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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.
- 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 of trespoint.

《大學學》的學習的學習的學習的學習的學	ACCIDENT STATEMENT
Date Of Report	11/12/2017 11:14
Date Of Accident	10/12/2017 14:30
Exact Location Of Accident	GREAT WORLD CITY CARPARK EXIT(KIM SENG ROAD)
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJD565Y
Insured/Policyholder	
Name Of Registered Owner	SIME DARBY SERVICES PTE LTD
Co Reg No	197501065W
Email Address	KELVINHUIJT@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98243828
Alternative Phone No	OFFICE-98243828
Vehicle Particulars	
Manufacturer	FORD
Model	MONDEO-2.0 (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	HUI JOON THOE(XU JUNTAO)
NRIC No	\$74027841
Date Of Birth	04/02/1974
Occupation	INDOOR
Date Of Driving Pass	11/09/2000
Driving Experience	17 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98243828
Fax Number	
Contact Number	OTHERS-98243828

KELVINHUIJT@GMAIL.COM

Address

261 RIVER VALLEY ROAD

#03-16

Postcode

238307

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)

2

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 RFEFER 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

SLM1735R

Vehicle Make/Model/Colour

CHEVROLET

Details Of Properties

Name of Driver

SAINT ANDREW MACDONALD

NRIC/Passport Number

S2762968G 98371901

Contact Number

254

Address

KING ALBERT PARK

Postcode

598310

Insurance Company Name

Nature Of Damage

Nature Or Damage

No. Of Passenger (Including Driver)

2

Details of Witness

Name

Phone Number

Email Address

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 <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>.
- 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;
- 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.
- 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' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - 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")
- 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.
- (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:
 - 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.

Policyholder's Signature nate & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

2/18/172

Reporting Centre Personnel's Sign

Name:

NRIC/FIN No.:

SKETCH PLAN GOLLAT	WORLD CITY CARPAR	K FIXIT (KIM SHALL ROAD)
B - T	and party SLM 1735R	Â
A - S	JD565Y	B >
	× ×	KIM SENE RD
DESCRIBE CIRCUMSTANCES		
		FOR WCOMING TRAFFIC
- Oil Not Red	of the more has	pad infrom and assume
- Spead	less than 3 km/h	
- CAR PCA	TE (FRONT) DAME	the - Vo other damage
		I.
DECLARATION I/We declare the foregoing particu	ilars are true in every respect.	
	* Ort	= an/11/12/2017
Policyholder's Signature Oate & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Date of Accident	15/12/17 Time: 14/30/
Exact Location of Accident	GREAT WORLD CITY CAR PARKEXIT (KIM SENG ROAD
Designation of the last of the	DETAILS OF OWN VEHICLE
Vehicles Registration Number: STD 56	5Y Name of Registered Owner: SIME DARISY SERVICE:
NRIC / Passport No. / FIN:	
Volatione Particulars 2 + 2 + 2 + 2 + 2 + 2 + 2 + 2 + 2 + 2	The state of the s
Vanufacturer: FORD	Model: MONDEO 2.0
	NESDELO:
Exact purpose of vehicle being used at time of accid	
Vehicle Category: Private Car	ir to your vehicle? Yes Claiming Against 3rd Party For Reporting Only
Programme and the second secon	
Vante of My Insurance Company: MSG	是这种社会的是对对对对对对对对对对对对对对对对对对对对对对对对对对对对对对对对对对对对
	d Party-B
Reat Policy (Multiple vehicles coverage): Yes &	
Diver	NO LI POIDY COVER NOTE NUMBER.
	NRIC / Passport No. / FIN: \$ 140,7847
Date of Birth: 040274	NRIC / Passport No. / FIN: \$74027847 Occupation: Indoor Outdoor
Date of Driving Pass:	2000 Gender: Male-ET Female C
711 III III	ative Phone No.:
1 1 2 0	
*Email Address: Kelvin bui IT @ Smail	6/-/-
Was driver an employee of the Insured's Company?	
*Does the Driver Own Any Other Vehicle?	Yes □ No □ State relationship of the driver with the insured: Yes □ No □
	The state of the s
*Vehicle Reg. Number of Driver's Own Vehicle (if app	
*Insurance Company of Driver's Own Vehicle (if appl	ICADIA):
Giller Intormation of the Accident 1	## 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Weather Conditions	Clear. ☐ Raining ☐ Others ☐ (please state condition):
Road Surface	Wet □ Dry, □ Others □ (please state condition):
Was anybody injured in the accident?	Ne 8 Yes 0
*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 Others □ *Please indicate
Was any other vehicle or property involved?	No □ Yes,E
Was there any video captured by Car Camera?	No.Ø Yes □
Was the accident reported to the Police?	No.☑ Yes ☐ If Yes, which Police Station?
Was notice of Intended Prosecution given?	No-□ Yes □ If Yes, against whom?
have been approached by unknown person(s) tolkling / offening accident claims assistance.	No D Yes D
	ICLE (Please complete Annex A Form if more vehicles involved)
程度的 10 mm (10 mm)	MITBSR Vehicle Make / Model / Colour: Chevet CHEVROLET
Details of Property Damaged in Accident (other than 3	M-Party vehicle):
	0 N Q L D NRIC/Passport Number: - \$37 82.762.966 G
Contact Number: 98371901	104-0 14404 dashort rampar 31 37 16 + 100 4
	ARK (Post Code: 598310
Isurance Company Name:	(Fost code: 1831-
ature of Damage: Front Rear Left	Right □ No. of Passengers (Including Driver):
etuils of Witness - Name:	140. of Passengers (including Driver).
etails of Witness - Contact Number:	
etails of Witness - Email Address:	
	DSON/PI
The Paris of INJURED PE	RSON (Please complete Annex A Form if more person injured)
drass:	Approximate Age:
urias Sustained:	(Post Code:
	Injured person in which vehicle (vehicle reg. no.):
ere seat belts worn? No 🗆 Yes 🗆	Were injured conveyed to hospital by ambulance? No ☐ Yes ☐
pe of Accident (Please tick the appropriate type on fil	ipside of this form)

^{*} Compulsory information required by GIARMIC Applicant Reporting System for applicants occurring from 15 January 2013 prevards.

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$74027841





HUI JOON THOE (XU JUNTAO)

许 俊 涛 fisce

CHINESE

04-02-1974 M Country of birth BINGAPORE



4956399



Date of leave 03-04-2013

261 RIVER VALLEY ROAD #03-18 SINGAPORE 238307

NRIC No.: \$7402784

Date: 21/10/2017

VOIL ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES.

PASS DATE

Class 3 Motor Cars and Motor Treaters the weight of which unlader does not exceed 2500 kilograms

11 Sep 2000

Nº 4281



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

Certificate No. B 29040710 TMC

 Index Mark and Registration Number of Vehicle SJDS65Y

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.

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.
 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