STATE OF THE PROPERTY OF THE P		· c	1002 ISF 0002	<u>(1 * . ; ; ; ;) </u>	
NATIONAL Assessment Centre	Services we	i Jamost . O	Date & Time Complete	d E	Yone by
Date In: 1415 21 10:35	Jeb description		Date & Time Company		
RETNO MNA/MS 6 2/005792/V	SAS c-filing		İ	<u> </u>	
Swe (136 7	E-mail (within 8hrs,	AIC 2his)			
VOLINO SME6 75 J	I-Motor Claim F	orm			
DOA: 12/5/2/ 10:4/15	I-Motor W/O (W	Ithin: OD 2hts,	TP 4hrs)		
(i) Reporting Only	i-Photo Uploade		1		
The state of the s	Assessment/Surve				
'H' Insures:	Ass't Report by F	ax / Hand to	Owner/Wksp	A THE PERSON NAMED IN COLUMN TWO	ANICAL DESIGNATION DE
1			Tol:	Fax:	
Proforred Wksp / INC Assign Wksp / QW: (7206817	INC()/Non-INC()	
TP Particulars: Veh No: Sm	70001		Tel:	A)
Owner / Driver: (ind: ()	Cover Type: ()
Policy No. (iod: (Date:	Time:)
Confirmed by : (I to Use Status (WC). N: 0-2	0%; P: 21-79%. P:	80-100%]	
The second secon	Warranty: YES ()/NO()	5	
1 car of registration (IT BITTERS .)			
Excess: (\$) Loading: \$1,0	NAME OF THE PERSON OF THE PERS	SWAYNESS	4.2222.237894	Zasser :	1
GmickitRemhika是於多沙路經過與影響於	SCHEED THEFT	dential & S	rictly NO refer of repa	lrer.	
Gone al Reinark Customer : Customer's info	rmation strictly Com		5)		
() Total Loss Case : to e-mail Insure	er URGENILY.	· · ·	Towing Co: (.		•)
Drive-In ()/Towed-In (); Invoice	YES()/NC	CONTRACTOR OF THE PARTY OF THE	THE WORLD WITH THE PARTY OF THE	设施区等	Villone by
Remorts: (1864) que 6798 66160			The Stands Solding	MAN MARKE	hart-party
1) Apply for Transport Allowance ()/C	Courtesy Car ()				
2) QC Check / Post Repair Inspection	(··)				
3) Upload Resurvey Photo [Repair Cost > \$3	3000] ()			·	
3) Optobal Result voy 1 Hour [1-1]					
				-	
Injury :		and the same and		TIME IN	history
PERSONAL PROPERTY OF THE PROPE					O.S.M.
PERSONAL PROPERTY OF THE PROPERTY OF THE PERSONAL PROPERTY OF THE PERSO					history.
Party Contract Contra					OKM.
Party Contract Contra					OKM.
Party Control of the					O.E.M.
Party Control of the					AMICED R. AMI
The state of the s			in a don Ghr this		AMICON CAMA
Dute/Fime Actions	1	+> AU - Accid	ent Reporting (530);	A STANSON	AMPESO A AME
Dute/Fime Actions		1) AR I Acold 2) DA I Dame	ent Reporting (530); ge Assessment (5100); g Pre-	INC (\$30) \$40/\$45	AMICON CAME
Dutazzime Actions		1) AR! Accid 2) DA: Dams 3) TF: Towin 4) FT: Follow	ent Reporting (530); ge Assessment (5100); g Pee -Through Survey	INC (\$80) \$40/\$45 \$120	Antes Value
Date/Fine Actions (Actions (2)) Champant's Particulars'		1) ARI Accid 2) DA: Dame 3) TF: Town 4) FT: Follow 5) FT: Follow For plaining	cat Reporting (530); ge Assessment (5100); g Pee -Through Survey -Through Burvey (Resurvey E against INC Only (we 110	INC (\$80) \$40/\$45 \$120	AMICON CAM
Date/Fine Actions Claimant's Particulars's Driver/Owner:	1	1) AR! Accid 2) DA: Dame 3) TF: Towin 4) FT: Follow 5) FT: Follow Corplaining 6) TR: Resign	ge Assessment (\$100); ge Assessment (\$100); g Pee -Through Survey -Through Burvey (Resurvey g against UNC Only (wef 10) medion	INC (\$80) \$40/\$45 \$120	Amiles Amil
Duft/Fine Actions (2) Champing Sparticulars Driver/Owner:		1) AR1 Acold 2) DA: Dense 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-in	ge Assessment (\$100); ge Assessment (\$100); g Pee r-Through Survey r-Through Burvey (Resurvey g against INC Only (well) specifion DA + SMRT Survey	INC (\$10) \$40/\$45 \$120) \$30 Jan 2993) \$75	Amifesty C. Ami
Chammants Particulars : Driver/Owner: Contact No: Darnaged Portion:		1) AR! Acold 2) DA: Denne 3) TF: Towin 4) FT: Follow 5) FT: Follow Forglainin 6) TR: Re-in 7) NI: Idae I 8) NTUC Ad	contraporting (530); ge Assessment (5100); g Pee r-Through Survey r-Through Burvey (Resurvey g against INC Only (wef 10 pertion DA + SMRT Survey Millional Services:	10°C (\$30) \$40/\$45 \$120 \$ 530 \$20,2903) \$775 \$75	Amiles Amil
Chammant's Particulars : Driver/Owner: Contact No: Darnaged Portion:		1) AR! Acold 2) DA: Denne 3) TF: Towin 4) FT: Follow 5) FT: Follow For plainin 6) TR: Re-in 7) NI: Idan I 8) NTUC Ad OIL *NS: Cour	contraporting (530); ge Assessment (5100); g Pee r-Through Survey r-Through Burvey (Resurvey ge against INC Only (well 10 ppeution DA + SMRT Survey littenal Services: tosy Car / Tpt Allowance is Contribution	10C (\$10) \$40/\$45 \$120 \$ 530 \$20,2903 \$775 \$760	Amifesty (Capitalian Capitalian C
Chamands Particulars and Driver/Owner: Contact No: Darnäged Portion: QC Checked by (Engr-In-Charge):		1) AR: Acadd 2) DA: Denne 3) TF: Towin 4) FT: Follow 5) FT: Follow Forglainin 6) TR: Re-in 7) N1: Idau I 8) NTUC Ad OD: •N5: Cour •N6: Reps •N7: Post	ge Assessment (\$100); ge Assessment (\$100); g Pee r-Through Survey r-Through Survey (Resurvey ge against INC Only (wef 10 pperion DA + SMRT Survey Illianal Services: losy Car / Tpt Allowance ir Co-ordination Repair Inspection	10°C (\$70) \$40/\$45 \$120 \$200 \$200 \$200 \$775 \$160 \$250 \$510 \$250 \$510 \$250 \$510 \$525	
Chammads Particulars: Driver/Owner: Contact No: Damaged Portion:		1) AR1 Acold 2) DA: Denne 3) TF: Follow 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-in 7) N1: Idan 1 8) NTUC Ad ODE *N5: Cour *N6: Reps *N7: Fost *N8: DV TP (N11)	contraporting (530); ge Assessment (5100); g Pee -Through Survey r-Through Survey (Resurvey ge against INC Only (Well 10 specifion DA + SMRT Survey Hillional Services: Losy Car / Tpt Allowance ir Co-tardination Repair Inspection Collect Excess Coordination ; TP (Non INC) against INC	10°C (\$70) \$40/\$45 \$120 \$200 \$200 \$200 \$775 \$160 \$250 \$510 \$250 \$510 \$250 \$510 \$525	
Dufe/Time Actions. Characterist Particulars Driver/Owner: Contact No: Damäged Portion: QC Checked by (Engr-In-Charge):		1) AR: Acadd 2) DA: Denne 3) TF: Towin 4) FT: Follow 5) FT: Follow Forglainin 6) TR: Re-in 7) N1: Idau I 8) NTUC Ad OD: •N5: Cour •N6: Reps •N7: Post	ge Assessment (\$100); ge Assessment (\$100); ge PeeThrough SurveyThrough Burvey (Resurvey ge against UNC Only (well 10 ppestion DA + SMRT Survey difficult Services: tosy Car / Tpt Allowance ir Co-tordination Repair Inspection Collect Excess Coordination : TP (Non INC) against INC Mobile	10°C (\$70) \$40/\$45 \$120 \$200 \$200 \$200 \$775 \$160 \$250 \$510 \$250 \$510 \$250 \$510 \$525	

SN09215E0002 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 14/05/2021 10:35 (SGT) SUBMITTED BY: Liew Shan Hui VERSION: 1 (14/05/2021 10:35 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.

Fredse report <u>completed</u> by the Policyholder and/or the Authorised Driver
 This Form must be <u>completed</u> by the Policyholder and/or the Authorised Driver
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate

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.

4. The issue and acceptance of this Form by insurance companies is not an admission of poincy manning 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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

14/05/2021 10:35 (SGT) 12/05/2021 10:15 (SGT) Bedok Reservoir Rd, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SME6175J

INSURED/POLICYHOLDER

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

No SIM HAN LONG JACUS SXXXX827I JACUSSIM88@GMAIL.COM (Phone) +65-81139690 +65-81139690

VEHICLE PARTICULARS

Alternative Phone No

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 Transmission

CC

Private use

Toyota

Vios

No - Claiming third party

Private car Auto 1600

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy

Policy Number Cover Note Number MSIG Insurance (Singapore) Pte. Ltd. Comprehensive

No

A 29135917 AT2

DRIVER

Name of Driver NRIC No

SIM HAN LONG JACUS SXXXX827I



Accident report SN09215E0002

Page 1 of 15

Date Of Birth Occupation

Date Of Driving Pass Driving experience

Gender

Mobile Number Alt. Phone Number Email Address

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210512/7048

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Was there any audio recorded?

07/01/1988 Outdoor 03/11/2010

10 YEARS AND 6 MONTHS

Male

(Phone) +65-81139690

+65-81139690

JACUSSIM88@GMAIL.COM

BLK 313A SUMANG LINK #04-103

621313

Yes

No

Collision - Head to Rear

Clear Dry

No

2 Yes

No Yes

No

Yes

Traffic Police

(Phone) +65-65470000 (Fax) +65-65474900

10 Ubi Avenue 3 Singapore 408865

No

Yes

No

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model Vehicle Variant

Vehicle Colour Vehicle Category SMP2068D

Private car

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)

INJURED PERSONS DETAILS

INJURED 1

Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

SME6175J
Yes
No

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- recase report correctly on the details of the accident to speed up the clash process.
 This form must be filled up by the policy holder and/or authorised driver.
 Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance
- 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 traffic police department for investigation.

	ACCIDENT DETAILS	(DD/MM/YY)
Date of accident	12/05/2021	(HH:MM)
Time of accident	1015am	
Exact location of accident	Bedok Resevoir Road	

STEERING THE STEERING TO STEEL	DETAILS OF VEHICLE
Vehicle registration number	SME6175J
Vehicle make and model	Toyota Vios CRV D Van D
Type of vehicle	Lorry D Bus D Motorcycle D Others:
Vehicle category	Private & Commercial Motorcycle
Purpose of using at said time	Ves D No D , if no, please select:
Are you claiming under your own insurance company?	Yes □ No □ if no, please select. Third part claim ₩ Reporting only □

建筑的建筑的 ,并且是有一个	INSURANCE IN	FORMATION	
Insurance company	MSIG		
Pol.cy number		Third party fire & theft □	TP only D
Type of policy	Comprehensive	prehensive Third party fire & theft	

The second second second		Male M	Female :
Name	300		
NRIC / Fin / Passport number	588028771		
	81134640	58213	.12
Address	81134640 Blk 3134 Sumarry Link 404-103	3 3 413	1 3

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)	e 🗆 Femal	le 🗆
Name			
NRIC / Fin / Passport number			
Contact			
Address			_
Email address	Jacus sim 88@ gmail 10m		
Date of birth	7/1/1988		
Occupation	Indoor D Outdoor V		
Driving date pass	3/11/2010		Pac

	GENERAL INFOR	RMATION OF	THE ACCIDENT	完全的基本等工程的工程。
Vas driver an employee of	Vest Nov	1		owner-
ne insured's company?			ver and insured:	
accident captured by camera?	Yes No b			
Veather condition	Clear R	aining 🗆	Others:	
Road surface	Dry d Wet	t 🗆 .		(Inclusive of drive
No of passenger	01			(inclusive or dive
				A-20mm 在14mm 在14mm
		PASSENGER 1		
Name				
Gender	Male □ Fe	male 🗆		
		PASSENGER :	2	
Name				
Gender	Male □ Fe	emale 🗆		
				A STANLEY OF MANAGEMENT AND
建筑和原理的是一个企业		PASSENGER	3	学 等地位为中国
Name				
Gender	Male 🗆 🕒 Fe	emale 🗆		
ocnoc.				The state of the s
NOT THE PERSON OF THE REAL PROPERTY.		PASSENGER	4	
Name				
Gender	Male □ F	emale 🗆		
Centre				
阿拉斯特别的 第四个人的是一个		PASSENGER	5	
Name				
Gender	Male 🗆 F	emale 🗆		
delidei				
建筑的企业的		PASSENGER	6	
Name				
Gender	Male 🗆 🖟	Female 🗆		
delider				
南部的 技术的对象的基础的	ОТ	HER INFORM	ATION	
Was anybody injured?	Yes w N	No 🗆		
Was other vehicle damaged?	Yes 16 N	No 🗆		
Tras outer remois assumption				
Market State Michigan Land (1997)	DETAILS C	OF POLICE STA	ATION ACTION	到的是一种经历发现。
Reported to police?	Market Comments	Nos If ye	s, please state which	th police station.
Police station name	TP			
I dilec station manie				
	12. 39. Early 10.	WITNESS	1	阿里拉拉斯斯
Name				
Italiic				
Park and the state of the state of		WITNESS	2	学生的工作。
Nome				
Name				

建筑的大学的大学的大学	THIRD PARTY VEHICLE 1
The second secon	SMP 2068D
Venicle registration manne	314 2003
/ehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 2
A second	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 3
ALE DESIGNATION OF THE PROPERTY OF THE PARTY	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 4
The second secon	THIRD PARTY VENT
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 5
No. of Contract	THIRD PARTY VEHICLES
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 6
	THIRD PARTY VEHICLES
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	000/A/EMICLE 7
	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport numbe	r

Contact

是在1000mm的 1000mm 10000mm 10000mm 10000mm 10000mm 10000mm 10000mm 10000mm 10000mm 1000		INJURED PERSON 1
ame		an Long, Jacus
ijuries sustained	Neck a	and Baide
Which vehicle person in?	SME 61	75 J
Vere seat belts worn?	Yesv	No 🗆 ,
Vas injured conveyed to	Yes□	No &
ospital by ambulance?	107.52774	
ospital by ambulunce.		
耐湿的生态 多数	公司	INJURED PERSON 2
Vame		
njuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes□	No 🗆
hospital by ambulance?		
	原制等特殊	INJURED PERSON 3
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes□	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
		The state of the s
		INJURED PERSON 4
Name		
Injuries sustained		
Which vehicle person in?		P-Wester
Were seat belts worn?	Yes□	No D
Was injured conveyed to	Yes 🗆	No D
hospital by ambulance?		
		WILLIAM DEDSON S
2	A LEGIS	INJURED PERSON 5
Name		
Injuries sustained		
Which vehicle person in?		Name of the second of the seco
Were seat belts worn?	Yes 🗆	
Was injured conveyed to	Yes□	No 🗆
hospital by ambulance?		
		NUMBER REPSON 6
和 加速或声量。		INJURED PERSON 6
Name		
Manic		
Injuries sustained		
Injuries sustained		
Injuries sustained Which vehicle person in? Were seat belts worn?	Yes	
Injuries sustained Which vehicle person in?	Yes 🗆 Yes 🗈	

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust 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.
- 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 afores aid.
- S. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that

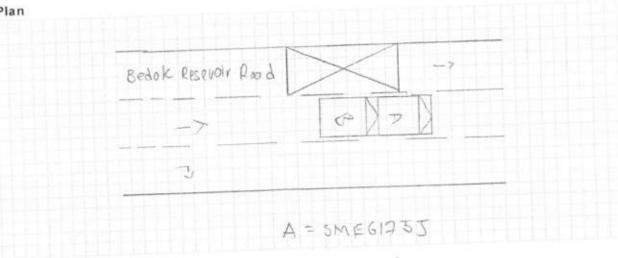
- (a) My insurer, my workshop and the General Insurance Association of Singapore (*GIA*) may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (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.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Accident	
Refer to Police Report +12021051217048	
7/20210512/7048	

Declaration

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

Witnessed by Reporting Centre Personnel





1 of 3

Report No. T/20210512/7048

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT O	F A TRAFFIC	ACCIDENT	Titl Depart No.:	Station Diary No.		
Date/Tim 12/05/20	Date/Time Report Made: 12/05/2021 18:03		Tittle Report Made.		Vide Report No.:	
Informat	nt's Particu	lars				
Name of	Informant:		Address: 313A SUMANG LINK #04-10	3 SINGAPORE 821313		
SIM HAN LONG, JACUS ID Type / ID No.: NRIC NO / S8802827I			Contact No.: Home/Office:	Mobile: 81139690		
Nationality: SINGAPORE CITIZEN			Email: JACUSSIM88@GMAIL.COM			
Sex: Male	Sex: Age: Date of Birth:		Type of Informant: Driver	La contract Name:		
Race:			Language: English	Institution / School Name:		
Occupation: PHARMACEUTICAL		ıL.	Driving Licence Information: Class:	Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/05/2021 10:15	Type of Location
Location: BEDOK RES	ERVOIR ROAD			
Weather:		Road Surface:		Road Speed Limit:
	Traffic Flow: Traffic Control:			
Traffic Flow:		Traffic Control:		Traffic Volume:

Details of Vo	ehicle Invo		1.1.24-1	Color	Conditio	No of
Vehicle No.	Type	Make	Model	COIDI	Corrains	0
SME6175J	Car					
						0
SMP2068D	Car					1350

Details of Person Involved				
Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA			
No. of Pedestrians Injured: NIL	Use of redestrial crossing rev			





2 of 3

Report No. T/20210512/7048

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Driver		21.10		ID No.		S88028271	
Name	SIM HAN LONG, JACUS			ID No.		00002021	
Related Vehicle	SME6175J (Car)			Contact No.		81139690	
Melated vermore	= 1000			01 1		Class: NIL	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Date of Expiry: NIL	
-	NIL	Deno		NIL			
Date	ted Medical Leave	NIL	Degree of Slig		Sligh	nt	

On the stated date and time, I was travelling straight along Bedok Reservoir Road waiting for the traffic light to turn green before proceeding straight. While the traffic light turned green , I started to proceed to move off. Suddenly I felt an impact from the rear portion of my vehicle and I had gone down of my vehicle , I realized that vehicle SMP2068D had collided onto the rear of my vehicle.

I would like to state that due to the accident, I was injured during the accident and might be seeking medical treatment later on if the discomfort persists.





3 of 3

Report No. T/20210512/7048

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Informant: Signature Of Officer Recording The Report: The identity of the person making this report has been authenticated by Singpass. No signature is Not applicable required. Date/Time: Signature Of Interpreter: 12/05/2021 18:03 Not applicable Classification Of Case: Officer In Charge Of Case: TP / TPIB /

Authentication Stamp NP168

TAN JEOK LENG Contact No.: 65476151



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 Toyota DriveElite 360 Comprehensive

Certificate No. A 29135917 AT2

Excess: SGD500 Windscreen Excess: SGD100

 Index Mark and Registration Number of Vehicle SME61753

2. Name of Policyholder

Sim Han Long Jacus

 Effective Date of the Commencement of Insurance for the purposes of the Act 08/10/2020

4. Date of Expiry of Insurance

07/10/2021

5. Persons or Classes of Persons entitled to drive*

Sim Han Long Jacus

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.

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

All Claims related repair can be carried out at Borneo Motors (S) Pte Ltd or any workshop of your choice. Windscreen Excess is waived at Borneo Motors (S) for windscreen related claims. This Policy includes Courtesy Car benefit.

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

Jucy

for Chief Executive Officer