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40 September 9

## 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.

5. 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.

A STATE OF THE STA	CCIDENT STATEMENT
Date Of Report	30/01/2018 12:33
Date Of Accident	27/01/2018 17:45
Exact Location Of Accident	BLK 132 JURONG EAST CARPARK GANTRY NEXT TO J-CUBE
	SINGAPORE
DE	TAILS OF OWN VEHICLE
Vehicle Registration Number	SJM3428T
Insured/Policyholder	
	TAY LIN GIN
	S7148286C
	TAYLGRAYMOND168@GMAIL.COM
	(LOCAL) +65-97618948
	OTHERS-97618948
Vehicle Particulars	
	TOYOTA
MM 37 (C) (10 C) (C) (C) (C) (C) (C) (C) (C) (C) (C)	COROLLA ALTIS-1.6 (A)
	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	S 28864660 SMF
Cover Note Number	
Driver	
Name of Driver	TAY LIN GIN
NRIC No	S7148286C
Date Of Birth	29/11/1971
Occupation	INDOOR
Date Of Driving Pass	21/03/1992
Driving Experience	25 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97618948
Fax Number	
Contact Number	OTHERS-97618948 TAYLGRAYMOND168@GMAIL.COM

Address

10 HILLVIEW CRESCENT

Postcode

669434

OWNER

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

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

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

NO

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:

: CARINA LEE

GENDER:

: FEMALE

Passenger 2

NAME:

: TAY KAI MING

GENDER:

: MALE

Passenger 3

NAME:

: TAY KAI ZHEN

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?

Vehicle Registration Number Vehicle Make/Model/Colour

SGP1808M HONDA

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

ERIC LING KIAN ANN

DETAILS OF OTHER VEHICLE PROPERTY 1

NRIC/Passport Number

S7619562E

Contact Number

97878731

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

#### 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
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  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.

Policyholder's Signature

Date & Time: Co hard 201

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Beporting Centre Personnel's Signature

Name:

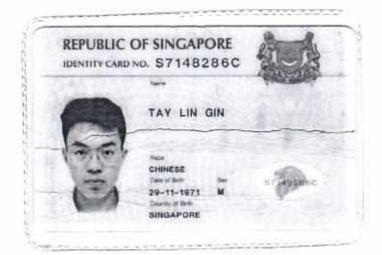
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declare the foregoing particul			gr/	30/01/200
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BOARMC SAMURPHINGO IVI

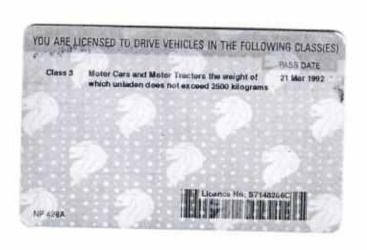
ACCIDENT STATEMENT

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LOCAT	TION: BUK 132	CAR PARZI	A Juliana	EAST NO	KT To J- CuBZ
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	OVEHICLE NUMB	ER: JJM	34261		ga +
*	DINSURANCE CO	R:	<u> </u>		
	dipolicy Type: (	COMPREHENSIVE	/ THIRD PARTY	THIRD PART	FIRE ATHEFT)
	PIMAKE & MODEL	COUPE / MPY /V	AN/LORRY/	MOTORCYCL	E,/ OTHERS)
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(Including driver)	b) NRIC/FIN/PASSI	PORTI		CONTACT	THE STATE OF THE S
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	DATE OF DRIVI	NO DOLCC		170	(i) (ii) (ii) (ii) (ii) (ii) (ii) (ii) (
4.	WAS DRIVER AN	EMPLOYEE OF	THE INSURED	S COMPANY	7 (YES / NO)
5.	IF NO, RELATION	DITION: (CLEAR !	RAINING / OT	HERS	
	BIROAD SURFAC	E! (DRY / WET / O	THERS		
· · 7.	WAS ANYBODY IN	OLICE (YES / NO	1	ii.	11. 37. 74
	IF YES, PLEASES	TATE WHICH POL	ICE STATIONI_		
4 No of passenger	a) VEHICLE NUM	NBER: SEP	1808 W	MODEL	MSNOA JAOT
(Induding deliver)	b) DRIVER'S NA	Detail	PEGZE	CONTACT:	12585386
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MSIG insurance (Singapore) Pte. Ltd. 4 Shenton Way, # 21-01. SGX Centre 2, Singapore 058907 Tel +65 6827 7888, Fax +65 6827 7800 Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

#### ULTIMATE CAR PROTECTOR-PREMIER

# RENEWAL CERTIFICATE

Policy Number	Policy Number Period of Insurance		
The state of the s		2/2017 to 28/12/2018 SINGAPORE	
S 28864660 SMF 29/12/2017 to 28/12/2018  Name and Address of Insured		Date of Issue	
Tay Lin Gin		11/12/2017	
10 Hillview Crescent		Account Number	
Singapore 669434		599055	
Premium	GST	Total Due	
SGD699.84	SGD48.99	SGD748.83	

RISK NUMBER 1

ULTIMATE CAR-PROTECTOR-PREMIER

OCCUPATION

Manager

SCOPE OF COVER Comprehensive

INTEREST INSURED

REGISTRATION NO. SJM3428T

MAKE/MODEL

Toyota Corolla Altis 1.6 Auto INCL. COE/PARF

ENGINE NUMBER 3224821016

CHASSIS NUMBER MR053ZEE106126452

YEAR OF MFG

2008

CAPACITY

1598 C.C.

SEATING CAPACITY 5 (INCL. DRIVER)

WINDSCREEN

UNLIMITED

MARKET VALUE SUM INSURED

YES

OFF-PEAK CAR

YES

NO CLAIM DISCOUNT 40.00% (or F/D)

GOOD DRIVER'S

DISCOUNT

SGD36.83

NCD PROTECTOR

NOT COVERED

EXCESS

SGD500

ANNUAL PREMIUM

SGD699.84

ACCESSORIES

Aircon, radio/cassette/compact disc player, in-vehicle unit, rust-proofing and other accessories that are factory fitted.

#### **AUTHORISED DRIVERS**

Tay Lin Gin

Any other person provided he is driving on the Insured's order or with the Insured's permission.

### LIMITATION AS TO USE