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TP Panticulars Veh Not	49928	. INC()/ Nov-INC () *	
Owner / Driver: (Teli)	
Policy No: () Pe	rlod; ()	Cover Type: ()	
Confirmed by : '(Dalei	Timer)	
Insured/Driver Liability: (%) []	Note-Est Status (W	O): N: 0-2	0%; P: 21-79%, P:	\$0-100%]	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 witholding 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.

- 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 ladgement 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

	ACCIDENT STATEMENT
Date Of Report	01/12/2017 19:46
Date Of Accident	30/11/2017 16:00
Exact Location Of Accident	CTE TOWARDS PIE(NEAR BRADDELL EXIT)
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKN5946J
Insured/Policyholder	
Name Of Registered Owner	SIME DARBY SERVICES PTE LTD
Co Reg No	197501065W
Email Address	KEN.YAP@CARTRACK.COM
Mobile Phone No	(LOCAL) +65-97335701
Alternative Phone No	OFFICE-97335701
Vehicle Particulars	
Manufacturer	FIAT
Model	GALAXY
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	THIRD PARTY
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	YAP CHIN LEE (YE ZHENLI)
NRIC No	S8035477J
Date Of Birth	08/11/1980
Occupation	INDOOR
Date Of Driving Pass	25/10/2003
Driving Experience	14 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97335701
Fax Number	
Contact Number	OTHERS-97335701

KEN.YAP@CARTRACK.COM

Address

BLK 52 NEW UPPER CHANGI ROAD

#07-1486

Postcode

461052

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?

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

YP4992E

Vehicle Make/Model/Colour

ISUZU

Details Of Properties

Name of Driver

ZHANG FUMING

NRIC/Passport Number

077465979

Contact Number

92273030(AH QIANG)

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

LMPORTANT 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 Orlver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts me 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.
- 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.
- 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.

(callectively the "Purposes")

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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		->	M 11	12/17	an o	lls/2017
Palicyholder's Sig	gnature / Date &	Driver's Signature & Time	If driver is not the	policyholder) / Date	Witnessed by Rep Personnel	orting Centre
Sketch Plan	CTE TOU		CNUKAR B	RADDELL RO		
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		-		-	-	
CTE	~> i	212	vehicl	A-YP	49922 KN5946J	
			vehich	B - SI	KN 5946J	

cribe Circumstances of the Accident	A FIRST
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Hetricte C made	
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rade a Sudden brake in	trout which transper to
break in time. However,	When I tooked thro the
rear view mirror, I saw	vahicle A approxing towards
my lar, unable to brake	in time. The impact smash
my voor windereen.	
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CONTRACTOR	
	- Top Voll To
JOTE: PLEASE NOTE THAT YOUR INSURER!	MAY HAVE 14 DAYS TIME FRAME FOR YOU TO
UBMIT AN OWN DAMAGE CLAIM UNDER Y	OUR OWN POLICY. PLEASE CHECK YOUR POLICY
OR MORE INFORMATION.	
Please State:	F* 000000 \$1000
) Claim Own Policy (Claim Third Party () Claim OD/TP at other workshop () Reporting only
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towns received in the Color.	
We declare the foregoing particulars are true in every respect.	
We declare the foregoing particulars are true in every respect.	
We declare the foregoing particulars are true in every respect.	1 Julia malalis/ne

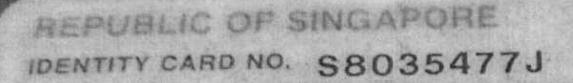
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

《四月20日 [15] [15] [15] [15]	1111 7 Time: 1600
Date of Accident 3 (1 2 5 6 1 2 1 1 2 1 1 1 2 1
Exact Location of Accident	DETAILS OF OWN VEHICLE
	A J Name of Registered Owner: SIME DARRY SERVICES
Vehtcles Registration Number: 5KN 594	Co. Reg. No.(for Co. Vehicle Only): 197501065W
NRIC / Passport No. / FIN:	Co. Reg. No.(lor Co. Verillas Grily). 1977907005VV
(applete transculars)	A STATE OF THE STA
Manufacturer: FORD	Model: GALAXY
Exact purpose of vehicle being used at time of accide	nt. Normal usage ☐ Other ☐ (please state):
Are you claiming your own insurance policy for repair	to your vehicle? Yes ☐ Claiming Against 3 rd Party ☐ For Reporting Only ☐
Vehicle Category: Private Car	
Accretion company	经验到这种种种的证明,但是是是是是是是是是是是是是是是是是是是是是是是是是是是是是是是是是是是是
Name of My Insurance Company: MSIG	
Jps of Cortaings.	Party-El
Floet Policy (Multiple vehicles coverage): Yes El	No 🗆 Policy / Cover Note Number:
Inveit Comments of the Comment of th	The Constitution of the Co
Name of Driver: Yay Chin Lee	NRIC/Passport No. / FIN: 3503547 + J
Date of Birth: 08/11/19 FD	Occupation: Indoor D Outdoor D
Date of Driving Pass: 25/10/2005	Gender: Male D Female D
alphie Liono Morr (1 222 C)	tive Phone No.:
	our changi Rd #07-1486 (Post Code: 461052
"Email Address: Ken Yap (a Cartrac	c.com
Was driver an employee of the Insured's Company?	Yes ☐ No ☐ State relationship of the driver with the insured:
*Does the Driver Own Any Other Vehicle?	Yes D No D
*Vehicle Reg. Number of Driver's Own Vehicle (if ap	plicable):
*Insurance Company of Driver's Own Vehicle (if app	licable):
Offer Intermetten of the Aceidem	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Weather Conditions Sunny	Clear ☐ Raining ☐ Others ☐ (please state condition):
Road Surface	Wet □ Dry □ Others □ (please state condition):
Was anybody injured in the accident?	No 2 Yes CI
*Was any foreign vehicle involved in this accident?	No.⊠ Yes □
Foreign Vehicle Registration Number	
Foreign Vehicle Category	Private Car/Commercial Vehicle/Motorcycle/Taxl/Bus Others □ *Please indicate
Was any other vehicle or property involved?	No D Yes D
*Was there any video captured by Car Camera?	No □ Yes Ø
Was the accident reported to the Police?	No.₽ Yes □ If Yes, which Police Station?
Was notice of Intended Prosecution given?	No □ 2 Yes □ If Yes, against whom?
I have been approached by unknown person(s)	Ng. E Yes D
soliciting / offering accident cialma assistance.	
STATE OF THE PROPERTY OF THE P	Vehicle Make / Model / Colour: 15UZ 4 / Reward / white
Vehicles Registration No.: YP 49928	
Details of Property Damaged in Accident (other than	
Name of Orlver: Zhang Fuming	NRIC/Passport Number: WP 077465 177
	(Post Code:
Address:	(Logi cons.
nsurance Company Name:	
Nature of Damage: Front ☑ Rear ☐ Left ☐	Right □ No. of Passengers (Including Driver): ⊘ ≥
Details of Witness - Name:	
Details of Witness - Contact Number:	
Details of Witness - Email Address:	
	ERSON (Please complete Annex A Form if more person injured)
DETAILS OF INJURED F	
The second secon	Approximate Age:
Name:	Approximate Age: {Post Code:
Name: Address:	(Post Code:
Name: Address: Injuries Sustained: Were seat belts wom? No 🗆 Yes 🗅	(Post Code:

^{*} Compulsory information required by GIARMC Accident Reporting System for accidents occurring from 15 January 2013 onwards.





Name

YAP CHIN LEE (YE ZHENLI)

叶振利

2012年11月1日日本大阪市市市市市大学中国大学中国大

Race

CHINESE

Date of birth

Sox

08-11-1980 M

Country of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: \$8035477.3

Name.

YAP CHIN LEE (YE ZHENLI)

Birth Date: 08 Nov 1980

Issue Date: 25 Oct 2003

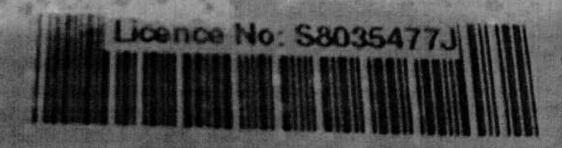


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

25 Oct 2003



428A



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)
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.Z.400 Cars for Hire

MOTOR CAR - COMMERCIAL TP Third Party

B 29040710 TMC Certificate No.

1. Index Mark and Registration Number of Vehicle

2. Name of Policyholder

SKN5946J

Sime Darby Services Pte Ltd

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

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