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### SINGAPORE ACCIDENT STATEMENT

#### 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 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	
	ACCIDENT STATEMENT
Date Of Report	25/01/2018 14:10
Date Of Accident	25/01/2018 09:30
Exact Location Of Accident	TELOK BLANGAH CRESCENT CARPARK
Country/State of Loss	SINGAPORE
Description of the second of the party of th	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKU4999B
Insured/Policyholder	
Name Of Registered Owner	LIM YIN YEE
NRIC No	S6928335G
Email Address	HANCARREPAIRS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97880130
Alternative Phone No	OTHERS-97880130
Vehicle Particulars	
Manufacturer	MAZDA
Model	3-1.5 4 DOOR SEDAN SP (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	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 28785563 QMY

#### Driver

Cover Note Number

LIM SIEW WING Name of Driver S07064341 NRIC No 28/04/1940 Date Of Birth INDOOR Occupation 25/09/1962 Date Of Driving Pass 55 YEARS AND 4 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-97880130 Mobile Number

Fax Number

OTHERS-97880130 Contact Number

HANCARREPAIRS@GMAIL.COM EMail Address

Address

BLK 88 TELOK BLANGAH HEIGHTS

#21-359

Postcode

100088

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

PARENT

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

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

O-TERROR

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

 nave been approached by unknown person(s) soliciting/offering accident claims assistance. NO

Number of Passengers (Including Driver)

1

**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 (TYPE OF COLLISION TP REVERSE AND HIT INSURED)

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

SKK2729E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### SKETCH PLAN

VEHICLE NO: SKU4999B

DOA: 25/01/18

# IN/PORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust 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.
- 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Linderstand, acknow ledge, 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) w he 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' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
- (f) 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' law yers/law firms, may/are permitted to collect, usie, 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

PLEASE NOTE YOUR INSURER MAY HAVE A 14 DAY-TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. Witnessed by Reporting Centre Driver's Signature (If driver is not the policy holder) / Date Policyholder's Signature / Date & Personnel Sketch Plan Telok Blangah Vehicle A: SKU4999A Vehicle B: SKKZ129 E Describe Circumstances of the Accident same the lane exiting the carpank (near GIANT) Vehicle B suversed into the empty

### Declaration

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

林此营

Witnessed by Reporting Centre Personnel

X No. of

# Personal Particulars

Date of Accident: 25 /01 /2018 (dd/mm/yy) Time of Accident: 9 : 30 (24 Hrs)	
Vehicle No.: Sku4999 B Vehicle Make / Model: Mazok	
Exact location of Accident: Telok Blangan Crescent	
Owner's Name / ICNo: Lim Yin Yee I/CNo: SG9 28335/G.	
Driver's Namo/ICNo!: Lim Siew Wing I/C No: SO7064 34/ I.	3
Driver's Contact No. : 97880130 Insurance Company & Policy No. : MSIG Ins A 2878556	s 3 car
Driver's B-mail address: hancos repairs & gmail.com.	53
Relationship between Owner& Driver: Spouse/ Children / Friend Parents) Others specify:	
What do you wish to claim? (Please circle one only)	
(1)Own Insurance/(2)Other Vehicle (The one you want to claim against)/(3)Reporting (For Record Purpose)	
Exact purpose for which the vehicle was being used at time of accident? (Please circle one only)	e e
Private use/Work purpose	
Weather condition & Road conditions?	100
Clear & Dry/Raining & Wet/After-Rain & Wet/Drizzling & Wet	
Occupation	8
Indoor/ Outdoor	
Any Injuries 7 (MC of 3 days or more, police report is required)	
Yes (No If Yes, which police station?	
The Other Party (Vehicle B) Details:	ţ.
Driver's Name / IC No.: Vehicle No.: SKK 2729 E	2
Insurance Company: Driver's Contact No:	3
(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)	va.
Other (Vehicle C) Involved:	
Independent Witness (If Any): Contact No :	
Preferred workshop Name (If Any): Contact No:	

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$07064341



LIM SIEW WING



Cele of Beth 28-04-1940 County of Beth SELANGOR





1670203



S0706434I

alir

0+ 12-02-1994

APT BLK 88 TELOK BLANGAH HEIGHTS #21 - 359 SINGAPORE 100088

NRIC No: S07064341

Date: 12-11-2001 No. 4087617

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3 Motor Curs and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

25 Sep 1962

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



# Tan Brothers

Insurance Agencies Pte Ltd 10 Anson Road #11-16 International Plaza, Singapore 079903.

Tel: 62201822 Fax: 62246808 CO. REG. NO. 197500491N

## 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 Community MOTOR MAX PLUS Comprehensive

Certificate No. A 28785553 QMY

Excess: SOD500

Windscreen Excess: SGD100

- 1. Index Mark and Registration Number of Vehicle SKII4999B
- 2. Name of Policyholder

Lim Yin Yee

- 3. Effective Date of the Commencement of Insurance for the purposes of the Act 30/07/2017
- 4. Date of Expiry of Insurance 29/07/2018
- 5. 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.
- 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.

AN BACTHERS INSURANCE ASENCIES PTE LTD.

A 46/ Chief Extensive Officer