

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	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

DETAILS 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	S7402784I
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
EMail Address	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 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	SLM1735R
Vehicle Make/Model/Colour	CHEVROLET
Details Of Properties	
Name of Driver	SAINT ANDREW MACDONALD
NRIC/Passport Number	S2762968G
Contact Number	98371901
Address	25A KING ALBERT PARK
Postcode	598310
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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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.
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:
 - (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
- (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:
 - (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.



Policyholder's Signature
Date & Time:

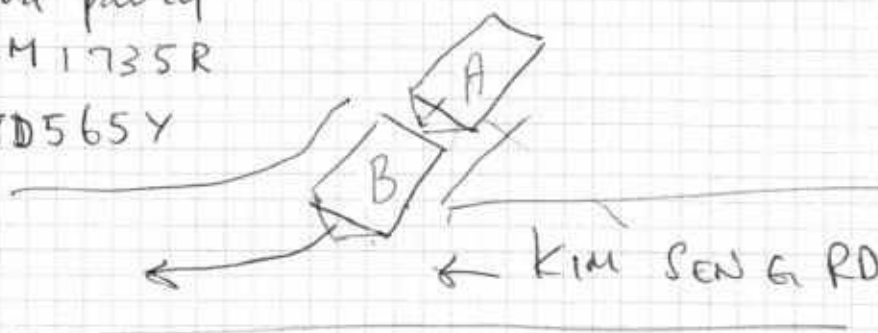
Driver's Signature
(If driver is not the policyholder)
Date & Time: 11/12/18 17:20

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

SKETCH PLAN GREAT WORLD CITY CARPARK EXIT (KIM SEN G ROAD)

B - Third party
SLM1735R

A - SJD565Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- I WAS CHECKING BLIND SPOT FOR INCOMING TRAFFIC
- DID NOT REALISE CAR A STOPPED IN FRONT AND ASSUMED I WENT ON TO MAIN ROAD
- Speed less than 3 km/h
- CAR PLATE (FRONT) DAMAGE - No other damage.

DECLARATION

I/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: 11/12/17

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

MOTOR ACCIDENT REPORT FORM

BASIC INFORMATION

Date of Accident: 10/12/17 Time: 1430
 Exact Location of Accident: GREAT WORLD CITY CAR PARK EX17 (KIM SENG ROAD)

DETAILS OF OWN VEHICLE

Vehicles Registration Number: SJD 565Y Name of Registered Owner: SIME PARBY SERVICES
 NRIC / Passport No. / FIN: Co. Reg. No. (for Co. Vehicle Only): 19750106SW

Manufacturer: FORD Model: MONDEO 2.0

Exact purpose of vehicle being used at time of accident. Normal usage ☒ Other ☐ (please state):
 Are you claiming your own insurance policy for repair to your vehicle? Yes ☐ Claiming Against 3rd Party ☐ For Reporting Only ☒

Vehicle Category: Private Car

Name of My Insurance Company: MSIG
 Type of Coverage: Comprehensive ☐ Third Party ☒

Fleet Policy (Multiple vehicles coverage): Yes ☐ No ☒ Policy / Cover Note Number:

Name of Driver: HUI JOON THOE NRIC / Passport No. / FIN: S74027841
 Date of Birth: 040274 Occupation: Indoor ☐ Outdoor ☐

Date of Driving Pass: 11/09/2000 Gender: Male ☒ Female ☐
 Mobile Phone No.: 98243828 Alternative Phone No.:

Address as stated in NRIC: 26 RIVER VALLEY ROAD 1403-16 (Post Code: 23887)
 * Email Address: kelvinhui12@gmail.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 ☐ No ☒

* Vehicle Reg. Number of Driver's Own Vehicle (if applicable):
 * Insurance Company of Driver's Own Vehicle (if applicable):

Other Information of the Accident:

Weather Conditions: Clear ☒ Raining ☐ Others ☐ (please state condition):
 Road Surface: Wet ☐ Dry ☒ Others ☐ (please state condition):

Was anybody injured in the accident? No ☒ Yes ☐
 * Was any foreign vehicle involved in this accident? No ☒ Yes ☐

Foreign Vehicle Registration Number:
 Foreign Vehicle Category: Private Car/Commercial Vehicle/Motorcycle/Taxi/Bus Others ☐ *Please indicate

Was any other vehicle or property involved? No ☐ Yes ☒
 * Was there any video captured by Car Camera? No ☒ 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?

I have been approached by unknown person(s) soliciting / offering accident claims assistance. No ☒ Yes ☐

DETAILS OF OTHER VEHICLE (Please complete Annex A Form if more vehicles involved)

Vehicles Registration No.: SJD 565Y SLMTBSR Vehicle Make / Model / Colour: Chevrolet CHEVROLET
 Details of Property Damaged in Accident (other than 3rd-Party vehicle):

Name of Driver: SAINT ANDREW MACDONALD NRIC/Passport Number: S7 827629684
 Contact Number: 98371901

Address: 25A KING ALBERT PARK (Post Code: 598310)
 Insurance Company Name:

Nature of Damage: Front ☐ Rear ☒ Left ☐ Right ☐ 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: (Post Code:

Injuries Sustained: Injured person in which vehicle (vehicle reg. no.):
 Were seat belts worn? No ☐ Yes ☐ Were injured conveyed to hospital by ambulance? No ☐ Yes ☐

Type of Accident (Please tick the appropriate type on flipside of this form)

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S74027841



Name
HUI JOON THOE
(XU JUNTAO)
许俊涛
Race
CHINESE
Date of birth
04-02-1974 Sex
M
Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S74027841
Name
HUI JOON THOE
(XU JUNTAO)

Birth Date 04 Feb 1974
Issue Date 03 Oct 2003

000886611H



4956398



NRIC No S74027841

Date of issue
03-04-2013

281 RIVER VALLEY ROAD #03-10
SINGAPORE 238307

NRIC No S74027841

Date 21/10/2017

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

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

PASS DATE
11 Sep 2000

NP 4235



**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

2526

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

1. Index Mark and Registration Number of Vehicle

SJD565Y

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