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## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

**Driving Experience** 

Mobile Number Fax Number

Contact Number

EMail Address

Gender

- 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 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.	
to be a second of the second of the second	ACCIDENT STATEMENT
Date Of Report	22/01/2018 09:30
Date Of Accident	21/01/2018 10:20
Exact Location Of Accident	IMM LEVEL 1 CARPARK RAMP ONE WAY
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SFT7771K
Insured/Policyholder	
Name Of Registered Owner	GOH SIONG TECK
NRIC No.	S7525817H
Email Address	SIONGTECKGOH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96366559
Alternative Phone No	OTHERS-96366559
Vehicle Particulars	
Manufacturer	NISSAN
Model	QASHQAI 2.0 CVT ABS D/AIRBAG 2WD 5DR S/R
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	P 40123300 DMA
Cover Note Number	
Driver	
Name of Driver	GOH SIONG TECK
NRIC No	S7525817H
Date Of Birth	10/09/1975
Occupation	INDOOR
Date Of Driving Pass	28/01/1995

22 YEARS AND 11 MONTHS

SIONGTECKGOH@GMAIL.COM

(LOCAL) +65-96366559

OTHERS-96366559

MALE

Address

479 RIVER VALLEY ROAD

#05-03

Postcode

248364

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?

Number of vehicles involved in the accident

NO

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

3622

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)

Passenger 1

NAME:

: BERNICE BOO

GENDER:

: FEMALE

Passenger 2

NAME:

: LUCAS GOH

GENDER:

: MALE

Passenger 3

NAME:

: SOPHIE GOH

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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

REVERT

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SKC5300E

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Page 2 of 23

Contact Number Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 3 of 23

ACCIDENT'STATEMENT

	10 20 AW	
	ACCIDENT DATE: ( 21, 01, 2018)(00/MM/YYYY), TIME: ( 10, 20 1/1)(HH:MM)	8 1
	1 WIND TANDET FOR WALLANDER VINE VINE	
	LOCATION: STORY LEVELT CON PARTY	
	A DEVAMO OF MENUOIS	
332	1. DETAILS OF VEHICLE CETTITIE :	67
	a) YEHICLE NUMBER:	
	b)INSURANCE COMPANY!	45
	C)POLICY NUMBER:	138
	d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)	¥.
	- INTER MODELL	
	() TYPE: (SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE. / OTHERS)	
	g) VEHICLE CATEGORY; [PRIVATE / COMMERCIAL / MOTORCTOCE)	*1
	h) PURPOSE OF USING AT ACCIDENT TIME:	
	HARF YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)	
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)	2
	a INCIDED / POLICY HOLDER/	
	AINAME: MALE / FEMILLE	
9	b) NRIC/FIN/PASSPORT:CONTACT!	
(4)	c ADDRESS:	
		- TS
	CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER	
	4 No of passongs DRIVER ! IMALE / FEMALE)	
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	(Including driver) b) NRIC/FIN/PASSPORT!CONTACT: 96569	entraciata NO
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-5	MI BIOCCUPATION: [INDOOR / OUIDOOK]	
	GON IDATE OF DRIVING THE INCHOLOGO COMPANY? (YES ! NO)	OMNEK
(0	WAS DRIVER AN EMPLOYEE OF THE DRIVER WITH INSURED!	- 9
	IF NO, RELATIONSHIP OF THE DRIVEN OTHERS	
	5, a) WEATHER CONDITION: (CCC) / KAIKING / OTHERS	<u> </u>
	6. WAS ANYBODY INJURED (YES / NO)	1
	TO POLICE (YES / NOD)	1.1
	IF YES, PLEASE STATE WHICH POLICE STATION!	-
9		4.77
	4 He of passenger O) VEHICLE NUMBER: SKC 5300 E MODEL!	<u>.</u>
	CONCERS NAME	70 American
	(Induding driver) o) DRIVERS INCOMECONTACT:	<b>3</b>
	( ) a TUICA O'A RTY VEHICLE	·
	UVEHICLE NUMBER:MODEL:	1
	4 NO of personger of DRIVER'S NAME!	-
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#### SKETCH PLAN

#### 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.
- 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.

5/ 22/1/8

Policyholder's Signature Date & Time: Sy 22[1 18

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

NRIC/FIN No .:

SKETCH PLAN Imm level 1 carpark ramp other party WY

#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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the	vamp	· (Vid	eo foot	age avo	ilable	> 1	100	
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### DECLARATION

I/We declare the foregoing particulars are true in every respect.

Date & Time:

22/1/18

Policyholder's Signature

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7525817H





GOH SIONG TECK (WU XIANGDE)

吴 祥 德

CHINESE

Date of birth

10-09-1975 M SINGAPORE





3810009





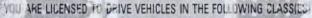
13-12-2005

479 RIVER VALLEY ROAD #05-03

SINGAPORE 248364

NRIC No: S7525817H

Date: 14/04/2013 No: 7283333



Class 3 Motor cars =< 3000 kg with =< 7 passengers, esclasive of the driver; and motor tractors/vehicles =< 2500 kg

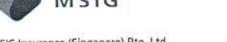
Class 4 Heavy motor cars and motor tractors > 2500 kg

24 Mar 2011

57525817H

S / No. 9000145822

NP 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

# 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 DRIVESHIELD - PREMIER PLAN
Comprehensive

Certificate No. P 40123300 DMA

Excess: SGD700

Windscreen Excess: SGD100

Index Mark and Registration Number of Vehicle

2. Name of Policyholder

Goh Siong Teck

 Effective Date of the Commencement of Insurance for the purposes of the Act 30/06/2017

4. Date of Expiry of Insurance

29/06/2018

5. Persons or Classes of Persons entitled to drive\*

Goh Siong Teck

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 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 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

for Chief Executive Officer