NATIONAL Assessment Centre	e Services	iner i sa mij			
Date In 06/12/24	Job description		Date &Tune Completed	Don	e by
Ref No 1/1/1862-1012341/13	SAS e-filing				
Veh No 5mt 5358Z	E-mail (within	Shrs. AIC 2hrs;			
DOA 04/12/24 1340					
28 60	i-Motor W/O	(Within: OD 2h)	rs TP 4hrs)		
OD (IP) Peporting Only	i-Photo Uplo				
TP Insurer	Assessment/Su	rvey Report			
TP Insurer:	Ass't Report b	y Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: Fa	x:	
TP Particulars: Veh No:	SF6 127	INC ()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Peri	iod: ()	Cover Type: ()	N. 10 10 10 10 10 10 10 10 10 10 10 10 10
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [N	lote-Est. Status (W	/O): N: 0-2	0%; P: 21-79%. F: 80-10	0%]	
Year of Registration: () W	/arranty: YES ()/NO()		
Excess: (\$) Loading: \$1,00	00()/\$2,000	()			
General Remarks:-			SAMPLE CHOICE FOR		
1) Apply for Transport Allowance () / Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions	()				
			paration Checklist	Anst (S)	Amt (
laimant's Particulars :-		1) AR : Accident 2) DA : Damage	Reporting (\$30); Assessment (\$100); INC (\$80)	-	
river/Owner:		3) TF : Towing F 4) FT : Follow-T	cc \$40/\$		
ontact No:	The second secon	5) FT : Follow-T	hrough Survey (Resurvey) S	30	
amaged Portion:		6) TR : Re-inspec 7) N1 : Idac DA	+ SMRT Survey \$1	75	
C Checked by (Engr-In-Charge):		The same is a second of the same of the sa	Car / Tpt Allowance	§5	
uditors' Comments :-		*N6: Repair C *N7: Post Rep		10i 25	
t 1:			The second secon	85	
7.552.3		9) N12: Idae Mol	the state of the s	80	
t. 2/3;		Invoice dated	Fee Charged Kee Charges	BESTS TEXT	

SL0X21C60002 / LKK Auto Consultants Pte Ltd [408933] ENTRY DATE & TIME: 06/12/2021 18:17 (SGT) SUBMITTED BY: LKK Auto PU VERSION: 1 (06/12/2021 18:17 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process.

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

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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

06/12/2021 18:17 (SGT) 04/12/2021 13:40 (SGT) Singapore CTE(AYE)B4 BRADDELL RD EXIT Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMK5358Z

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No Email Address

Mobile Phone No Alternative Phone No. No

SEAH CHEE WEI GREGORY

SXXXX255A

bumblebbb8888@gmail.com (Phone) +65-97387073

+65-97387073

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 Transmission

Honda Shuttle

Private use

No - Claiming third party

Private car Auto

1496

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number Cover Note Number MSIG Insurance (Singapore) Pte. Ltd.

Comprehensive

B 300301019 QMY

DRIVER

Name of Driver

NRIC No.

SEAH CHEE WEI GREGORY SXXXX255A



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? Yes Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged?

Number of Passengers (Including Driver) Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

PASSENGER 1

Name Gender

PASSENGER 2

Name Gender

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

PLS REFER TO THE POLICE REPORT:F/20211205/7006

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident

Was there any audio recorded?

24/09/1985 Indoor 31/08/2004

17 YEARS AND 4 MONTHS

Male

(Phone) +65-97387073

+65-97387073

bumblebbb8888@gmail.com

BLK 288A COMPASSVALE CRESCENT

#08-369 541288 Yes

No

Collision - Head to Rear

Clear Dry

No 2

Yes

Yes 3

No

SAMANTHA VINNIE LAU HWEE LING

Female

ELLIE SEAH Female

Yes

Ang Mo Kio Division Headquarters (Phone) +65-18002180000 (Fax) +65-64814246

51 Ang Mo Kio Avenue 9 Singapore 569784

No

Yes Yes

WITH DRIVER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SFE12T Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Vehicle Category 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

Name of injured person SEAH CHEE WEI GREGORY

Gender Phone No Address Address Complement Post Code Approximate Age Years Old

Injuries Sustained SLIGHT Injured person in which vehicle? SMK5358Z Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? Yes

INJURED 2

Name of injured person SAMANTHA VINNIE LAU HWEE LING

Gender Female Phone No Address Address Complement Post Code Approximate Age Years Old

Injuries Sustained SLIGHT Injured person in which vehicle? SMK5358Z Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? Yes

INJURED 3

Name of injured person ELLIE SEAH Gender Female Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained SLIGHT Injured person in which vehicle? SMK5358Z Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? No

Accident report SL0X21C60002

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.

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

Sketch Plan

CTE(AYE) B4 BRADEU RD EXIT

With 8'. SFE12T

Ray

A

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

Witnessed by Reporting Centre Personnel

CTE(AYE) B4 BRADEU RD EXIT

cribe Circumstanc		
		· ·
		= 10/
		NV
	. 0/	
		_
	- J V	φ
	4 18) 0
	, , ,	
	5	
	(9)	
	1 / 20,	
	*	
	1	
X	O	
70		
4		
/		
/		

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

6 Dec 2021.

Witnessed by Reporting Centre

Personnel





POLICE REPORT (NP299)

Police Station Of Origin Ang Mo Kio Division HQ 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

Tel No:1800-2180000

Report No. F/20211205/7006

Date/Time Report Made	Vide Re	port No.		Station Diary No.
05/12/2021 01:35		2		
Name Of Informant	Address	3		
SEAH CHEE WEI, GREGORY	288A COMPASSVALE CRESCENT #08-369 SINGAPORE 541288			#08-369
ID Type / ID No. NRIC NO / S8527255A	Contact No. Home/Office: Mobile: 97387073			
Nationality SINGAPORE CITIZEN	Email A	ddress .scw@gmai		
Occupation	Sex	Age	Date of Birth	Race
Human resource consultant (excluding executive search consultant)	Male	36	24/09/1985	Chinese
Institution/School Name	Language English			
Date/Time Of Incident 04/12/2021 13:40 - 04/12/2021 14:00	Location Of Incident CTE(AYE) before Braddell Road Exit - Expressway islar			
Brief details.		8%		

I was driving my car (SMK5358Z - Honda Shuttle Dark Blue, Driver Name Gregory Seah S8527255A) along the CTE-AYE travelling towards the Braddell Road exit, My wife and my 11 month old infant daughter were at the back seats (infant in her baby seat both strapped).

After filtering to the extreme left lane, a Volvo (SFE12T - Black, Driver Name Tan Yong Hui NRIC S1486157B) abruptly tried to cut into my lane. I applied the horn to remind him that there was danger by

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 05/12/2021 01:35
Officer In-Charge Of Case:	Classification Of Case:





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20211205/7006

cutting like that as my vehicle was at his 8 o'clock. I also applied my brakes to let it him into the lane and kept a distance.

He winded down his window and raised his hand twice, Initially I thought it was the middle finger but subsequently realised he was signaling me to pull over by the road island to the left. I thought perhaps there was some contact between our cars and he wanted to report it.

It was not safe for me to immediately move to the island - I drove further up, signalled left and moved onto the island coming to a gradual full stop a distance away from his car. I looked into my rear view mirror where I saw that he was accelerating and subsequently rear ended my car.

I checked whether my wife and daughter were ok and then checked to see from rear view that he had come out of the car looking hostile. I have to say I was fearful that he might attack the rear car window/hurt my daughter.

I went on to check on my wife and daughter if they were ok before stepping out of the vehicle. He mentioned he was unhappy that I had not given him way. I was taken aback as I had applied the breaks to give him way and had only gave a horn to alert him of the dangers.

I called 999 at about 1.46pm and reported the incident. Coincidentally, a TP officer was riding on the CTE as well and I gestured for him to alert him to this incident. The TP's mobile contact is 9002 5184. I related the incident to him. I then went back to check on my wife and child while the TP officer was talking to the other driver. The TP then came to check on my family and I - I asked the other driver to stay away as he

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 05/12/2021 01:35
Officer In-Charge Of Case:	Classification Of Case:





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20211205/7006

also came to have a look. The driver seeing my daughter then went on his knees to apologise in front of the TP officer who asked him to get up and that such actions were inappropriate. My family and I then waited for the ambulance to be conveyed to the hospital and my car was towed to the police compound. I would also like to report that this driver smoked despite my daughter nearby and threw 2 cigarette butts into the bushes (this is witnessed by the TP).

My IO is Mariah (ext 6547 6433). I have only managed to pull out partially some of the videos - if you require a longer timeline of videos, I would have to retrieve it on Monday when I can have access to my camera.

Subjects Involve	d	THE RESIDENCE OF STREET		
Victim				
Person Name	Samantha Vinnie Lau Hwee Ling			
ID Type	NRIC NO	ID No	S8524469H	
Gender	Female	Age	36	
Race	Chinese	Language	English	
Occupation	Other professionals nec	Address	288A Compassvale Crescent #08-369 SINGAPORE 541288	
Mobile No	90990516	Relation To Informant	Spouse	
Person Name	Ellie Seah			
ID Type	NRIC NO	ID No	T2036215J	
Gender	Female	Age	0	
Race	Chinese	Language	English	

Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 05/12/2021 01:35
Officer In-Charge Of Case:	Classification Of Case:





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20211205/7006

	Unemployed	Address	288A Compassvale Crescen	
	97387073	Relation To Informant	#08-369 SINGAPORE 541288 Daughter	

Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 05/12/2021 01:35
Officer In-Charge Of Case:	Classification Of Case:

SINGAPORE ACCIDENT STATEMENT

Accident Date: 4 \ 12 \ 2051 Time: 131.40\ (hh:mm) 24 hr format
Location CTE (SLE) Before Bladdelly Rd Exit
(AYE)
Vehicle Number SMK 5358Z
Insured Name Seah Once wei, Erregory
NRIC /FIN \$8527255A Contact Number 9738 7073
Make Honda Model Shuttu
Are you claiming under your own insurance policy for repair to your vehicle?
() Yes If No,Pls select: () Third Party () Reporting
Insurance Company MS\G
Type of Policy () Comphensive () Third Party Fire & Theft () TP Only
Policy Number 83003010190MY
Name of Driver ()Same as Insured
NRIC / FIN Contact Number —
Date of Birth 14/9/1986
Driving Pass Date 3\ Aug 2004
Occupation () Indoor () Outdoor
Gender () Male () Female
Email Address bumble 66,0888889mail.com ()NO EMAIL
Address of Driver 288A compassivale crescent #08-369 (5)541288
Was driver an employee of the Insured's Company? () Yes () No
If No, Relationship of the Driver with the Insured
(√) Owner () Spouse () Friend () Relative () Children () Sibling
Does the Driver Own Any Other Vehicle? () Yes () No
If Yes , Vehicle Registration Number of Driver's Own Vehicle
Insurance Company of Driver's Own Vehicle
Weather Conditions () Clear () Raining () Others
Road Surface (V) Dry () Wet () Others
Was any foreign vehicle involved in this accident? () Yes () No
Was anybody injured in the accident? (Yes () No
Was there any video captured by Car Camera? () Yes () No
Was the Accident reported to the Police? () Yes (No If yes attach police report DETAILS OF 3 rd party Name / Nric Contact
Veh B SFE 12T
Veh C
Veh D
Veh E
Veh F
(DC - Was Kno's law Horse I was (E)

2) Ellie Seah (F)



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
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 300301019 QMY

Excess: SGD500

Windscreen Excess: SGD100

1. Index Mark and Registration Number of Vehicle

MK53587

 Name of Policyholder Seah Chee Wei Gregory

 Effective Date of the Commencement of Insurance for the purposes of the Act 15/04/2021

4. Date of Expiry of Insurance

14/04/2022

5. Persons or Classes of Persons entitled to drive*

Seah Chee Wei Gregory

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 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