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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.
- 2. 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 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 ladgement 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.

ACCIDENT STATEMENT
23/01/2018 14:43
23/01/2018 07:30
ALONG FARRER ROAD FLYOVER
SINGAPORE
ETAILS OF OWN VEHICLE
SCY5926D
CHUA KUAN SEAH (CAI GUANGCHENG)
S7238451B
KUANSEAH@YAHOO.COM
(LOCAL) +65-97860353
OTHERS-97860353
BMW
3201
DAILY COMMUTING
NO
REPORTING ONLY
PRIVATE CAR
MSIG INSURANCE (SINGAPORE) PTE. LTD.
COMPREHENSIVE
NO
B 27666375 SMP
CHUA KUAN SEAH (CAI GUANGCHENG)
S7238451B
25/10/1972
INDOOR
06/09/1996

21 YEARS AND 4 MONTHS

KUANSEAH@YAHOO.COM

(LOCAL) +65-97860353

OTHERS-97860353

MALE

BLK 118 EDGEFIELD PLAINS Address

#15-302

820118 Postcode

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

2

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)

10

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

SKL2340L

Vehicle Make/Model/Colour

MERCEDES BENZ

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

PEH SHI YUN

NRIC/Passport Number

S8932905A

Contact Number

94378783

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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 <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/pr 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

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Beporting Centre Personnel's Signature

Name:

NEW /EIN No

5926D	/	-2340L	
1	4		
		Towner Flyu	wer.
			Favrer Flyu

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was traveling on Farrer Fly	oner on 23/1/2018 073
I was stationery as vehicles	In front has stopped.
I was startionary for a few	sees already.
SKL2340L rame and Kno	ok directly on my r
I cheeked that the bumper	was damaged.

DECLARATION

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

Policyholder's Signature

Date & Time: 23/1/2018 (230

Driver's Signature

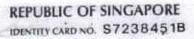
(If driver is not the policyholder) Date & Time:

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

ACCIDENT STATEMENT

ACCIDENT DATE: 23/01/2018 (00/MM/	YYYY), TIME: (07 , 30) (HH:MM)
FRAME TIMENT	es'
LOCATION:	The state of the s
1. DETAILS OF VEHICLE	(7)
OVEHICLE NUMBER: 3045 12	
HUNCHONNICE COMPANY! TIS 10	A CONTRACT
dipolicy Type: ICOMPREHENSIVE / THIR	64375 SMP
DEPOLICY TYPE: COMPREHENSIVE	3201
BIMARE SMOULE LARVIVANI	LORRY / MOTORCYCLE. / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COM	
LIBIDO OSE OF HISING AT ACCIDENT HIM	C. UA
III LEE VOU SI VILLING LINDER YOUR OW	N INSUMATIVE CELLEDICE
IF NO, PLEASE STATE (THIRD PARTY CLA	IM / REPORTING ONLY)
2. INSURED / POLICY HOLDER	VAN STAT (MALE / FEMALE)
AINAMEL!	USID CONTACT! 97860353
DIARIC/FINIT NOST	old Plains #15-303
CINODICON.	820118
CONTINUE TO 3. d IF DRIVER ALSO POL	LICY HOLDER
BRIVER !	(MALE / FEMALE)
SINAME!	
iduding driver.) by NRIC/FIN/PASSPORT!	CONTACT:
(_) c ADDRESS:	
*d) DATE OF BIRTH: 1 25 10 197	ZHIDD/MM/YYYY) : :
PLOCCUPATION: (INGOOD) OUTDOO	8 3-108
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VI PHI ATTONICATE OF PROPERTY	INING / OTHERS
5. OWEATHER CONDITION: CLEAR RAI	RS DRY
WILE LIVED TY INJURED IYES / NO)	Th. 14
	av (movi)
	STATION
8. THIRD PARTY VEHICLE SKL 23	40 L_MODEL! MEDIAGS
including driver) of NRIC/FIN/PASSPORT: 58933	YUN GURT RA
including driver) DI DRIVERS MONTE SEG 33	905A CONTACT: CHISTON
	AND THE PROPERTY AND TH
AL VEHICLE NUMBER:	MODEL!
140 of personger B) DRIVER'S NAMEI	CONTACT
Including driver) 1) RRC = N. PASSPORTI	- Contract of the contract of
()	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(_)	

email = kuan seah a yahoo com fax = VIOEO





CHUA KUAN SEAH (CAI GUANGCHENG)

光城

CHINESE

25-10-1972

SINGAPORE



AP251376



28-10-2002

APT BLK 118 EDGEFIELD PLAINS #15 -302 SINGAPORE 820118

HRIC No: \$72384518

Dute: 06/11/2007 (R) No: 5778670

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

PASS DATE

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

05 Sep 1996



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 SIME MOTOR PRIVATE Comprehensive

Certificate No. B 27666375 SMP

Excess: SGD500

- 1. Index Mark and Registration Number of Vehicle SCY5926D
- Name of Policyholder

Chua Kuan Seah (Cai Guangcheng)

- Effective Date of the Commencement of Insurance for the purposes of the Act 28/02/2017
- 4. Date of Expiry of Insurance 27/02/2018
- 5. Persons or Classes of Persons entitled to drive*

Chua Kuan Seah (Cai Guangcheng) 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 PERFORMANCE MOTORS LTD OR AT ANY WORKSHOP OF YOUR CHOICE.

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