

SINGAPORE ACCIDENT STATEMENT

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
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 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 Report	17/11/2017 10:15
Date Of Accident	16/11/2017 17:50
Exact Location Of Accident	PIE TOWARDS TUAS AFTER ENG NEO AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP3665K
Insured/Policyholder	
Name Of Registered Owner	SIME DARBY SERVICES PTE LTD
Co Reg No	197501065W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96167083
Alternative Phone No	OFFICE-96167083

Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE-1.6 EX (A)
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	B 29040710 TMC
Cover Note Number	

Driver

Name of Driver	MOHD ALI BIN MOHAMED SHATACCKATHULLA
NRIC No	S1751790B
Date Of Birth	17/05/1966
Occupation	OUTDOOR
Date Of Driving Pass	09/03/1993
Driving Experience	24 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96167083
Fax Number	
Contact Number	OTHERS-96167083
Email Address	NOEMAIL

Address	BLK 285 CHOA CHU KANG AVENUE 3 #03-294
Postcode	680285
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE4415K
Vehicle Make/Model/Colour	NISSAN NV200
Details Of Properties	
Name of Driver	LEE GEOK CHUAN
NRIC/Passport Number	S8907608J
Contact Number	92231908
Address	BLK 484D #12-68 CHOA CHU KANG AVENUE 5
Postcode	684484
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Details of Witness

Name	
Phone Number	
Email Address	

SKETCH PLAN

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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.

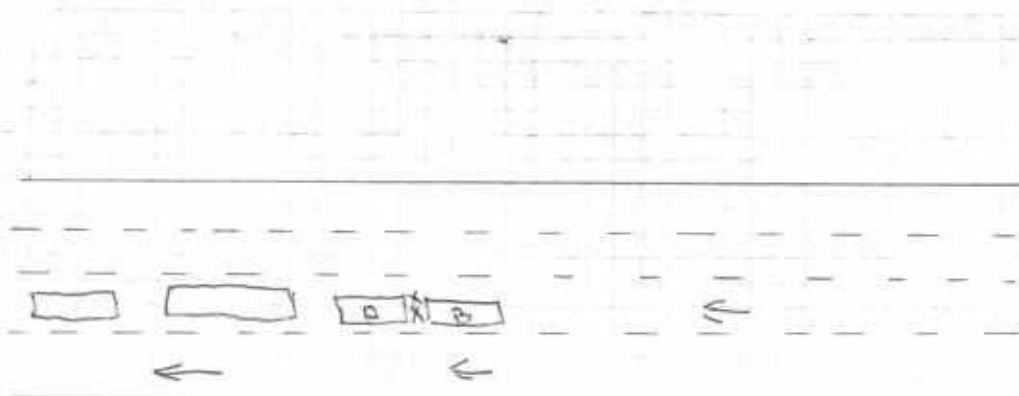


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



P/E (TUAS) A/KAR KUBANAW

Describe Circumstances of the Accident

While driving along PIE towards Tuas,
Suddenly a van (GBE4415K) hit my car from
behind. The traffic was normal at that
time. Later on, the car in front of me stopped
which I had time to brake my car too but
he failed to stop on time and thus hit
my car.

The accident happened around 550pm - 16.11.17

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

17/11/2017

MOTOR ACCIDENT REPORT FORM

Date of Accident: 16/11/2017	Time: 5:50 pm	Exact Location of Accident: PIE (THOS) New Eng Neo
DETAILS OF INSURED/POLICYHOLDER (OWN VEHICLE)		
Vehicles Registration Number: SLP 3665K	Name of Registered Owner: SIME DARBY SERVICES	
NRIC / Passport No. / FIN: S1751790B	Co. Reg. No. (for Co. Vehicle Only): 197501065W	
*Own Insured Email Address:	*Mobile Phone No.: 96167083 *Alternative Phone No.:	
VEHICLE PARTICULARS (OWN VEHICLE)		
Manufacturer: KIA	Model: FORTE K3 1.6A	
Exact purpose of vehicle being used at time of accident. Normal usage <input checked="" type="checkbox"/> Other <input type="checkbox"/> (please state):		
Are you claiming your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> Claiming Against 3rd Party <input type="checkbox"/> For Reporting Only <input checked="" type="checkbox"/>		
Vehicle Category:		
INSURANCE COMPANY (OWN VEHICLE)		
Name of My Insurance Company: MSIA		
Type of Coverage: Comprehensive <input type="checkbox"/> Third Party <input checked="" type="checkbox"/>		
Fleet Policy (Multiple vehicles coverage): Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Policy / Cover Note Number:	
DRIVER PARTICULARS <input type="checkbox"/> Same as Insured Above		
Name of Driver: Md Ali Bin Mohamed	NRIC / Passport No. / FIN: S1751790B	
Date of Birth: 17.5.1966	Occupation: Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>	
Date of Driving Pass: 9.3.1993	Gender: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	
Mobile Phone No.: 96167083 Alternative Phone No.:		
Address as stated in NRIC: B11c 285 Choa Chu Kang Ave 3 #03-294 (Post Code: 680285)		
Email Address:		
Was driver an employee of the Insured's Company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> State relationship of the driver with the insured:		
Does the Driver Own Any Other Vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Vehicle Reg. Number of Driver's Own Vehicle (if applicable):		
Insurance Company of Driver's Own Vehicle (if applicable):		
INFORMATION OF THE ACCIDENT		
Weather Conditions	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/> (please state condition):	
Road Surface	Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/> (please state condition):	
Was anybody injured in the accident?	No <input type="checkbox"/> Yes <input type="checkbox"/>	
Was any foreign vehicle involved in this accident?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
Foreign Vehicle Registration Number		
Foreign Vehicle Category	Private Car/Commercial Vehicle/Motorcycle/Taxi/Bus Others <input type="checkbox"/> *Please indicate	
Was any other vehicle or property involved?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	
Was there any video captured by Car Camera?	No <input type="checkbox"/> Yes <input type="checkbox"/>	
Was the accident reported to the Police?	No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, which Police Station?	
Was notice of intended Prosecution given?	No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, against whom?	
I have been approached by unknown person(s) soliciting / offering accident claims assistance.	No <input type="checkbox"/> Yes <input type="checkbox"/>	
*Number of Passengers (Including Driver)		
DETAILS OF OTHER VEHICLE (Please complete Annex A Form if more vehicles involved)		
Vehicles Registration No.: GBE 4415K	Vehicle Make / Model / Colour: Nissan NV 200	
Details of Property Damaged in Accident (other than 3rd-Party vehicle):		
Name of Driver: Lee Geok Chuan	NRIC/Passport Number: S89076083	
Contact Number: 92231908		
Address: B11c 484D Choa Chu Kang Ave 5 #12-68 (Post Code: 684484)		
Insurance Company Name:		
Nature of Damage: Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/>	No. of Passengers (Including Driver): 2	
Details of Witness - Name:		
Details of Witness - Contact Number:		
Details of Witness - Email Address:		
DETAILS OF INJURED PERSON (Please complete Annex A Form if more person injured)		
Name:	Approximate Age:	
Address: (Post Code:)		
Injuries Sustained:	Injured person in which vehicle (vehicle reg. no.):	
Were seat belts worn? No <input type="checkbox"/> Yes <input type="checkbox"/>	Were injured conveyed to hospital by ambulance? No <input type="checkbox"/> Yes <input type="checkbox"/>	
Type of Accident (Please tick the appropriate type on flipside of this form)		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1751790B



MOHD ALI BIN MOHAMED
SHATACCKATHULLA

Race
INDIAN
Date of Birth
17-05-1966 M
Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1751790B



MOHD ALI BIN MOHAMED
SHATACCKATHULLA

Birth Date 17 May 1966
Issue Date 19 Dec 2002



2475843



NRIC No S1751790B

Blood Group Date of Issue
A+ 13-10-1994

Address
APT BLK 285 10A CHU KANG AVENUE 3
#03-294
SINGAPORE 2368

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	18 May 1987
Class 2A	Motorcycles between 201 cc and 400 cc	18 May 1987
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	08 Mar 1993
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	24 Nov 1996
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	22 Mar 1996

1P 421A



**MSIG**

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

2956

Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA)
 THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)
 THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
 (REPUBLIC OF SINGAPORE)
 THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.2.400
 Cars for Hire

MOTOR CAR - COMMERCIAL TP
Third Party

Certificate No. B 29040710 TMC

1. Index Mark and Registration Number of Vehicle
 SLP3665K

2. Name of Policyholder
 Sime Darby Services Pte Ltd

3. Effective Date of the Commencement of Insurance for the purposes of the Act
 01/10/2017

4. Date of Expiry of Insurance
 30/09/2018

5. Persons or Classes of Persons entitled to drive*

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 for the carriage of passengers or goods in connection with the Policyholder's business.

Use for social domestic and pleasure purposes.

The Policy does not cover

(1) Use for racing pace-making reliability trial or speed-testing.

(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

* 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.

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