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# SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Contact Number

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

<b>产品等等</b>	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
<b>三八年加建文/北德/路斯塔里是第4</b> 章	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLU6545C
Insured/Policyholder	
Name Of Registered Owner	HITACHI CAPITAL ASIA PACIFIC PTE LTD
Co Reg No	±1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1
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
ax Number	W/ 15!

OFFICE-83828063

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

8

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

nnamo

ambulance?

NO

Was any other material or property damaged?

Number of Passengers (Including Driver)

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

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

## IMPORTANT NOTICE

- 1. 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.
- 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")
- (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:
  - 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 & Tim

27/0/17 11-35am

Reporting Centre Personnel's Signat

Name:

NRIC/FIN No.:

On 26th December 2017, toos at around Jour large exiting the
Carpark from River walk Building I was est towards develope and the other vehicle was somey upslipe Its to this yeliste cut into my lane by quite also and my ar pupper to smatch
the other vehicle was some upslige Its to this vehicle cut into
my lane by quite als and my or happen to constal
is back passenger der den I was turning down stope.
CLARATION

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 17 17

11.35 pm

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

NRIC/FIN No.:

NRIC/FIN No.:

# ACCIDENT STATEMENT

ACCID	ENT DATE ( 26/12 / 301	1/00/MM/YYYY), TI	ME:1.19. 01	2_1(HH:)/	(M)
	ION: RIVERLALK Carl	73	-	75	1/2
1.	DETAILS OF VEHICLE	196	2	90 CE	
761	a) VEHICLE NUMBER: SL	U6545C	1.	30.00	
	b)INSURANCE COMPANY:	MSIG			
T/L	CIPOLICY NUMBER: TYPEP	1762890/POI			
	DIPOLICY TYPE: (COMPREHE	NSIVE / THIRD PARTY	THIRD PARTY	FIRE WITH	EFT)
	B)MAKE & MODELL	AUDI 92			
	1) TYPE: (SALOON / COUPE / A	APY /Y AN / LORRY /	MOTORCYCLE	COTHER	512
	g) VEHICLE CATEGORY (FRIV	ATE / COMMERCIAL	MOLOLICACI	-=)	15
	HIPURPOSE OF USING AT AC				
	I) ARE YOU CLAIMING UNDER	YOUR OWN INSURA	NCE (YES/NO)		
XI.	IF INO, PLEASE STATE (THIRD	PARTY CLAIM / REPO	RTING ONLY)		71
2.,	INSURED / POLICY HOLDER	P D 0	111 6		
MICHALLA COTOR	Alhame: Hitachi Capita	The state of the s	CONTRACTOR OF THE PARTY OF THE	/ FEMALE	1
MICH MCCIC COLORS	b) NRIC/FIN/PASSPORT:		CONTACT		
(9)	C)ADDRESS:				
	· CONTINUE TO 3.d IF DRIVER	ALSO POLICY HOLD	FR	-	W.
14.16	DDIV/ED	IV 7854	Se (5)	(6)	
Also of becoming	DINAME! LIM WEI	KHEONG	MALE	/ FEMALE	5)
(Inducting driver)	DINRIC/FIN/PASSPORT:S	8800070G	CONTACT: 8	382 80	63
(7)	CIADORESSI 87 Tebe B	evento Heylti	#18-365	SCIAN	177
-	C) ACCINESS.	)			
	" d) DATE OF BIRTH: [ 02 / 4	27) 1981 100/MA	4/4444)	5	
	DOCCUPATION: IMBOOR	OUTDOOR)	100	77)	W
5	1) DATE OF DRIVING LICE	ICE 01/03/2011		Ween'	130
4.	WAS DRIVER AN EMPLOYE	E OF THE INSURED	'S COMPANY?	(YES)	RESERVE
	IF NO, RELATIONSHIP OF	THE DRIVER WITH	INSURED:_/C	Cosper	le d
5.	a) WEATHER CONDITION: (C	LEAR / RAINING / ET	HERS INTIME	Course.	
94 == 10	BIRDAD SURFACE: (OR) / W			1	
-7 61	WAS ANYBODY INJURED IYE	1/25		1 1 1	
	IF YES, PLEASE STATE WHICH	H POLICE STATION			
8.	THISO PARTY VEHICLE		2101	1/6	2002
4 les of passonger	O) VEHICLE NUMBER: SC	A39383	MODEL! ME	redes s	20000 I
(1)	b) DRIVER'S NAME:				
( Induding assiver)	d) NRIC/FIN/PASSPORTI_		_CONTACT:_		-
(2)	THIRD PARTY VEHICLE				
16 11 A	d) VEHICLE NUMBER:		_MODEL!		"
A 190 of bazonuar	al DRIVER'S NAMEL	The second second			
(Including driver	) f) NRIO, FIN, PASSPORTI_		_CONTACTIL		
( )	.6				
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email = wiki@excellencesg-com

fax =

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8890070G





Name

LIM WEI KHEONG

Hace CHINESE Date of birth 02-07-1988 Country of birth INDONESIA



3840001





MIC No. S8890070G

Diete of leave

23-01-2006

APT BLK 87 TELOK BLANGAH HEIGHTS #18-365 SINGAPORE 100087 YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

EFFECTIVE DATE

Class 3 Motor Cars < 3000kg with <</li>
7 passengers, exclusive 01 Mar 2011 of the driver; and other motor vehicles << 2500kg</li>

NP 428A





MSIG Insurance (Singapore) Pte. Ltd. (in the he included and included 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

MOTORMAX PLUS

CERTIFICATE No.

7VPCP1762890/P01

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

07 Dec 2018

5. Date of Expiry of Insurance

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)