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SINGAPORE ACCIDENT STATEMENT

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.
- 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.

- 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.

	ACCIDENT STATEMENT			
Date Of Report	26/01/2018 09:58			
Date Of Accident	23/01/2018 20:00			
Exact Location Of Accident	ANG MO KIO AVE 6 TOWARDS LENTOR AVENUE			
Country/State of Loss	SINGAPORE			
	ETAILS OF OWN VEHICLE			
Vehicle Registration Number	SJQ6872C			
Insured/Policyholder				
Name Of Registered Owner	TAN KHENG CHEE			
NRIC No	S7080701G			
Email Address	NOEMAIL			
Mobile Phone No	(LOCAL) +65-98516680			
Alternative Phone No	OTHERS-98516680			
Vehicle Particulars				
Manufacturer	KIA			
Model	CERATO FORTE			
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	A 80449702 QMX			
Cover Note Number				
Driver				
Name of Driver	TAN SWEE KHENG			

Name of Driver TAN SWEE KHENG

 NRIC No
 \$6865406H

 Date Of Birth
 13/12/1968

 Occupation
 INDOOR

 Date Of Driving Pass
 19/08/1997

Driving Experience 20 YEARS AND 5 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-98516680

Fax Number Contact Number

EMail Address NOEMAIL

BLK 752 YISHUN STREET 72 Address

#09-192

Postcode 760752

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SIBLING

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

3

YES

NO

NO

1

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR Road Surface DRY

Other Information

ambulance?

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

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

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?

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 SLS6458G B.M,W

Vehicle Make/Model/Colour

Details Of Properties Vehicle Category

PRIVATE CAR

Name of Driver SEAH JIN HAI, EDMUND

NRIC/Passport Number S8115214D

Contact Number

90851115

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SKW3321C

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)

KIA:

PRIVATE CAR

TOH JU HONG

S8436223I

91507684

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;
 - (lii) 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.

Policyholder's Signature

Oriver's Signature
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN ANK MOKIO ANK 6 TOWARDS LAWTOR ANKENUTE B- SLS6458G A - SJQ 6872C SEW33214 16065-6 19ht DESCRIBE CIRCUMSTANCES OF THE ACCIDENT 23 Jan 2018, at about 8pm, I was on my way home when the night of accident happened. It was at the traffic light Junction and it was a red light. All cars had Stopped any suddenly of me. I heard a bang and the impact causes my car to knock into the car infrant

DECLARATION

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

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

Name: NRIC/FIN No.:

ACCIDENT STATEMENT

ACCID	ENT DATE: (23 / 01 / 20				PI 39
LOCAT	ANG THO KIO	AVE 6 HEADING	TOWARDS LEN	TOR AVE	
LOCAL	UN.	THE STATE OF THE STATE OF			
1.	DETAILS OF VEHICLE			3.3	-
11.0.5	a VEHICLE NUMBER: S	50 68726.		8.0	
	BINSURANCE COMPANY	MSIG	2-2-1125/1		1
(7)	SIROLICY MILLIABER				
	dIPOLICY TYPE: [COMPRE	HENSIVE / THIRD PARTY	/ THIRD PARTY	FIRE &THEFT	
	DILLIVE & LICOPELL K	LA CERATO FUNTS			-
	TITYPE IS ALOON / COUPE	/ MPV /V AN / LORRY /	MOTORCYCLE	(OTHERS)	
	ALVEHICLE CATEGORY IP	RIVATE / COMMERCIA!	I / MOTORCY	LE)	6
	HIPURPOSE OF USING AT	ACCIDENT TIME: 401	MG HOWIE		
	IVARE YOU CLAIMING UN	DER YOUR OWN INSUR	VINCE (LESTINO)		
9	IF NO, PLEASE STATE (THE	RD PARTY CLAIM / REP.	ONING ONLY)	11	1
2	INSURED / POLICY HOLDE	R			
5,543.0	A)NAME:	1		/ FEMALE)	
	b) NRIC/FIN/PASSPORT :		_CONTACT:		7
	c)ADDRESS:				4
30 05 5		LIEB LIEB BOLLOV UOL	DED		4161
	* CONTINUE TO 3.d IF DR	IVER AGO POGOT HOL	JUCK,		
file of passon go	DRIVER "	į.	(March	FEMALE)98	C16686
(Including driver)	a)NAME:		_CONTACT:_	148	2 1004
(1)	Oliver Charles Control		_CONTACT-		0
(1)	c) ADDRESS:	(-			. 1
2.0	*d)DATE OF BIRTH: (/	AM/YYYY)		
20	PIOCCUPATION: (INDOC	SE LOUIDOOP!	ra entre	, S	
	HAME MEDDIVING DE	ACC	19 AUG 1997	and the second	F.
4.	WAS DRIVER AN EMPL	OYEE OF THE INSURE	D'S COMPANY	3 (AER VINO)	
	IF NO. RELATIONSHIP	OF THE DRIVER WILL	1 INSORCOI		Ţ.
5,	alWEATHER CONDITION	: (CLEAR / RAINING / C	OTHERS		1
	BIROAD SURFACEI (DRY	/ WET / OTHERS	7-7		-
6,	WAS ANYBODY INJURED	(YES / NO)		10.00	- 3
7.	a REPORTED TO POLICE	(TES / NOT			100
	IF YES, PLEASE STATE W	HICH FOUCE STATES		AND W	
, B,	THIRD PARTY VEHICLE	SLS 6458 G	_MODEL:_B	MW .	
flo of passenger	a) VEHICLE NUMBER!	SEAH JUN JEW HA	I ED MOUND		
(Including driver)	b) DRIVER'S NAMEL	T: \$81(52.14.D	CONTACTL	96851115	-
(2)	, o) MKIC/LIM/LYOULOW	-		NAC 140	58
9.	THIRD P'ARTY VEHICLE	SKW 3321 C	MODEL!	LIA	<u>1</u> 11 1
4 140 of passinger		TOH JU HONG		71.503/91	- 4
(Including drive	NRIC SIN PASSPOR	T: S8436223I	CONTACT:	91507684	- 6
	AND THE PROPERTY OF THE PARTY O				40.5
()			9 100	E.	51
				1.7	

email = : fax = : V1080

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S6865406H





Name

TAN SWEE KHENG

陈瑞卿

Race

CHINESE

Date of birth

13-12-1968

Sex

F

Country/Place of birth MALAYSIA



9342339





NRIC No. S6865406H

MALAYSIAN
Date of issue
12-08-2014

Address

APT BLK 752 YISHUN STREET 72 #09-192 SINGAPORE 760752

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S 6 8 6 5 4 0 6 H

TAN SWEE KHENG

Birth Date: 13 Dec 1968

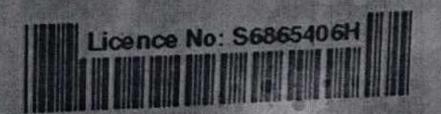
Issue Date: 29 Jul 2014



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

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc 19 Aug 1997
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 19 Aug 1997
of the driver; and other motor vehicles =< 2500kg



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7080701G



Name



TAN KHENG CHEE

陳庆志

Race

CHINESE

Date of Birth

18-10-1970

Country of Birth

MALAYSIA



8289990



NRIC No. S7080701G

Nationality

MALAYSIAN

Blood Group Date of issue

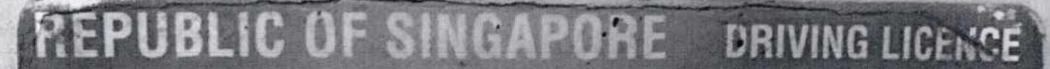
AB+ 26-05-1998

APT BLK 752 YISHUN STREET 72 #09-192 SINGAPORE 760752

NRIC No: \$7080701G

01-11-2001

No: 4171920



Licence Number: S 7 0 8 0 7 0 1 G

Name:

TAN KHENG CHEE

Birth Date: 18 Oct 1970

issue Date: 23 Feb 2004

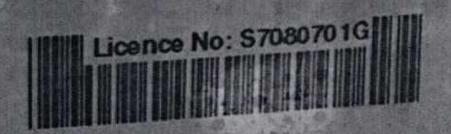


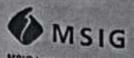
YOU ARE LICENSED TO DELVE FHICLES IN THE FOLLOWING CEASSIES

PASS CATE

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

19 Aug 1997





MSIG Insurance (Singapore) Pie. Ltd. 4 Shorton Way #21-01 SIXX Centre 2 Singapore (85) 6827 7856 Fee: (95) 6827 7800 (95) 6827 7856 Fee: (95) 6827 7800 (96) No. 2004 122120 GST Reg. No. 20-04122120

Certificate of Insurance

COPY

ROAD TRANSPORT ACT 1987 (MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1950 (FEDERATION OF MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)

(REPUBLIC OF SINGAPORE)

OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.X.1 Individual Ownership

MOTOR MAX Comprehensive

Certificate No. A BD449702 ONX

Excess: SGD500 Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle EJ05872C

- 2. Name of Policyholder Tan Kheng Chee
- 3. Effective Date of the Commencement of Insurance for the purposes of the Act 27/11/2017
- 4. Date of Explry of Insurance 26/11/2018
- 5. Persons or Classes of Persons entitled to drive

Tan Kheng Chee 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 Scensing 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.

Ose 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 MUST BE CARRIED OUT AT ANY MEIG AUTHORISED WORKSHOP LISTED IN THE ATTACHED.

This Certificate is not irensferable 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 (Cep. 189).

IWE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vahiches or Acts passed in substitution thereof.

(Third-Party Right and Companisation) Act (Chapter 180) and Part IV of the Road Transport Act, 1967 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

MSIQ Insurance (Singapore) Pte. Ltd.

ionature / Date

Counter-Signatory

Benfor Vice President, Agencies urter Signed by a duty authorised representative of the Counter-Dignatory

Tan Lee Teet Shirley This certificate is not valid unless it is

XTUTSUSR2017112714481479

STO Ming DP