NATIONAL Assessment Centre	Services.	part i Janios) . S	M0920 CB	0005	
Date In: 11/12/20 14:13	Jeb description		Date &Time C	ompleted	Done by
Ref Ha MAL MSG 20013720/44	SAS c-filing		ì		
Veh No SLN 3942X	15-mall (setala)	lhes, AIC 2hrs)			
11/1A 27/11/20 12:00	I-Motor Cini	n Form	3		
	I-Motor W/O	(Within: OD 2hr)	(7) 4hrs)		
OD - U' Reporting, Only	I-Photo Uplo:	nded			
	Assessment/Su	rvey Report		30706	
TP Insurer:	Ass't Report by	y Fax / Hand t	o Owner/Wksiz		
Professed Wksp / INC Assign Wksp / GW: (	Iron remedel relation	-	Tol: *	Fax:	
TP Particulars: Veh No: 51	1A 9297 B.	· INC(	, )/Non-INC	( ).	
Owner / Driver: (			Tcl:		
Policy No: ( ) Perio	od: (	)	Cover Type: (		
Confirmed by : (		Date:	Time		
Insured/Driver Liability: ( %) [No	ote-Est. Status (V	VO): N: 0-2	0%; P: 21-79%	F; 80-1009	/0]
Year of Registration: ( ) W	arranty: YES (	)/NO(	)		
Excess: (\$ ) Loading: \$1,000	)()/\$2,000	( )	reducing the Street Control	्राम्बरक्ट्र भारत	
Gondal Rembilishes Strand Rembilier	HE COUNT	<b>"能够力对的剧"</b>		Allah dassa	9 34 · · · · · · · ·
( ) Walk-In Customer: Customer's Inform		riidential & St	rictly NO rater a	reporter.	
( ) Total Loss Case : to e-mail Insurer				<del></del>	<del>· · · · · · · · · · · · · · · · · · · </del>
Drive-In ( )/ Towed-In ( ); Invoice:	YES( )/N	0();1	owing Co: ( /	· · ·	- X - Davier - C -
Company (INC 100) 115 6789 661610 2			Dite climbs		stella one by
1) Apply for Transport Allowance ( )/Co	urtesy Car (	)			
2) QC Check / Post Repair Inspection	.( • )				7 .
3) Upload Resurvey Photo [Repair Cost> \$30	00] (	) :			
Infurý :			<del></del> -		
Dalvenie Zachales zu zehren dat		A DOLL THE STATE			100 (10 m)
AND A STREET ASSESSMENT OF THE STREET AND STREET ASSESSMENT AND STREET ASSESSMENT ASSESS	(distributed in the same of	ent-enterministratur			
			,		
	1				
· ·	and the same	Company Control	TO A PROPERTY OF THE PARTY OF T		Same (S) REALINGS
huna.	100304	Invoice Pir	jaranen gheel		PANTING HAND
Ginnames Particulars 2015		1) AR : Apoldent	Reporting (330); Assessment (5100)		30.00
<u> </u>	Charles Applications	3) TF : Towing I		\$40/\$4. \$12	
Driver/Owner:		4) FT : Follow-T 5) FT : Follow-T	brough Survey (Reat	irvey) 53	-
Contact No:		For glaiming a 6) TR : Re-inspe	rainsUNC Only (w	s (10 Jan 2005) 57.	3
Damaged Portion:		7) NI : Idao DA	+ SMRT Survey	316	0 -
3		S) NTUC Additi	onal Services:-		
QC Checked by (Engr-In-Charge):	86	*NS: Courles)	Car/Tpt Allowand	51	and the same of th
TO DESCRIPT THE SETTING TO SEE A PROPERTY SECTION OF A SE	VON SOMERCHIS	*No: Repair C	mair Inspection	572	
Additors Comments of	特制等的	+NII: DV / Co	licet Expess Coordin ? (Non INC) against	INC 52	0 .
11.1:		9) N12: Idea Ma	obile	Fee Charged	O MINIST
11.273		Involve dated		Fee Charged	MAN TEN

SN0920CB0005 / National Assessment Centre Services [408933]

ENTRY DATE & TIME: 11/12/2020 14:13 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (11/12/2020 14:13 (SGT))

# **SINGAPORE ACCIDENT STATEMENT**

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
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.

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.

#### ACCIDENT STATEMENT

Date of Submission	11/12/2020 14:13 (SGT)
Date of Accident	27/11/2020 12:00 (SGT)
Exact Location of Accident	18 Bedok S Rd, Block 18, Singapore 460018
Additional Location Information	CARPARK
Country/State of Loss	Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number		SLN3942X		
	INSURED/POLICYHOLDER			
	Is company?	No LEE POH CHUN		

SXXXX830G NRIC No POLLYLEONGLEE@YAHOO.COM Email Address (Phone) +65-96809728 Mobile Phone No +65-96809728 Alternative Phone No .....

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	LEXUS ES300H EXECUTIVE CVT S/R
Variant	
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	

No - Reporting only your vehicle? Private car Vehicle Category

#### INSURANCE COMPANY

Name of Insurance Company	MSIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	B 300307605 QMY
Cover Note Number	•

#### DRIVER

Name of Driver	LEONG MUN KEONG
NRIC No	SXXXX843Z
Date Of Birth	12/02/1948
Occupation	Indoor

Date Of Driving Pass 04/09/1968 Driving experience 52 YEARS AND 2 MONTHS Gender Male Mobile Number (Phone) +65-96809728 Alt. Phone Number Email Address POLLYLEONGLEE@YAHOO.COM Address 8 ELLIOT RD Address complement Postcode 458694 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collision - Major/Minor Rd Weather Conditions Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT I was slowly inching out of the car parking lot, the taxi (SHA9297B) drove passed me, and brushed my front licence plate. As a result minor scratches covering about 50cm of light lines were seen on the left side of taxi front. My car suffered no damage except my licence plate was detached. As it was a minor accident and both parties equally were at fault, the taxi driver was indecisive, did not want to settle on the spot and left. ATTACHMENT(S) Are accident photos available for attachment? Was there any video captured by Car Camera? No Was there any audio recorded? No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA9297B
Vehicle Manufacturer	
Vehicle Model	-
Vehicle Variant	121
Vehicle Colour	
Vehicle Category	Taxi
Name of Driver	-
Contact Number	



Address	
Address complement	
Postcode	
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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>.
- 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. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that :

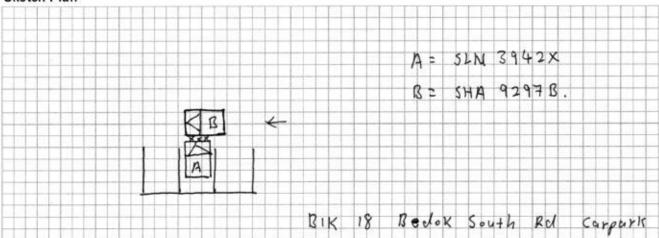
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Policyholder's Signature / Date &



ces of the A	ccident	
10400	4	
40	Statement	
	The second secon	
		to Statement

### 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

Witnessed by Reporting Centre Personnel



JG Insurance (Singapore) Pte. Ltd. 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 MS&AD 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.

B 300307605 QMY

Excess: SGD1,500

Windscreen Excess: SGD100

Index Mark and Registration Number of Vehicle SLN3942X

Name of Policyholder 2. Lee Poh Chun

- Effective Date of the Commencement of Insurance for the purposes of the Act 3.
- 4. Date of Expiry of Insurance 01/05/2021
- Persons or Classes of Persons entitled to drive\*

Lee Pah Chun, Leong Mun Keong

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

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 CARRIED OUT AT ANY WORKSHOP OF YOUR CHOICE OR AT ANY MSIG AUTHORISED WORKSHOP. REFER TO MSIG.COM.SG FOR LIST 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

## ACCIDENT STATEMENT

ACCII	DENT DATE: 27/11/20 (DD/MM/YYYY), TIME: (12:00) (HH:MM)
LOCA	TION: BIK 18 Dedok South Rd Corports.
,	DETAILS OF VEHICLE
••	a) VEHICLE NUMBER: SZN 3942X
	b)INSURANCE COMPANY:
	c)POUCY NUMBER:
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
	GIMUNE G. MODELL
	f)TYPE:(SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
	h) PURPOSE OF USING AT ACCIDENT TIME: Private USE
	I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2.	INSURED / POLICY HOLDER
7	A)NAME: Lee Pob Chyn (MALE/FEMALE)
	BINRIC/FIN/PASSPORT: SOLITSTO G CONTACT: 96 80 9728
	c)ADDRESS:
(4)	<del></del>
	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
Ano of persongs	DRIVER
(Including driver)	DINRIC/FIN/PASSPORT: CONTACT:
clš	b)NRIC/FIN/PASSPORT:CONTACT:
/	CJAOUKESS.
s.,	*d)DATE OF BIRTH: ()(DD/MM/YYYY)
	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: Spouse
5.	a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
	b)ROAD SURFACE: (DRY / WET / OTHERS
	WAS ANYBODY INJURED (YES / NO) a)REPORTED TO POLICE (YES / NO)
£ 4.22	IF YES, PLEASE STATE WHICH POLICE STATION:
8.	THIRD PARTY VEHICLE
the of passenger	a) VEHICLE NUMBER: SHA 9297 B. MODEL:
(Inducting driver)	b) DRIVER'S NAME:
, , , , ,	c) NRIC/FIN/PASSPORT:CONTACT:
9.	THIRD, PARTY VEHICLE
tho of passenger	d) VEHICLE NUMBER: MODEL: "
(Including driver)	e) DRIVER'S NAME:
( meraciny arma)	f) NRIC/FIN/PASSPORT:CONTACT:
()	
* 5	
	Marian Jose Solan ipm
	: cmail = polly leong lee @ yahoo. com
00 (20) (20)	
monatine State	fax =
100 M	. 77.4
	VIDEO - NO.