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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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.
- 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

| Philipped at the same at 1 and 1-15 to | ACCIDENT STATEMENT |
|--|--|
| Date Of Report | 26/01/2018 14:33 |
| Date Of Accident | 26/01/2018 07:50 |
| Exact Location Of Accident | CLEMENTI AVENUE ENTRANCE TO AYE |
| Country/State of Loss | SINGAPORE |
| District of the District of th | ETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SLB5063H |
| Insured/Policyholder | |
| Name Of Registered Owner | KONG WENG LOON MICHAEL |
| NRIC No | S8067938F |
| Email Address | MICHAEL.G.KONG@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-83287565 |
| Alternative Phone No | OTHERS-83287565 |
| Vehicle Particulars | |
| Manufacturer | VOLKSWAGEN |
| Model | TIGUAN-1.4 TSI BMT (5N22SY) (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 | 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 28724568 AVW |
| Cover Note Number | |
| Driver | |
| Name of Driver | KONG WENG LOON MICHAEL |
| NRIC No | S8067938F |
| Date Of Birth | 25/06/1980 |
| Occupation | INDOOR |
| Date Of Driving Pass | 10/05/2014 |
| Driving Experience | 3 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-83287565 |
| Fax Number | |
| Contact Number | OTHERS-83287565 |
| | The street of th |

MICHAEL.G.KONG@GMAIL.COM

Address

26 FABER AVENUE

Postcode

129539

Was driver an employee of the Insured's Company

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?

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?

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)

2

Passenger 1

NAME:

: SHERLYNN HOON SHILING

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

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

SLV6090S

Vehicle Make/Model/Colour

KIA

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

Contact Number

TAN LEONG HUAT

NRIC/Passport Number

S8384133H 83321029

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

4

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.
- 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.
- 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.
- 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:
 - (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-

TAN 2018

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

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.

| SKETCH PLAN | |
|-------------------------------|------------------------------|
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| | AYE - |
| | |
| | X 1 1 0 (17) |
| A) SLB 5063H | MC JA THE |
| B) SLV 60908 | CLEMENT |
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| CAR FILTER BRAKES TRAFF | AST BUT CL C IS LOOK LANE - S SUDDENLO IC . MY WIF | EAR A- ING TO I PUE E AND | DHIST DHERGE TO HER TO HER | P + fOAS AM. FROM ID ANY CAR A |
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DECLARATION

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

Policyholder's Signature
Date & Time: 26 JAN 2018

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

26/01/2018 Reporting Centre Personnel's Signature
Name:

ACCIDENT STATEMENT

| ACCIDENT DATE: 1200 100 /MM/ | YYYY), TIME: (St. 57)(HH:MM) |
|--|--|
| LOCATION: CLEMENTI AVE 6 | ENTRANCE TO AYE |
| | DATIMAC TO THE |
| 1. DETAILS OF VEHICLE | / 2 11 |
| OVEHICLE NUMBER SL350 | 63H |
| DINSURANCE COMPANY: MSIG | |
| CIPOLICY NUMBER 42872466 | |
| DIPOLICY TYPE: YOOMPREHENSIVE / THIRD | PARTY THIRD PARTY FIRE ATHEFT |
| EMAKE & MODEL VOLKS NA | |
| () TYPE: (SALOON) / COUPE / MPY / V AN / L | ERCIAL (MOTORCYCLE, OTHERS) |
| h) PURPOSE OF USING AT ACCIDENT TIME: | |
| I) ARE YOU CLAIMING UNDER YOUR OWN | |
| . IENO PLEASE STATE ITUIDO DADTY OLAUL | |
| NO DECEMBED A POLICY HOLDER | |
| ANAME: KONG WENG LOC | MICHAR MALE FEMALEL |
| b) NRIC/FIN/PASSPORT DOG 793 | 8+ CONTACT: \$3287565 |
| SHERLYNN CLADORESS: 26 FABER A. | VE I SINGHPORE 129539 |
| FENTLE CONTINUE TO 3, d IF DRIVER ALSO POLICE | V HOLDER |
| ISLIA AL ARCON 3 DRIVER | THOCOEK III |
| | IMALE / FEMALE) |
| CINCIPOLING RILVER) PINRIC/FIN/PASSPORT | CONTACT: |
| (2) cladoress: | *************************************** |
| 26 57 1975 | W |
| # DATE OF BIRTH: (26/06/1980) | DD/MM/YYYY) |
| INDATE OF DRIVING PASS 10 1 | 1AY 2014 |
| 4. WAS DRIVER AN EMPLOYEE OF THE INS | SURED'S COMPANY? (YES (NO) |
| IF NO, RELATIONSHIP OF THE DRIVER | WITH INSURED : OHNER |
| 5. OWEATHER CONDITION CLEAR PRAININ | G / OTHERS |
| b) ROAD SURFACE: (ORY) WET (OTHERS_ | |
| 7. a)REPORTED TO POLICE (YES (NO) | ** 1 × |
| IF YES, PLEASE STATE WHICH POLICE STAT | IONI |
| 8, THIRD PARTY VEHICLE | A STATE OF THE PARTY OF THE PAR |
| 4 No of passonger of VEHICLE NUMBER: 52 V 6090 | DS MODEL KIA |
| (Including driver) b) DRIVER'S NAME: TAN LEONG | |
| | 3H CONTACT: 83321929 |
| 9. THIRD PARTY VEHICLE OF VEHICLE NUMBER: | MODEL! " |
| THE OF PREDIGER OF DRIVER'S NAME: | /// Oct. |
| (Including driver) 1) NRIC = N/PASSPORT! | CONTACT: |
| () | 10 |
| | VI 40 (E) (E) |
| 5 1 10 | to 1 |

email: michael.g. Kong@gmail.com

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S8067938F



KONG WENG LOON MICHAEL



Risco CHINESE 25-05-1980 M Country of birth

AUSTRALIA





9157787





AUSTRALIAN Date of leave 15-03-2012

26 FABER AVENUE SINGAPORE 129539

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

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with <<7 passengers, exclusive 10 May 2014 of the driver; and alher motor vehicles =< 2500kg

Licence No: 58067938F

NP 428A



MSIG Insurance (Singapore) Pte, Ltd. 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 059807 Tel +65 6827 7888, Fax +65 6927 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.I Individual Ownership

VW DRIVEEASY Comprehensive

Certificate No. A 28724568 AVW

Excess: SGD2.000 Windscreen Excess: SGD100

1. Index Mark and Registration Number of Vehicle SLBSOG3H

2. Name of Policyholder Kong Weng Loon Michael

Effective Date of the Commencement of Insurance for the purposes of the Act 12/04/2017

4. Date of Expiry of Insurance 11/04/2018

5. Persons or Classes of Persons entitled to drive*

Kong Weng Loon Michael 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 6 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 VOLKSWAGEN CENTRE SINGAPORE.

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 REREBY 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

Char Executive Officer