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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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
- 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.

- 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 Singapora (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

oresaid.	CCIDENT STATEMENT
212t	02/01/2018 18:19
Date Of Report	80/12/2017 15:20
Date Of Accident	PIE TOWARDS CHANGI AIRPORT B/F STEVENS EXIT
Exact Location Of Accident	SINGAPORE
Country/State of Loss	TAILS OF OWN VEHICLE
Vehicle Registration Number	SJW2969C
Insured/Policyholder	ZHAO YUNQING
Name Of Registered Owner	S8274464I
NRIC No	YQZHAO2000@YAHOO.COM
Email Address	(LOCAL) +65-81804316
Mobile Phone No	OTHERS-81804316
Alternative Phone No	
Vehicle Particulars	HYUNDAI
Manufacturer	TUCSON-2.0 (A)
Model) [27] [27] [27] [27] [27] [27] [27] [27]
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 PAGEY
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	(ONICADORE) PTE LTD
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P 27452075 DMA
Cover Note Number	
Driver	
Name of Driver	ZHAO YUNQING
NRIC No	S8274464I
Date Of Birth	28/04/1982
Occupation	INDOOR
Date Of Driving Pass	28/06/2008
Driving Experience	9 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81804316
Fax Number	
Contact Number	OTHERS-81804316
EMail Address	YQZHAO2000@YAHOO.COM

Address

RIK 470 SEGAR ROAD

#04-234

Postcode

670470

NO

Was driver an employee of the Insured's Company

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

CHAIN COLLISION

Weather Conditions

RAINING

Road Surface

WET

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?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

4

Passenger 1

NAME:

: SUN LEI

GENDER:

FEMALE

Passenger 2

NAME:

: ZHAO ZHITING

GENDER:

: FEMALE

Passenger 3

NAME:

: ZHAO JUNHANG

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?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SGF1680R

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category

CHAN HSIN HAO, KELSEY

Name of Driver

NRIC/Passport Number

S9603930A

Contact Number

81811200

Page 2 of 15

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SJV3655G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

MARCUS SZE KAH CHOON

S6915666E 96825682

Page 3 of 15

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.
- 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 aforesald.
- 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:

Reporting Centre Personney's Signature
Name:
NRIC/FIN No.: ROLL WASTAGE

ETCH PLAN	PIE	before	Stevens	exit Tou	ands thens.		a SJV36,56 B SGF1680 R
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I/We declare t	the forego	ng particulars	are true in ever	y respect.			///
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Policyholder's Date & Time:	Signature		Oriver's Signat (If driver is no Date & Time:	ture t the policyholder)	Na	eme: RIC/FIN No.:	ed LI worter

Cartin Gentler Gire VI

		1 /AGC	IDENT STATEME	NT.	1
	ACCIDENT DATE:	30 , 12 , 201	+unoinna vyvy)	TIME: 15 2	0 (HH:MM)
	ACCIDENT DATE:(_	E towards	Chair Airpar	clare Stever	15 Exit
	LOCATION:P1	E LOWARDS	Crisig- / mpart		
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	a)VEHICLE	NUMBER:	SJW 2969 C		
	HINSURAN	ICE COMPANYIL	MS1 G		
	' ejpoucy!	NUMBER: PA	19452075 DMA	TY_THIRD PART	Y FIRE &THEFT
	d) POLICY	MODEL:	HENSIVEY THIRD PAR Hyunda:	-Tucon-20(A)	# / OTHERS!
La E	1) TYPE: (5A)	LOON / COUPE	/ MPY /V AN / LORR	Y / MOTORCTE	CLE)
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Und	uding driver) () N	ane, productivi	NO AND THE PARTY OF THE PARTY O		111

email = Y2ZHA02466@YAHOO.COM

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S82744641



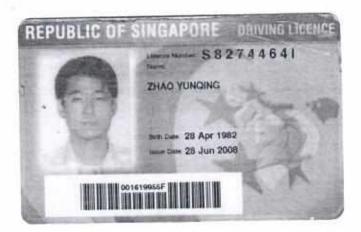
ZHAO YUNQING



CHINESE

28-04-1982 CHINA





8685520



UNIC No 582744641

CHINESE

12-01-2005

APT BLK 470 SEGAR ROAD #04 - 234 SINGAPORE 670470

NRIC No: 882744641

Date: 24/06/2008 No. 6015674

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FULLOWING CLASSIES!

Motor Cars=< 3000kg with =<7 passengers, exchisive 25 Jun 2006 of the driver; and other motor vehicles =< 2500kg

NP 426A





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)

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.I

DRIVESHIELD - PREMIER PLAN

Individual Ownership

Comprehensive

Certificate No. P 27452075 DMA

Excess: SGD700

19450

Windscreen Excess: SGD100

 Index Mark and Registration Number of Vehicle SJW2969C

2. Name of Policyholder

Zhao Yunqing

Effective Date of the Commencement of Insurance for the purposes of the Act 17/03/2017

DESCRIPTION OF THE PARTY.

Date of Expiry of Insurance

16/03/2018

Persons or Classes of Persons entitled to drive*

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 Compansation) 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 Statutory Declaration to that effect must be made. Failure 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 (Malaysia) or any Amendment. Act or Acts passed in substitution thereof

MSIG insurance (Singapore) Pte. Ltd. Approved Insurers

> DAVE for Chief Executive Officer