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SN0820C7000B / National Assessment Centre Services [159721] ENTRY DATE & TIME: 07/12/2020 19:45 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (07/12/2020 19:45 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 misr-presentation or witholding of material facts may allow insurance companies to repudiate
- 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.
- 8. 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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

07/12/2020 19:45 (SGT) 05/12/2020 13:40 (SGT) KJE, Singapore TOWARDS PIE 5.8KM Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMU2122D

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No. Email Address Mobile Phone No. Alternative Phone No

No LIM WAN JUNG SXXXX156A joe.tanss@yahoo.com.sg (Phone) +65-98313321 +65-98313321

VEHICLE PARTICULARS

Manufacturer Model

Variant

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? Vehicle Category Private use

Volvo

S60

No - Claiming third party Private car

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

MSIG Comprehensive A 80480707 QMX

DRIVER

Name of Driver NRIC No

TAN SOO SAN (CHEN SHUSHAN) SXXXX370H

Date Of Driving Pass 05/03/2003 Driving experience 17 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-90273247 Alt, Phone Number Email Address joe.tanss@yahoo.com.sg Address BLK 627 #07-166 Address complement CHOA CHU KANG STREET 62 Postcode 680627 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 - Head to Rear Weather Conditions Clear 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? Yes Was any injured conveyed to hospital by ambulance? No 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? Police Station Name Nanyang Neighbourhood Police Centre Police Station Phone No (Phone) +65-18007929999 Alt. Police Station Phone No. (Fax) +65-67912972 Police Station Address No. 2 Jurong West Avenue 5 Singapore 649482 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20201205/2132 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 WEHICLE PROPERTY 1 Vehicle Registration Number FBK4265U Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Motorcycle Name of Driver

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

INJURED PERSONS DETAILS

INJURED 1

Name of injured person TAN SOO SAN (CHEN SHUSHAN) Address Address Complement Post Code Approximate Age Years Old Injuries Sustained SLIGHT INJURY Injured person in which vehicle? SMU2122D Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance?

INJURED 2

Name of injured person Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?

UNKNOWN RIDER

No

SLIGHT INJURY FBK4265U Yes

SKETCH PLAN

IMPORTANT NOTICE

- 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 withholding 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.
- 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 ladgment 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)
 - (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
- (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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Veh A: SMU 2020 Veh B: FBK4265U

KJE DOWORDS PIE 5.8 km

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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:

Name:

NRIC/FIN No.:

JULIA

SINGAPORE ACCID	ENT STATEMENT			
TYPE OF CLAIMS : O	WN DAMAGE () 3rd PARTY () REPORTING	ONLY (
DATE OF ACCIDENT :	05/12/2020	TIME : /3	III D	
		ER 5.8km	40	
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	MU 2020	MAKE / MODEL YOU	042 27 9	
OWNER INSURED : I	im Wan Juna		13 340	
NRIC NO. : 5773779		R: 0851352	-	
The second of th	NSIG		POLICY NUMBER: A	To108408
TYPE OF INSURANCE:	COMPREHENSIVE () TPFT () 3RD PAR	TY ONLY ()
DRIVER PARTICULA	R	DRIVER SAN	TE AS OWNER:	77
DRIVER NAME :	Tan Soo San (chi	en Shuckens	NIPIC NO : CT	77777
_	The state of the s	en snoshan)	NRIC NO.: 3	11323101
ADRESS: BIK 627 (HOA CHU Kong Stb	2 \$107-166	POSTAL +	
CONTACT: 90273247	EMAIL:	oe tansslad y who	Cum 80 0	SENDER: Male
DOB: 28-10-1977	DATE OF PASS:	05 Mar 2003	J	THE PARTY
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(PLEASE TICK AND	FILL THE RELEVAN	T CHOICES)		
	YEE OF THE INSURED'S CON	MPANY () YES () NO	
IF NO, RELATION OF DRIVE				
() OWNER () SPOUS	SE () FRIEND () RE	LATIVE () CHILDRI	EN () SIBLING () OTHERS
WEATHER CONDITION: (V) CLEAR () RAINING () DRIZZLING		
ROAD SURFACE: (V) DRY	() WET () SLIPPERY			
WAS ANYBODY INJURED: (Lauren con			
WAS ACCIDENT REPORTED	[1] _ [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	JURIES SUSTAINED	A Contract of the Contract of	
(VYES () NO		IF YES, WHICH STATI		
75) YES () NO CONVE	POLICE REPORT NUME	BER:	
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VEHICLE C	NAME /NRIC:		CONTACT:	
VEHICLE D	NAME /NRIC:		CONTACT:	
VEHICLE E	NAME /NRIC:		CONTACT:	
VEHICLE F	NAME /NRIC:		CONTACT:	
VEHCILE G	NAME /NRIC:		CONTACT:	
WITHINGS OF A STREET			1	
WITNESS (IF ANY) NAME:		Water Dates V		
The state of the s	A 1100000000000000000000000000000000000	HP NO. :	NRIC:	
TO PROVIDE ATTACH NRI	C, WITNESS STATEMENT BY	POLICE REPORT*		

R





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

1 of 3 Report No. T/20201205/2132

Tel No: 1800-7929999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/12/2020 22:30		Made:	Vide Report No.: J/20201205/0114	Station Diary No.: 82		
Informa	int's Partic	ulars				
Name o TAN SC	f Informant: O SAN		Address: APT BLK 627 CHOA CHU KA SINGAPORE 680627	ANG STREET 62 #07-166		
ID Type / ID No.: NRIC NO / S7732370H			Contact No.: Home/Office: Mobile: 90273247			
National SINGAP	ity: ORE CITIZ	EN	Email:			
Sex: Male	Age: 43	Date of Birth: 28/10/1977	Type of Informant:			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: SELF-EMPLOYED			Driving Licence Information: Class: Date of Expiry:			

Type of Accident:	Injury Conveyed By Ambula	Drink Drive: No	Date/Time of Accident: 05/12/2020 13:50	Type of Location Straight Road
KRANJI EXP			H	¥b
Sunny	18	Road Surface: Dry		Road Speed Limit: 90 Km/h
Traffic Flow: Traffic Control: Dual Carriage Way Not Controlled				Traffic Volume: Moderate
Type of Collis	ion: ing Vehicles - Head To Rea	Mar.		Anyone conveyed by ambulance:

Details of Vehicle Involved						
Vehicle No.		Make	Model	Color	Condition	No of Passenger
SMU2122D	Car				Slightly Damaged	0

Use of Pedestrian Crossing: NA





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 2 of 3 Report No. T/20201205/2132

Tel No: 1800-7929999

CONTINUATION OF REPORT

Name	TAN SOO SAN			ID No		C772027011
TVALLIC	TAIV SOO SAIV			ID No	5	S7732370H
Related Vehicle	SMU2122D (Car)			Conta	ct No.	90273247
Hospital/Clinic	NIL			Class Drivin Licens Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Dis			harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o		NIL	

Brief Details.

On 05/12/2020 at around 1350hours at expressway (KJE towards PIE) 5.8km mark, I was driving my car, a Volvo Blue Volvo car bearing the car plate number (SMU 2122D), on lane 2 when my car was suddenly hit at the rear by one Black motorcycle (Unknown registration plate number). This collision resulted in a dent at the back of the right side of the car, and the rear car bumper and right car rim was damaged. The car plate of the motorcycle was damaged in the accident as such I am unable to verify what is the motorcycle plate number. The motorist was injured and conveyed to hospital. TP officers attended to the case at scene and I was given a report number J/20201205/0114. I went to Central 24HR Clinic (Jurong West) for back pain issues after the accident and was given 2 days MC (0000151379).

I am making this report today as instructed by the Traffic Police officer.





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999

3 of 3 Report No. T/20201205/2132

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report J / Sr Staff Sgt HAZMI BIN MOHAMED IBRAHIM	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Fime: 05/12/2020 22:30
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt MOHAMMED FEROZ BIN HUSSIEN Contact No. 65476206 PDLICE FORCE	Classification Of Case:
Authentication Stamp	



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

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.

Form M.X.1 Individual Ownership MOTOR MAX Comprehensive

Certificate No. A 80480707 QMX

Excess: SGD1,500

Windscreen Excess: SGD100

- Index Mark and Registration Number of Vehicle SMU212 2D
- Name of Policyholder LIM WAN JUNG
- Effective Date of the Commencement of Insurance for the purposes of the Act 04/08/2020
- Date of Expiry of Insurance 03/08/2021
- 5. Persons or Classes of Persons entitled to drive*

LIM WAN JUNG

TAN SOO SAN

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 do

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 MUST BE CARRIED OUT 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 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.

MSIG Insurance (Singapore) Pte. Ltd.
Approved Insurers

phys

for Chief Everative Officer

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Singapore NRIC

Owner ID:

390Z

Vehicle Details

Vehicle No.:

SMU2122D

Vehicle to be Exported:

No

Intended Deregistration Date:

31 Dec 2020

Vehicle Make:

VOLVO

Vehicle Model:

S60 T5 A/T ABS D/AIRBAG 2WD

Primary Colour:

Blue

Manufacturing Year:

2017

Engine No.:

B4204T112267010

Chassis No.:

YV1FS40LDJ2455661

Maximum Power Output:

180.0 kW (241 bhp) \$26,813.00

Open Market Value:

14 Nov 2017

Original Registration Date:

14 Nov 2017

First Registration Date:

1

Transfer Count: Actual ARF Paid:

\$29,539.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

13 Nov 2027

PARF Rebate Amount:

\$22,154.00

Intended COE Rebate Details

COE Expiry Date:

13 Nov 2027

COE Category:

B - Car above 1600cc or 97kW (130bhp)

COE Period(Years):

10

QP Paid:

\$49,996.00

COE Rebate Amount:

\$34,344.00

Total Rebate Amount:

\$56,498.00

The information contained herein is correct as at 07 Dec 2020

OK