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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.
- 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 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 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.

PEDIA CONTROL STATE STATE STATES	ACCIDENT STATEMENT
Date Of Report	07/12/2017 16:03
Date Of Accident	06/12/2017 18:05
Exact Location Of Accident	ADAM ROAD TOWARDS LORNIE ROAD INFRONT OF SPC
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLA3366C
Insured/Policyholder	
Name Of Registered Owner	LAUW HUI KIAN
NRIC No	S2205646H
Email Address	PUNKISH_GAL88@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96383988
Alternative Phone No	OFFICE-96383988
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C250
Exact Purpose for which vehicle was being used at time of accident	GOING BACK TO OFFICE
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D27916471 QMY
Cover Note Number	
Driver	
Name of Driver	LAUW HUI KIAN
NRIC No	S2205646H
Date Of Birth	15/11/1956
Occupation	INDOOR
Date Of Driving Pass	20/09/1982
Oriving Experience	35 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96383988
Fax Number	
Contact Number	OFFICE-96383988

PUNKISH GAL88@HOTMAIL.COM

Address

8 SWETTENHAM CLOSE

Postcode

248139

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

3

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

FBB3550A

Vehicle Make/Model/Colour

Details Of Properties

LEE CHAU LAM

Name of Driver NRIC/Passport Number

S1483167C

Contact Number

97877168

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

**Details of Witness** 

Name

Phone Number

Email Address

### SKETCH PLAN

## 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 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
- 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 lodgment 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.
- 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' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
  - (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' 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
- 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

7/13/3017

Policyholder's Signature Date & Time:

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

Reporting Centre Personnel's Signature

07/12/2017

NRIC/FIN No.:

ADAM RO TOWARDS LORNIE IMPROM OF SPC A) SLA 3366C B1 FBB 3550A DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

I/We declare the foregoing particulars are true in every respect,

fineins \$/15/5017

Policyholder's Signature Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ROSAL WARDS

GEARLY SERVERSON COME SEE

## AGCIDENT STATEMENT

ACCID	ENT DATE ( 6 / 12)	2017 100/MA	A/YYYY), TIME:	18.01	_)(HH:MM)
LOCATI	ON: Adam Road	toward	Cornie	o'in fron	t of SPC
0.535,000				~	
1.	DETAILS OF VEHICLE	/	( -	:6	5 1
	a) VEHICLE NUMBER:	SLA 33 6	60		
	b)INSURANCE COMPA	NY: Thuw	H HS16		
770	ALDOLIOV MILMRER	D 2 + 4 / 0 4 -	11 4 1/	APP DARLY P	TRE ATHEFH
	DIPOLICY TYPE: ICOMP	TOPE DEC	Me LAKITY TO	MDG C PART I	MATERIAL PROPERTY
	B)MAKE & MODEL: H	PE / MPV /V AN	/LORRY / MO	TORCYCLE	OTHERS)
	g) VEHICLE CATEGORY:	IPRIVATE / CON	AMERCIAL / M	OTORCYCL	∄
	h PURPOSE OF USING A	T ACCIDENT TIN	ME: GO bac	k office	<del></del>
	DARE YOU CLAIMING L	NDER YOUR OY	WH INSURANC	E (AESAMO)	
20	IF NO, PLEASE STATE (	THIRD PARTY CL	AIM / REPORTI	NG ONLY)	*
2	Committee of the Commit				775-53-55-517 VT4 + # # 7
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	HIMPIO /FINI/P ASSEMBLE	75507010	11	NIACI:_/P	3831
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Fine of bescoulds	a)NAME:	49' BB	OUFC	[MALE	FEMALE)
(Including driver)	b) NRIC/FIN/PASSPORT		cc	DNTAGT:	
(L)	c ADDRESS:				
######################################		- me		(V/V/V)	77.20
Œ.	*d) DATE OF BIRTH: (	2/11/732	6 (00/MM/Y	1111	\$ #
	DATE OF DRIVING	1.11 to 11 Cle 3.6	301 1 78.	2	- CONTRACTOR
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6.	WAS ANYBODY INJUR	ED (4524 NO)			
. 7.	OF YES, PLEASE STATE	MHICH BOLICE	STATION:		
g	THIRD PARTY VEHICLE	1111011110111	- *	elware consen	SECUTION .
flo of passenger	d) VEHICLE NUMBER	FBB 3 5	FOA M	ODEL:	4
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	c) NRIC/FIN/PASSPO	ORT: 5/4 83	167 6	ONTACT:_	701
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(Induding driver	N 1) NEICLENTANOSLA	ensi.			
()		. *.		40	E 2
					1

email = punicish-gal88 c hotmail.com

fax = 67436691

VIORO

# REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$2205646H





LAUW HUI KIAN

刘慧娟

CHINESE

15-11-1956

INDONESIA

DRIVING LICENCE Chieco Name S 2 2 0 5 6 4 6 H LAUW HUI KIAN # 15 Nov 1956 15 Nov 2003

1516351

S2205646H

8 SWETTENHAM CLUSE SINGAPORE 248139

NRIC No: \$2205646H

20-12-1993

Date: 18/04/2012 (R) No: 7040638

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

PASS DATE

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

70 Sep 1982



NP 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

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)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION) 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.X.1 Individual Ownership MOTOR MAX PLUS Comprehensive

Certificate No. D 27916471 QMY

Excess: SGD600 Windscreen Excess: SGD100

- Index Mark and Registration Number of Vehicle SLA3366C
- 2. Name of Policyholder Lauw Hui Kian
- Effective Date of the Commencement of Insurance for the purposes of the Act 12/06/2017
- Date of Expiry of Insurance

11/06/2018

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.

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 (Ch 189) and Section 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 LISTED IN THE ATTACHED.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its concertificate must be returned to the Insurer within 7 days of the termination or if the Certificate has been lost or distributory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Mot (Third-Party Risks and Compensation) Act (Cap. 189).

INVE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Mol [Third-Party Risks and Compensation] Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amer or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pt

Approved Insurers

for Chief Executive Office