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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 fruthful 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 todgement 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.

A DESCRIPTION OF THE PARTY OF THE PARTY.	ACCIDENT STATEMENT		
Date Of Report	27/12/2017 09:38		
Date Of Accident	25/12/2017 13:00		
Exact Location Of Accident	JUNCTION B/F BEDOK NORTH AVE 3/BEDOK RESERVOIR RD		
Country/State of Loss	SINGAPORE		
AND RESIDENCE OF THE PERSON NAMED IN COLUMN 1997 AND THE PERSON NA	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SFV1541L		
Insured/Policyholder			
Name Of Registered Owner	UE-TAY SZE YIN		
NRIC No	S7522140A		
Email Address	DAVIDCHAIWK@YAHOO.COM.SG		
Mobile Phone No	(LOCAL) +65-96199806		
Alternative Phone No	OTHERS-93663229		
Vehicle Particulars			
Manufacturer	ТОУОТА		
Model	WISH		
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	PRIVATE CAR		
Insurance Company			
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.		
Type Of Coverage	COMPREHENSIVE		
Fleet Policy	NO		
Policy Number	A 80428707 ATT		
Cover Note Number			
Driver			
Name of Driver	CHAI WEI KIAN DAVID (XIE WEIQUAN DAVID)		
NRIC No	S7331048B		
Date Of Birth	30/08/1973		
Occupation	INDOOR		
Date Of Driving Pass	19/05/1994		
Driving Experience	23 YEARS AND 7 MONTHS		
Gender	MALE		
Mobile Number	(LOCAL) +65-93663229		
Fax Number			
Contact Number	OTHERS-96199806		

DAVIDCHAIWK@YAHOO.COM.SG

Address

15 RIVIERA DRIVE

#07-17

Postcode

467205

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

SPOUSE

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

Number of vehicles involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

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)

3

Passenger 1

ambulance?

NAME:

: UE-TAY SZE YIN

GENDER:

: FEMALE

Passenger 2

NAME:

: CHAI KAI WEN

GENDER:

: MALE

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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLB6349C

Vehicle Make/Model/Colour

HONDA FIT

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

SIOW KEE LIN

NRIC/Passport Number

S0683733F

Contact Number

96201681

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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 companies.
- 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.
- 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)
 - (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:

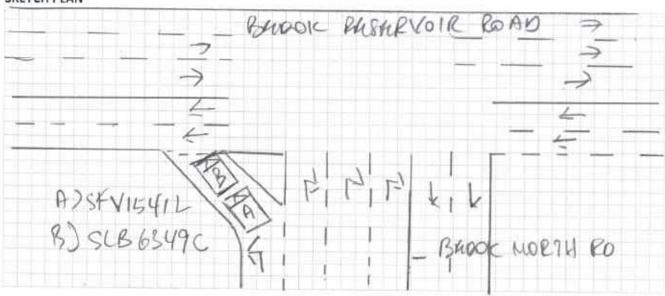
Driver's Signature

(If driver is not the policyholder)

Date & Time:

9.40a.m.

Reporting Centre Personnel's Signature
Name: ADVALLE Harbard



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	STATE OF A DECEMBER OF A STATE OF A DECEMBER
	On 25th Decembe 2017, I was driving along Bodok North Avenue 3 and
	bout to turn into Bedok Reservor Road. The car in front of my car
3	juddenly jammed the brakes and I did not have time to each and
	my car dented his car. I asked him why he jammed his brakes
	and he says Here is a bus coming - As I find that he is a very
	piderly dover I did not pursue further. We promise not to
	Report to insurance.
	On 26th December, he called me and told me that he had
- 1	reported to his insurance and wants to claim against me. I was very
2)	disappointed us he did not leep to his primise. This delayed my
	reporting to my insurance after 24 hours.

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:

27/ 12/2017 9-40 a.m

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

ACCIDENT STATEMENT

ACCID	ENT DATE: 25, 12, 20	17 ((DD/MM/YYY), TIA	AE-(/300_)(HH:MM)
LOCAT	ON: Jynction beh	men Bedak North	Avenue 3 and Bedok Rese Road
1,	DETAILS OF VEHICLE a) VEHICLE NUMBER: b) INSURANCE COMPANY	SFV1541 L MS IG	- 1 t - 1
	DIPOLICY NUMBER: DIPOLICY TYPE: COMPRE B) MAKE & MODEL: () TYPE (SALOON) COUPE B) VEHICLE CATEGORY: PI M) PURPOSE OF USING AT A I) ARE YOU CLAIMING UNC	LARY IVAN / LORRY / A RIVATE COMMERCIAL / ACCIDENT TIME: FO	THIRD PARTY FIRE & THEFT) MOTORCYCLE, / OTHERS) MOTORCYCLE MIY Mage
e .	IF NO, PLEASE STATE (THE INSURED / POLICY HOLDS	RD PARTY CLAIM (REP.O	RTING ONLY)
Ue-Tay See Yn F) Chai Kai Wen m	A) NAME: UP TO b) NRIC/FIN/PASSPORT: C) ADDRESS: BJK	STS22140A STS22140A IS RIVIERA PINE, SINGOPOR 46720S	
¥No of passongab	CONTINUE TO 3,d IF DRI	AND THE PARTY OF T	
(Including driver)	ONAME: Cha: We: DINRIC/FIN/PASSPORT: CIADDRESS: BIE 15	S7331048B	CONTACT: 93663229
· ·	ODATE OF BIRTH: 130	TRUTE 19 May	994
	WAS ORIVER AN EMPLO IF NO, RELATIONSHIP OF WEATHER CONDITIONS	OF THE DRIVER WITH (CLEAR / RAINING / OT	INSURED: Husband HERS Clear
	b) ROAD SURFACE: (DRY WAS ANYBODY INJURED D) REPORTED TO POLICE IF YES, PLEASE STATE W	/ WET / OTHERS) Pry
H No of passons ar	THIRD PARTY VEHICLE O) VEHICLE NUMBER: _	5LB 6349C	MODEL: Honda Fit:
(Inducting driver)	c) NRIC/FIN/PASSPOR	50683733F	CONTACT 98201681
(2) 9.	THIRÔ, P'ARTY VEHICLE d) VEHICLE NUMBER:	A	MODEL!
(Including drive		T!	CONTACTIVE
()	1	Til.	* 12 4 2.

email: david chain Ke yahoo com sg fax = V1080

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7331048B



CHAI WEI KIAN DAVID (XIE WEIQUAN DAVID)

伟 权 лась CHINESE

30-08-1973 Country of birth SINGAPORE





REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7522140A



UE-TAY SZE YIN

JAPANESE

Date of birth 09-08-1975

Country of nirth SINGAPORE



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

EFFECTIVE DATE

Class 3 * Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A





MSIG Insurance (Singapore) Pte. Ltd. 4 Shenton Way. # 21-D1. 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.X.1 Individual Ownership Toyota DriveElite Comprehensive

Certificate No. A 80428707 ATT

Excess: SGD500

Windscreen Excess: SGD100

 Index Mark and Registration Number of Vehicle SFV15411.

2. Name of Policyholder

Ue-Tay Sze Yin

- Effective Date of the Commencement of Insurance for the purposes of the Act 24/04/2017
- Date of Expiry of Insurance

23/04/2018

5. Persons or Classes of Persons entitled to drive*

Ue-Tay Sze Yin Chai Wei Kian David

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 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 (Chapter 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 MUST BE CARRIED OUT AT BORNEO MOTORS (S) PTE LTD 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 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, Fallure 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 (Maiaysia) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd. Approved Insurers

for Chief Executive Officer