OF	b) DRIVER'S NAME:
	c) NRIC/FIN/PASSPORT:CONTACT:
PASSANGER	9. THIRD PARTY VEHICLE
INCTUDING , DEMAIL	d) VEHICLE NUMBER:MODEL:
()	e) DRIVER'S NAME:
NUMBER OF	f) NRIC/FIN/PASSPORT:CONTACT:
Passonana	
including delivati	
	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2

1) EMAIL: cancerouz@ hotmail-low.

>) VIDEO !