NATION	11. Assessme	nt Centre	Services :	1 (4.4)			
Date In: 3	5/05/22		Job description		&Time Completed	D.	
Ref No CA/MSG 2200 4933/13		SAS e-filing		re rane evaluated	De	ne by	
DOA 24/05/22 0815							
		E-mail (within Shrs, AIC Blus)					
		i-Motor Claim Form					
OD TP	Reporting Only		i-Motor W/O (Within: OD 2hrs, TP 4hrs) i-Photo Uploaded				
TD Incures			Assessment/Survey	1			
TP Insurer:			Ass't Report by Fa:		/NV/		
Preferred Wk	p / INC Assign Wks	p / QW: (
TP Particula		No:		Tel:	Fa	x:	
Owner / Dri			9 9	Tel:	on-INC ()		
Policy No: () Perio	1: () Cover	Trans. ()	
Conj	irmed by : (Da		Tinte:)	
Insured/Dri	er Liability: (%) [No	e-Est. Status (WO):)	
Year of Reg	istration: (rranty: YES ()/			0%]	
Excess: (\$) Loa	ding: \$1,000)			
General Rema	rks:-	13.47671.3		TELECONIC SERVICES			
3) Upload Rest	Post Repair Inspect		1 ()	-			
	-1					1.6 - 265	
lata at a	20-00-00-00-00-00-00-00-00-00-00-00-00-0	Tuber 11 to 1	20/38	ce Preparation (Amt (S)	Amt (\$ Add Bil
laimant's Parti	culars :-			Accident Reporting Damage Assessment	(\$30); (\$100); INC (\$80)		
river/Owner:		3) TF:	3) TF : Towing Fee \$40/\$45				
ntact No:			5) FT : 1	follow-Through Surve	(Resurvey) \$30		
maged Portion		1	6) TR: 7) NI: 1	aiming against INC Or Re-inspection dac DA + SMRT Surv	\$75 \$160		
Checked by	Engr-In-Charge):		<u>On*</u>	Additional Services:- Courtesy Car / Tpt Allo Repair Co-ordination	wance \$5		
ditors' Comm	ents:-	THE STATE OF		nortamenton	\$10	10	
11	CONTROL - 1			Fost Repair Inspection	\$25		
			*N8:1	Fost Repair Inspection DV / Collect Excess Co	ordination \$5		
2/3:			* N8:1 TP (N	Fost Repair Inspection DV / Collect Excess Co 11): TP (Non INC) ag dac Mobile	ordination \$5		Start a



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

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.

 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.
 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 by made available upon confination by interested application. This report will be lorwarded 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.
 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 25/05/2022 16:56 (SGT) Date of Accident 24/05/2022 08:15 (SGT) Exact Location of Accident Singapore Additional Location Information BESIDE TANAH MERAH COAST RD INIDE CHANGI NAVAL BASE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNA5152R

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN SOON MENG NRIC No. SXXXX950H Email Address derrick91118523@gmail.com Mobile Phone No (Phone) +65-91118523 Alternative Phone No +65-91118523

VEHICLE PARTICULARS

Manufacturer Toyota Model LEXUS UX250H 5DR SUV (AT)(2WD) EXECUTIVE Variant Exact purpose for which vehicle was being used at time of Private use

No - Reporting only

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Private car Transmission Auto CC

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number

A 29152298 AL2 Cover Note Number

DRIVER

Name of Driver TAN SOON MENG

NRIC No SXXXX950H Date Of Birth 10/12/1980 Occupation Indoor Date Of Driving Pass 31/07/2003 Driving experience 18 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-91118523 Alt. Phone Number +65-91118523 Email Address derrick91118523@gmail.com Address BLK 319A ANCHORVALE DRIVE Address complement #10-76 Postcode 541319 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 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? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 1 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 PLS REFER TO THE ATTACHED STATEMENT. 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 VEHICLE PROPERTY 1** Vehicle Registration Number SMG1497C Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Private car

ANDRE CHIA

(Phone) +65-96234673

Vehicle Category

Name of Driver

Address

Contact Number

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.
- 3. 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.
- 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.

25/05/22	82		Aym 25/05/52
Policyholder's Signature / Date & Time	Driver's Signature (If driv & Time	er is not the policyholder) / Date	Witnessed by Reporting Centre Personnel
Sketch Plan	30447107799-0	BESIDE TANAH	MERAH COAST RD
		INSIDE CHAI	NGI NAVAL BASE
-7	A P	31	
-			
A- SNAS152R	1 1		
B-SM1,14971			

Describe Circumstances of the Accident
We hist "A' is maiting at an junction waiting to make a right furn when he see vehicle "B" who is going straight pass him, he make a right turn. Vehicle "B" do a E-brake at this point of time as
when he see vehicle "B" who is soing straight pass him, he make
a right turn. Vehicle "13" do or 13- brake at this point of time as
he meating he saw gomeone walking to wards the Zehia crossing. The money
he meatin he gan gomeone walking to wards the Zebra crossing. The monent Vehicle "A" furn put, he knock into vehicle "IS"
8

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

ACCIDENT STATEMENT

	ACCIDENT DATE: 24 05 1 22 1/1	DD/MM/NVV TRAFT	CC 155
	LOCATION: BESIDE TANAY M	- 77 MARTINI, MARE:[08:12)(HH:WM)
	CANANY M	IERAH COAST	RD INSIDE -
	1. DETAILS OF VEHICLE	(4)	
	a) VEHICLE NUMBER: SNAS	1510	•
	PINCIDANCE COMP	13216	
	b)INSURANCE COMPANY:		
	C)POLICY NUMBER:		
	d)POLICY TYPE: (COMPREHENSIVE	/ THIDD DAME (THE	_
	e) MAKE & MODEL: 2 CACCO	- / INIKU PAKIY / THIR	D PARTY FIRE &THEFT)
	f)TYPE:/SALOON / COURT / LATING	22011	_ AUTO / MANUAL
	f)TYPE:(SALOON / COUPE / MPV / g) VEHICLE CATEGORY: (PRIVATE / h) PURPOSE OF USING AT A CCIDEN	VAN LORRY / MOTO	PRCYCLE / OTHERS
	h) PURPOSE OF USING AT ACCIDEN	COMMERCIAL / MOT	FORCYCLE) .
107	I) ARE YOU CLAIMING LINDER	IT TIME	
	IJARE YOU CLAIMING UNDER YOUR IF NO, PLEASE STATE (THIRD PARTY	OWN INSURANCE (YES/NO)
	IF NO, PLEASE STATE (THIRD PARTY 2. INSURED / POLICY HOLDER	CLAIM / REPORTING	ONLYD
	A)NAME JAN SOON MEN	11/2	
	DINRIC/FIN/PASSBORT OF	0.4.6	_(MALE / FEMALE)
	DINRIC/FIN/PASSPORT: SEO 40 C)ADDRESS: BUE 319 A ANCH	SAZOH CONT.	ACT: 91118522
7.00	#10-76 (5413	LORUACE DRILE	
5.6	10 / (4/2		
Alto of perso	* CONTINUE TO 3.d IF DRIVER ALSO	POLICY HOLDER	38
Cladudina -	liver) alNAME_ AS ABOUT		**
(_/)	b) NRIC/FIN/PASSPORT:		(MALE / FEMALE)
(1)	C)ADDRESS:	CONTA	CT:
	1		
•	#d)DATE OF BIRTH: 10 12 19	en una	
20			
	THE WAS OF DIGITION OF EADDERING	1 / 1 - / 2	
	THE PROPERTY AN EMPLOYEE OF THE	IT TELEVISION	
	IF NO, RELATIONSHIP OF THE DRI	TVED WITH THOMP	PANY? (YES /(NO)
	5. a) WEATHER CONDITIONS (CLEARLY	TALK MILL INSURE	D: OWNER
	b)ROAD SURFACE: (DRY) WET / OTH	EBS	
		LNO	
	AND ON TO POLICE MES ASSA	53	10.5
	" LEASE STATE WHICH POLICE	STATION	
He of passing			
1 2 1 2	a) VEHICLE NUMBER: 5MG14	97CMODEL:	
including driv	b) DRIVER'S NAME: AVARC C	GIA MODEL:	
(_)		CONTAC	AT. 0/12/15 72
200	7. IHIRD PARTY VEHICLE	CONTAC	1. 1072 4612
No of passene	a, d) VEHICLE NUMBER:	LODE	
Induding dri	NAME:	MODEL:_	
- Ching are	f) NRIC/FIN/PASSPORT:		• • •
(_)	, , , , , , , , , , , , , , , , , , , ,	CONTAC	T: <u></u>
			1
2.5	1		

Email = derrick 91118523 @ g mail coing fax =



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 CST Reg. No. 200412212G

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

Lexus DriveElite 360 Comprehensive

Certificate No. A 29152298 AL2

Excess: SGD700

Windscreen Excess: SGD100

1. Index Mark and Registration Number of Vehicle SNA5152R

2. Name of Policyholder

Tan Soon Meng

3. Effective Date of the Commencement of Insurance for the purposes of the Act 28/06/2021

4. Date of Expiry of Insurance

27/05/2022

5. Persons or Classes of Persons entitled to drive*

Tan Soon Meng

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 our authorised workshops. 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

for Chief Executive Officer