

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	27/12/2017 17:50
Date Of Accident	26/12/2017 19:00
Exact Location Of Accident	RIVERWALK BUILDING CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU6545C
Insured/Policyholder	
Name Of Registered Owner	HITACHI CAPITAL ASIA PACIFIC PTE LTD
Co Reg No	-
Email Address	WIKI@EXCELLENCESG.COM
Mobile Phone No	(LOCAL) +65-83828063
Alternative Phone No	OFFICE-83828063

Vehicle Particulars

Manufacturer	AUDI
Model	Q2
Exact Purpose for which vehicle was being used at time of accident	EXITING CARPARK
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	7VPCP1762890/P01
Cover Note Number	

Driver

Name of Driver	LIM WEI KHEONG
NRIC No	S8890070G
Date Of Birth	02/07/1988
Occupation	INDOOR
Date Of Driving Pass	01/03/2011
Driving Experience	6 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83828063
Fax Number	
Contact Number	OFFICE-83828063
Email Address	WIKI@EXCELLENCESG.COM

Address	BLK 87 TELOK BLANGAH HEIGHTS #18-365
Postcode	100087
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - LEASING CAR
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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 ambulance?	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
Passenger 1	NAME: : MICHELLE CHUA GENDER: : FEMALE

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?	YES
Remarks/ Reasons:	FILE TOO BIG
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCA3938J
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

SKETCH PLAN

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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.

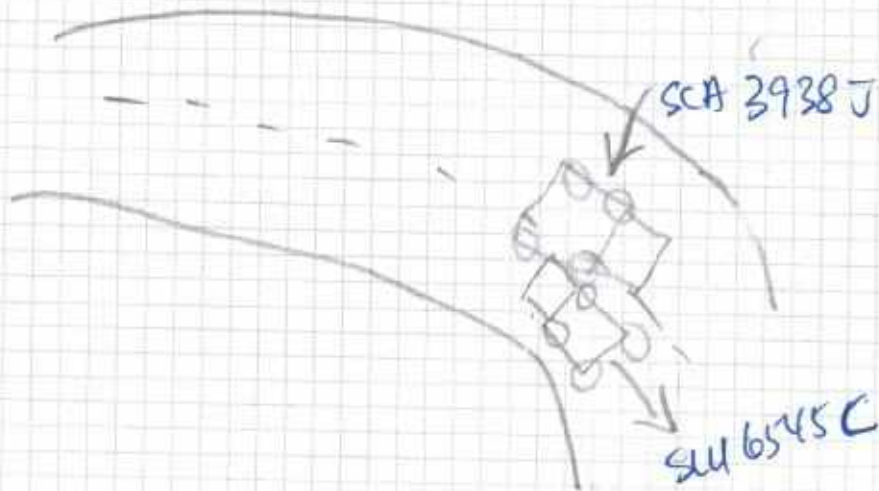
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

RIVERWALK BUILDING



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26th December 2017, I was at around 7pm. I was exiting the carpark from River Walk Building. I was ~~on~~ towards downslope and the other vehicle was coming upslope. ~~It~~ this vehicle ^{cut} into my lane by quite ~~at~~ and my car happen to scratch is back passenger door when I was turning down slope.

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: 27/12/17 11:35 pm

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

27/12/2017
Rohit W...

ACCIDENT STATEMENT

ACCIDENT DATE: 26/12/2017 (DD/MM/YYYY) TIME: 19:00 (HH/MM)

LOCATION: Riverwalk CarPark

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLU6545C
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: 7VPCP1762890/P01
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: AUDI Q2
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: Exiting CarPark
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Hitachi Capital Asia Pacific Pte Ltd (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: LIM WEI KHEONG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: SP90070G CONTACT: 832 8063
 c) ADDRESS: 87 Tekong Road, Heng Jia #18-265 S(1817)

* d) DATE OF BIRTH: 02/07/1981 (DD/MM/YYYY)

* e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING LICENCE: 01/03/2011

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Leasee

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS: Windy Carpark)
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SCA793P3 MODEL: Mercedes S350CGI
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

MICHAEL CHOW
(F)

No of passengers
(including driver)
(2)

No of passengers
(including driver)
(2)

No of passengers
(including driver)
()

Email: wiki@excellencesg.com

Fax: _____

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8890070G



Name

LIM WEI KHEONG

Race

CHINESE

Date of birth

02-07-1988

Sex

M

Country of birth

INDONESIA



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8890070G

Name LIM WEI KHEONG

Birth Date 02 Jul 1988

Issue Date 01 Mar 2011



3840001

NRIC No. S8890070G



Date of issue
23-01-2008

Address

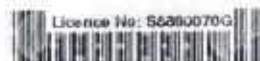
APT BLK 87 TELOK BLANGAH HEIGHTS
#18-365
SINGAPORE 10087

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 01 Mar 2011

NP 428A



**MSIG**

MSIG Insurance (Singapore) Pte. Ltd. (Co Reg No: 2004122720)
 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
 Tel +65 6827 7888, Fax +65 6827 7800
 www.msig.com.sg

CERTIFICATE OF INSURANCE

Motor Vehicles (Third Party Risks And Compensation) Act (Chapter 189)
 Motor Vehicles (Third Party Risks And Compensation) Rules, 1960
 Road Transport Act, 1987 (Malaysia)
 Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

14 Dec 2017

CERTIFICATE No.

MOTORMAX PLUS

: 7VPCP1762890/P01

1. Index Mark and Registration Number of Vehicle : SLU6545C
2. Chassis Number of Vehicle : WAUZZZGA3JA040372
3. Name of Policyholder : HITACHI CAPITAL ASIA PACIFIC PTE. LTD.
4. Effective date of the Commencement of Insurance for the purposes of the Act : 08 Dec 2017 00:00AM
5. Date of Expiry of Insurance : 07 Dec 2018
6. Persons or Classes of Persons entitled to drive*
 (a) Any person who is driving on the Policyholder's order or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other 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.

And provided further that the Motor Vehicle is registered and licensed under the Road Traffic Act and its registration and licensing under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

7. Limitations as to Use*

Use only for social, domestic & pleasure purposes and for the Policyholder's business.

The Policy does not cover use for hire or reward, tuition, driving test, 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 Vehicle (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.

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 & Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).

For MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurer

IMPORTANT NOTICE

This Certificate is not transferable to a new owner of the vehicle.

If for any reason the Insurance is terminated during its currency, the Certificate must be returned to the Insurer, 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 compulsory Insurance Legislation.

This Certificate must be returned if the insurance is suspended during its currency.

If you are involved in an accident, full details must be forwarded immediately to the Company.

FORM M.X.1 (001)

7VPCP1762890

(For the Issuance of Motor Certificate of Insurance only)