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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

Fax Number 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 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.

aforesaid.					
(作)经济产品的经验	ACCIDENT STATEMENT				
Date Of Report	29/12/2017 14:44				
Date Of Accident	28/12/2017 18:45				
Exact Location Of Accident	IKEA (ALEXANDRA) BASEMENT CARPARK				
Country/State of Loss	SINGAPORE				
是 有 學 经 多种 经 第二	DETAILS OF OWN VEHICLE				
Vehicle Registration Number	SKN721Z				
Insured/Policyholder					
Name Of Registered Owner	JAMES FOO HEE MENG				
NRIC No	S1250744E				
Email Address	JFCJFC@SINGNET.COM.SG				
Mobile Phone No	(LOCAL) +65-B1009893				
Alternative Phone No	OTHERS-81009893				
Vehicle Particulars					
Manufacturer	BMW				
Model	316I-1.6 AT D/AB 4DR ABS HID (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	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					
Cover Note Number	10113821				
Driver					
Name of Driver	JAMES FOO HEE MENG				
NRIC No	S1250744E				
Date Of Birth	06/03/1957				
Occupation	INDOOR				
Date Of Driving Pass	12/05/2003				
Driving Experience	14 YEARS AND 7 MONTHS				
Gender	MALE				

(LOCAL) +65-81009893

JFCJFC@SINGNET.COM.SG

OTHERS-81009893

BLK 155 YISHUN STREET 11 Address

#07-90

Postcode 760155

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

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

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

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-

. MDM TAN LEE SEE

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:

WITH OWNER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLM5596D

Vehicle Make/Model/Colour

BMW X3

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

T.C.LEONG

NRIC/Passport Number

Contact Number

96371335

Address

Postcode

Insurance Company Name

AXA INSURANCE PTE LTD

Nature Of Damage

Page 2 of 15

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.
- 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.
- 6. 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) 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 Persons

BAS: EMANIZ CARPOREK OF IKKA (BUNYADRA) SKETCH PLAN 1 SKN 7217 REVERSING TO PARK IKEA BASEMENT RATTU P DOWN GAR PARK LOTO CAR PARIC ENTRANCE 2) SLM 5596D DESCRIBE CIRCUMSTANCES OF THE ACCIDENT REVERSING & HITTING 5KN 7217 (from about 10 m in from DECLARATION I/We declare the foregoing particulars are true in every respect. Policyholder's Signature Driver's Signature Date & Time: (If driver is not the policyholder) Date & Time: NRIC/FIN No.:

ACCIDENT STATEMENT

1. DETAILS OF VEHICLE OIVEHICLE NUMBER: SEN 7217 DINSURANCE COMPANY: MS16 OIPOLICY NUMBER: 10113821 OIPOLICY TYPE: [COMPREHENSIVE / HIRD PARTY FIRE ATHEA!] B)MAKE & MODEL: BMW 3161 1.5 AT ()TYPE: (SALOON / GOURS / MRY NY ATH / LORRY / MOTORCYCLE / OTHER!) OIVEHICLE CATEGORY: [PRIVATE / COMMERCIAL / MOTORCYCLE / OTHER!) I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (MS100) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) THIRD PARTY CLAIM 2. INSURED / POLICY HOLDER DINRIC/FIN/PASSPORT: 51250744E CONTACT: 81009893 CIADDRESS: PLK 155 YICHUM 57. 11. #07-90 SINGAPSRE 760155 CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER OINAME: DINRIC/FIN/PASSPORT: CONTACT: OINAME: DINRIC/FIN/PASSPORT: CONTACT: OINAME: CINCLESSES: CONTACT: OINAME: CONTACT:	ACCI	DENT DATE (28 / DEC) 2	017)(00/MM/YYYY), TI	6.45PM	H:MMJ
ONTAN LET SET ONTAN LET SET ONTAN DE STORY OF SIGNAP OF THE DE STATE OF SIGNAME OF SIG	LOCA	HOW BASEMENT CA	RPARKOFI	KEA (ALEXAN	IDRA)
(I) TYPE: ISACIOON / GOURE / MAPLY MAIN / LORRY MOTORCYCLE / OTHERS) GIVEHICLE CATEGORY: [PRIVATE / COMMERCIAL / MOTORCYCLE) I) PURPOSE OF USING AT ACCIDENT TIME: PERS - MARL I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (PES/NO) IF INO, PLEASE STATE (HIRD PLRY OLAIM / REPORTING ONLY) THIRD PARTY COMMENT OF THE MEMORY (MALE / FEMALE) DINRIC/FINIPASSION: 5 (25.5) TYPE CONTACT: \$1009893 CONTINUE TO 3.0 IF DRIVER ALSO POLICY HOLDER UNALE / FEMALE) DINRIC/FINIPASSION: CONTACT: CONTACT: STOOP OF THE INSURED SCOMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWN TAN LEFT SET OWN TAN LEFT SET OWNEATHER CONDITION: (CLEAR / RAISING / GIVERS) INDOOR WAS DRIVER AN EMPLOYED OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: DINROCAD SURFACE; [DRY / WET/OTHERS] OWNEATHER CONDITION: (CLEAR / RAISING / GIVERS) INDOOR WAS ANYBOOY INJURED (WET/OTHERS) ON WEATHER CONDITION: (CLEAR / RAISING / GIVERS) INDOOR IF YES, PLEASE STATE WHICH POLICE STATION: ON THIRD PARTY VEHICLE ON NEICHT PARTY	es <u>E</u>	O) VEHICLE NUMBER:	MS16 10113821 HENSIVE / HHRD PARTY		. (11484 1)
ANAME: JAMES FOO HEE MENG (MALE/FEMALE) D) NRIC/FINPASSPORT: \$12507445 CONTACT: \$1009893 C) ADDRESS: PLK 155 YIKHUN ST. 11. #07-90 SCHEAPSRE 760155 CONTINUE TO 3.0 IF DRIVER ALSO POLICY HOLDER (Including driver) D) NRIC/FIN/PASSPORT: CONTACT: C) ADDRESS: OM TAN LET SET OM TAN	75 8	() TYPE: (SALOON / COUPE G) VEHICLE CATEGORY: (P h) PURPOSE OF USING AT I) ARE YOU CLAIMING UN IF NO, PLEASE STATE (THI	TMPY / VAIT / CORRY / RIVATE / COMMERCIAL ACCIDENT TIME;PE DER YOUR OWN INSURA RD PARTY CLAIM / RERC	MOTORCYCLE/OTH /MOTORCYCLE) PRS = NAL	
CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER (Including driver) DRIVER ON TAN LET SET ON T	2.	A) NAME: JAMES b) NRIC/FIN/PASSPORI: c) ADDRESS: BLK 155	FOO HEE MEN 51250744E YUHUN ST. 11	CONTACT: 8 100	ALE)
e)OCCUPATION: [INDOOR/OVIDOOR] I) DATE OF DRIVING LICKING 12 MAY 2003 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED. 5. O)WEATHER CONDITION: [CLEAR / RAINING / OTHERS INDOOR DIROAD SURFACE: [DRY / WEY / OTHERS INDOOR ONE OF TO ROLICE (X87 / NO) IF YES, PLEASE STATE WHICH POLICE STATION: B. THIRD PARTY VEHICLE	14110 of passongs) (Including driver)	CONTINUE TO 3,d IF DRI DRIVER O) NAME: D) NRIC/FIN/PASSPORT:	VER ALSO POLICY HOLD	MALE / FEM	ALE) NA
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES! / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. OLWEATHER CONDITION: (CLEAR / RAINING / OTHERS INDOOR 5. OLWEATHER CONDITION: (CLEAR / RAINING / OTHERS INDOOR 6. WAS ANYBODY INJURED (XEST / NO) 7. OLREPORTED TO ROLICE (XEST / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE 4. No of passanger of VEHICLE NUMBER: SLM 5596D MODEL BMW X3? (Induding driver) 6. DRIVER'S NAME: T.C. LEONG CONTACT: 9637 1335 (Induding driver) 6. DRIVER'S NAME: MODEL: 9. THIRD PARTY VEHICLE 6. DRIVER'S NAME: ONTACT: ONTACT: NAME: ONTACT: ONTACT: ONTACT: NAME: ONTACT: ONTA	om TAN LEE SEE			M/YYYY) ;	
b)ROAD SURFACE: [DRY / WET / OTHERS //MD) 6. WAS ANYBODY INJURED (285/NO) 7. O)REPORTED TO ROLICE (285/NO) 16 YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE 4 No of passanger of VEHICLE NUMBER: SLM 5596 D MODEL BMW X3? (Induding driver) b) DRIVER'S NAME: T.C. LEONG (Induding driver) of NRIC/FIN/PASSPORT: CONTACT: 9637 1335 4 No of passanger of VEHICLE NUMBER: MODEL 4 No of passanger of DRIVER'S NAME: CONTACT: NAME: MODEL 4 No of passanger of DRIVER'S NAME: CONTACT: NAME:		I) DATE OF DRIVING UN WAS DRIVER AN EMPLO IF NO. RELATIONSHIP	CHACL	O'S COMPANY? (YES	37'NO) 3 NA
4 No of passanger of VEHICLE NUMBER: SLM \$596 D MODEL: BMW XS. (Inducting driver) b) ORIVER'S NAME: T.C. LEONG (Inducting driver) c) ORIVER'S NAME: CONTACT: 9637 1335 (2) 9. THIRD PARTY VEHICLE (1) VEHICLE NUMBER: MODEL! NOTE: NAME: CONTACT: ONTACT: ONTACT: ONTACT: CONTACT: CON	6.	b) ROAD SURFACE; [DRY WAS ANYBODY INJURED O) REPORTED TO ROLICE IF YES, PLEASE STATE WI	XE2./ NO XE2./ NO XE2./ NO	INPOOR	
(Including driver) () NRIC: = ASSPORT! CONTACT!	4 100 of passenger (Industing driver)	o) VEHICLE NUMBER:	T.C. LEONG		111111111111111111111111111111111111111
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TRANSPORT OF THE PROPERTY OF T		Őh.	el. ifcif	ca singnet.	com.sq

if required.

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1250744E





JAMES FOO HEE MENG

符气明

CHINESE

06-03-1957

SINGAPORE









₩CM S1250744E

30-12-1995

APT BLK 155 YISHUN STREET 11 #07-90 SINGAPORE 760155

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

PASS DATE 17 Nov 1977 17 Nov 1977

Class 28 Motorcycles not exceeding 200 sc Class 2A Motorcycles between 201 cc and 400 cc Class 3 Motorcycles exceeding 400 cc Motor Cars and Motor Tracks weight of which unladen does not exceed 2500 kilograms

17 Nov 1977

NF 428A



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

MOTOR INSURANCE COVER NOTE Cover Note No. 10113821

The Insured named in the Schedule below having proposed for insurance in respect of the Motor Vehicle described in the Schedule below the risk is hereby HELD COVERED in the terms of the Company's usual form of Policy applicable thereto for the period as stated below unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

Agent No.

: 212165

Name of Insured

: JAMES FOO HEE MENG

Make and Description of Vehicle: BMW 316I 1.6 AT

Vehicle Registration No.

: SKN721Z

Year of Manufacture

: 2013

Engine No.

: A183J553N13B16A

Chassis No.

: WBA3A16040NS36240

Capacity

: 1,598 Cubic Capacity

Cover Type

: Comprehensive

Sum Insured (SGD)

: Market Value

Period of Insurance

: 09/05/2017 to 08/05/2018

Excess (SGD)

: 500

Finance Company

: BMW FINANCIAL SERVICES SINGAPORE PTE, LTD.

I/We hereby certify that this Covering note is issued in accordance with the Provisions of the Motor Vehicles (Third Party Risks & Compensation) Act (Cap. 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

Not valid unless countersigned by the Company's Authorised Representative

MSIG Insurance (Singapore) Pte. Ltd.

Authorised Insurers

Sime Darby Insurance Brokers (Singapore) Pte. Ltd.

Mary Tan Senior Vice President, Brokers

Date of Issue: 03/05/2017

This covering note is valid for 30 days from the date of issue.