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SINGAPORE ACCIDENT STATEMENT

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 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.

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.	87. 27. 25.		
	ACCIDENT STATEMENT	June 1	
Date Of Report	02/01/2018 11:55		
Date Of Accident	01/01/2018 18:30		
Exact Location Of Accident	2ND FLOOR MULTISTOREY CARPARK,IMM		
Country/State of Loss	SINGAPORE		
the plant will be a property of	DETAILS OF OWN VEHICLE	5 3	
Vehicle Registration Number	SKX2658H		
Insured/Policyholder			
Name Of Registered Owner	NG HAN YUNG(HUANG HANYANG)		
NRIC No	S7910075G		

BEYOND 26@YAHOO.COM Email Address (LOCAL) +65-90212932 Mobile Phone No.

OTHERS-90212932 Alternative Phone No.

Vehicle Particulars

MERCEDES-BENZ Manufacturer

C200 Model

Exact Purpose for which vehicle was being used at PRIVATE USE

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

YES

If No, Please state action to be taken

Vehicle Category

PRIVATE CAR

Insurance Company

Name of Insurance Company

MSIG INSURANCE (SINGAPORE) PTE. LTD.

Type Of Coverage

COMPREHENSIVE

Fleet Policy

Policy Number

A 80418623 QMY

Cover Note Number

Driver

NG HAN YUNG(HUANG HANYANG) Name of Driver

S7910075G NRIC No 27/03/1979 Date Of Birth INDOOR Occupation 10/09/2004 Date Of Driving Pass

13 YEARS AND 3 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-90212932 Mobile Number

Fax Number

OTHERS-90212932 Contact Number

BEYOND_26@YAHOO.COM EMail Address

Address

BLK 47 CHOA CHU KANG LOOP

#08-16

Postcode

689680

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OWNER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - OPENING DOOR OF VEHICLE

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)

5

Passenger 1

NAME:

: SEE SHUSHAN

GENDER:

: FEMALE

Passenger 2

NAME:

: NG PETE

GENDER:

: MALE

Passenger 3

NAME:

: NG BRYN

GENDER:

: MALE

Passenger 4

NAME:

: NAR SAW

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?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKF8840C

Vehicle Make/Model/Colour

TOYOTA

Details Of Properties

Vehicle Category

PRIVATE CAR

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 5. 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.

Policyholden's Signature

11.10 am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Persoppel's Signature
Name:

NRIC/FIN No .:

Date & Time:

NRIC/FIN No.:

A CCIDENT'STATEMENT

ACCID	ENT DATE (1	1 1: / 2018	J(DD/MM/YYYY).	TIME: 18:	30 (HH:	MM)
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<i>t.</i>	DETAILS OF VE a) VEHICLE NU b) INSURANCE c) POLICY NUM	COMPANY:	2658.H USIG +18623 QM	у	1 13	E
	B) MAKE & MO 1) TYPE: (ALOO G) VEHICLE CA h) PURPOSE OF	COMPREHEN DEL: METCELO N OCOUPE LAI TEGORY: PRIVA	SIVE / THIRD PAR BEAT (200 PV /VAN / LORRY LE) COMMERCI CIDENT TIME:	IY/THIRD PART //MOTORCYC AL/MOTORCY Offrate WA	LE,/ O1HE OLE)	
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		ingapore 68"	ALSO POLICY HO			
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(Including driver)		ASSPORT:				
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(Including galver	. el DRIVER!	NAME:		CONTAC	T) <u>*-</u>	
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email = bayond_26@ yahoo.com
fax =

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7910075G





NG HAN YUNG (HUANG HANYANG)



汉 杨

CHINESE







4263024



07-04-2009

APT BLK 47 CHOA CHU KANG LOOP #08-16 SINGAPORE 689680

NRIC No. \$79100758

Date: 09/01/2017

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FIGLDWING CLASSIEST

BASS DATE 26 Feb 1998 19 Sep 2000 10 Sep 2004

Class 2B Motorcycles not exceeding 200 cc
Class 2A Motorcycles between 201 cc and 400 cc
Class 3 Motor Cars of unladen weight not exceeding
3000 kg with not more than 7 passengers,
exclusive of the driver; and Motor Tractors
and other Motor Vehicles of unladen weight
not exceeding 2500 kg

97910075G

5/No. 9000013331

Coeffice No: 57910075G



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

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

MOTOR MAX PLUS Comprehensive

Certificate No. A 80418623 QMY

Excess: SGD700

Windscreen Excess: SGD100

Index Mark and Registration Number of Vehicle

2. Name of Policyholder

Ng Han Yung

- Effective Date of the Commencement of Insurance for the purposes of the Act 01/12/2017
- Date of Expiry of Insurance

30/11/2018

Persons or Classes of Persons entitled to drive*

Ng Han Yung

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 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 CAN BE CARRIED OUT AT ANY WORKSHOP OF YOUR CHOICE 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 (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 or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.
Approved Insurers

for Chief Executive Officer