×		
TITLES C. Language manner I a green	Shipping	
1/1/1/1 Bressment Centre	for it is exampled.	^
1/1/2/2010/2021	SANCE THING	
MBB/WWW2WV/3/12/9	1-11-21	estrui
812867	i-Motor Chim Form	
72[N/807] 18:25	La Mater Will a set at 1 de 11 de 12	
TP posting and	i-Photo Uploaded	
The second secon	Assessment/Survey Report :	
le lastier	Ass't Report by Eury Hand to Owner-Wish	!
returned Wksp / INC Assign Wksp / QW: [Tel: Fax:	
P Particulars: Veh No:	N 5449 INC 1 - Non-INC ()	
s some / Driver (Tel	į
and the second s	rind t cover Type t	*
	Date: Titel. F 30-1-0%	
Insured/Oriver Liability (%) (Rote-Est Status (WC) Sciosaria 1 m	1
Year of Registrations (Warranty YES ()/NO()	
Excess: (S) Loading . \$1.0	0004) (52,000 ()	
leneral Remarks:-	Consideration & Streetly NO rater of repairer	
) Walk-In Customer's infe	ormation strictly Confidential & Strictly NO rater of repairer	i
() Total Loss Case : to e-mail Insur	rer URGENILI.	1
1 10111 1033 (200	Towing Co	1
Yelnyoje	cc YES () / NOT	
Drive-In ()/ Towel-In :); Invoid	iDute@Time Completed Done by	
Drive-In ()/ Towed-In:); Invoid Remarks: (INC horline: 6788 6616)	iDute@Time Completed Done by	
Drive-In () / Towed-in :) ; Invoid Remarks: (INC horline: 6788-6616) 1) Apply for Transport Allowance () /	Date&Time Completed Done by / Courtesy Car ()	
Drive-In () / Towed-in :) ; Invoid Remarks: (INC horline: 6788-6616) 1) Apply for Transport Allowance () /	Date&Time Completed Done by / Courtesy Car ()	
Drive-In () / Towed-In :) ; Invoid Remarks: (INC horline: 6788-6616) 1) Apply for Transport Allowance () / 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo (Repair Cost)	Date&Time Completed Done by / Courtesy Car ()	
Drive-In () / Towel-In :) ; Invoid Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () /	Date&Time Completed Done by / Courtesy Car ()	
Drive-In () / Towed-In :) ; Invoid Remarks: (INC horline: 6788-6616) 1) Apply for Transport Allowance () / 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo (Repair Cost),	Date&Time Completed Done by / Courtesy Car ()	
Drive-In () / Towed-In :) ; Invoide Remarks: (INC horline: 6788-6616) 1) Apply for Transport Allowance () / 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo (Repair Cost) / Injury :	Date&Time Completed Done by / Courtesy Car ()	
Drive-In () / Towed-In () ; Invoided Remarks: (INC horline: 6788-6616) 1) Apply for Transport Allowance () / 2) QC Check / Pour Repair Inspection 3) Upload Resurvey Photo (Repair Cost) / Injury:	Date&Time Completed Done by / Courtesy Car ()	
Drive-In () / Towed-In () ; Invoided and (INC) horline; 6788-6616) 1) Apply for Transport Allowance () / 2) QC Check / Pour Repair Inspection 3) Upload Resurvey Photo (Repair Cost) / Injury :	Date&Time Completed Done by / Courtesy Car () \$3000] ()	
Drive-In () / Towed-In () ; Invoided Remarks: (INC horline: 6788-6616) 1) Apply for Transport Allowance () / 2) QC Check / Pour Repair Inspection 3) Upload Resurvey Photo (Repair Cost) / Injury:	Date&Time Completed Done by / Courtesy Car () \$3000] () Apri(\$) Air	rat (S)
Drive-In () / Towed-In () ; Invoided and (INC) horline; 6788-6616) 1) Apply for Transport Allowance () / 2) QC Check / Pour Repair Inspection 3) Upload Resurvey Photo (Repair Cost) / Injury :	Date&Time Completed Done by / Courtesy Car () \$3000] () Invoice Preparation Checklist Action : Ac	
Drive-In () / Towed-In () ; Invoided Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () / 2) QC Check / Poet Repair Inspection 3) Upload Resurvey Photo (Repair Cost). Injury: Date: Time Actions	Date&Time Completed Done by	
Drive-In () / Towed-in () ; Invoided and the second of t	Date&Time Completed Done by	
Drive-In () / Towed-in () ; Invoided and the second of t	Date&Time Completed Done by	
Drive-In () / Towed-in () ; Invoided and the second of t	Date&Time Completed Done by	
Drive-In () / Towed-in () ; Invoided Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () / 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo (Repair Cost). Injury: Date/Time Actions Claumant's Particulars:- Driver/Owner: Contact No.	Date&Time Completed Done by	
Drive-In () / Towed-in () ; Invoided Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () / 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo (Repair Cost) / Injury : Date/Time Actions Claimant's Particulars :- Driver/Owner: Contact No. Damaged Portion.	Date&Time Completed Done by	
Drive-In () / Towed-in () ; Invoided Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () / 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo (Repair Cost > Injury : Date/Time Actions Claimant's Particulars :- Driver/Owwer: Contact No. Damaged Portion.	Date&Time Completed Done by	
Drive-In () / Towed-in () ; Invoice Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () / 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo (Repair Cost). Injury : Date/Time Actions Claimant's Particulars :- Driver/Owner: Contact No. Damaged Portion. QC Checked by (Engr-In-Charge):	Date&Time Completed Done by	
Drive-In () / Towed-in () ; Invoided Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () / 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo (Repair Cost > Injury : Date/Time Actions Claimant's Particulars: - Driver/Owner: Contact No. Damaged Portion.	Date&Time Completed Done by	(Arall
Drivesln () / Towed-in () (Invoice Remarks) (INC horline: 6788 6616) 1) Apply for Transport Allowance () / 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo (Repair Cost) / Injury : Date/Time Actions Claimant's Particulars :- Driver/Owner: Contact No. Damaged Portion. QC Checked by (Engr-In-Charge):	Date&Time Completed Done by	



SINGAPORE ACCIDENT STATEMENT

- IMPORTANT NOTICE

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

 2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
- 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.

ACCIDENT STATEMENT

Date of Submission Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	27/12/2021 19:15 (SGT) 25/12/2021 18:25 (SGT) 267 Tampines St. 21, Block 267, Singapore 520267 OPEN SPACE CARPARK LOT 127 Singapore
--	---

		A COMMON TO SERVICE OF THE PROPERTY OF THE PRO	
Approximation of the second	DETAILS OF OWN	VEHICLE	
Vehicle Registration Number	SJX8	78P	
INSURED/POLICYHOLDER			
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	NG V SXXX bryar (Phot	VU HO XX313I nbeng24@gmail.com ne) +65-92703158 92703158	
VEHICLE PARTICULARS			
Manufacturer	Merc	edes	

Model	GLB200
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 your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1332
Second designation of the second seco	1002

INSURANCE COMPANY

lame of Insurance Company MSIG Insurance (Singapore) P	
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	A 300359284 QMX
Cover Note Number	-

DRIVER

Name of Driver	NG WU HO
NRIC No	SXXXX313I

Date Of Birth	04/12/1981
Occupation	Indoor
Date Of Driving Pass	16/06/2017
Driving experience	4 YEARS AND 6 MONTHS
Gender	Male
Mobile Number Alt. Phone Number	(Phone) +65-92703158
Email Address	+65-92703158 bryanbeng24@gmail.com
Address	BLK 768 BEDOK RESERVOIR ROAD #11-28
Address complement	BER 700 BEBOR REGERVOIR HOND IN 11 20
Postcode	479249
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
o to a tegendent recommunication of the last	
Insurance Company of Other Vehicle Owned by Driver	*
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Hit and run / Vandalism / Damaged whilst parked
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?	No
Was any injured conveyed to hospital by ambulance?	¥
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s)	N.
soliciting/offering accident claims assistance?	No
PASSENGER 1	
Name	HE JIEWEN
	Female
Gender	, single
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	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WIYH OWNER
Was there any audio recorded?	No
	THE PROPERTY.
DETAILS OF OTHE	ER VEHICLE PROPERTY 1
Vehicle Registration Number	SJV5449Y
Vehicle Registration Number	30 V 0440 I

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)	-

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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 aforesaid.
- 8. 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.(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 & Time

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

Sketch Plan

Witnessed by Reporting Centre Personnel

Vehicle M. CJX878P

vohicles: SJV 54494

BIK 267 Tampines Street 21 Open Space Carpart Lot 127

Describe Circumstances of the Accident
on 25 13 2021 ground 1810 hrs, I , vehicle A(SJX878P) was parked at the
Stated location on Lot 127. I went down and my passenger was still inside my vehicle.
on avound 1925hrs my passenger notice that vehicle B (SJV54494) was trying to
reversed in to the carpark lot becide my vehicle but of sudden, my passenger felt
an impact from the rear right side portion of my rehicle. My passenger called me immediates
and I went down and realised vehicles (SIVSHAY) collided onto the cear right side
portion of my vehicle causing damages.
1

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

	Date of Accident	: 25 17 2021 Accident Time: 1835 NYS (24-HR-FORMAT)
	Accident Place	: Blk 267 Tampines Street 21 Open Space Carpark Lot 127
	Vehicle Reg. No (Car plate No.)	: SJX878P Vehicle Make/Model: W/B GLB200
	Insurance Company	: MSIGN Policy No. A 300359384QMX
	Name of Registered Owner	: Gampany/ Individual No Wu Ito
	ID of Registered Owner	: Co Reg No: Owner's NRIC No: \$8140313,1
		: Co Contact No: Owner's Contact No: 9070 3/58
	DRIVER'S Name	Ng Wu Ho DRIVER'S NRIC No: SO 140313I
The second	DRIVER'S Date of Birth	: 64 Dec 1981 DRIVER'S License Pass Date 16 Jun 2017
	Relationship bet, Owner & Driver	: Spouse \ Parents \Children\ Sibling \ Employee\ Others: _owner
	DRIVER'S Address	: BIK 768 Bedok Reservoir Road HII ->8 5 (479>49)
	DRIVER'S Contact No./ Alt No.	
	DRIVER'S Occupation	: INDOOR \OUTDOOR (eg. working inside or outside of an ofc)
	Email Address	bryanbeng 24 (2) gmail.com
	Weather & Road Surface	: CLEAR & DRY RAINING & WET AFTER RAIN & WET
	Reporting Type	: Reparting Only \ Claim Other Party \ Claim Own Insurance
	Number of Passengers (including Was the accident reported to the p Was there any video Captured by	olice? YES \ NO Passenger Name: Gender: M/F car camera; YES \ NO Any Injuries: YES / NO Injured Name:
	Exact purpose for which vehicle	was being used at the time of accident: Private use \ Work purpose
		Other Party Driver's Particulars (if any)
**	Vehicle Reg No: SJN 5440	Vehicle Reg No:
	Vehicle MakelModel:	Vehicle Make\Model:
	Name DRIVER:	Name DRIVER:
	IC No. DRIVER:	IC No. DRIVER:
	DRIVER'S Contact & add	DRIVER'S Contact & add:
	2	ther Party Driver's Particulars (if any)
	Vehicle Reg No:	Vehicle Reg No:
	Vehicle MakelModel:	Vehicle Make\Model:
	Name DRIVER	Name DRIVER:
	IC No DRIVER	IC No. DRIVER:
	DRIVER'S Contact & add	DR(VER'S Contact & add



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 Comprehensive

Certificate No.

A 300359284 QMX

Excess: SGD500

Windscreen Excess : SGD100

 Index Mark and Registration Number of Vehicle SIX878P

Name of Policyholder
 Ng Wu Ho

- Effective Date of the Commencement of Insurance for the purposes of the Act 16/09/2021
- Date of Expiry of Insurance 15/09/2022
- 5. Persons or Classes of Persons entitled to drive*

Ng Wu Ho

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 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 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