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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- Please report correctly 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.

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

A Care Company of the Control of the	ACCIDENT STATEMENT
Date Of Report	05/02/2018 11:09
Date Of Accident	03/02/2018 12:45
Exact Location Of Accident	CTE(SOUTHBOUND)ABOUT 100 MTR B/F EXIE TO PIE
	SINGAPORE
DI DI	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SFM7737Y
Insured/Policyholder	
	TAN CHOO BOCK
NRIC No	\$16635351
Email Address	NOEMAIL
Mobile Phone No.	(LOCAL) +65-96829226
Alternative Phone No	OTHERS-96829226
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 CVT (A)
Exact Purpose for which vehicle was being used at time of accident	FETCH CHILDREN
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 290668811 AT2
Cover Note Number	
Driver	
Name of Driver	TAN CHOO BOCK
NRIC No	S1663535I
Date Of Birth	16/04/1964
Occupation	OUTDOOR
Date Of Driving Pass	13/09/1989
Driving Experience	28 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96829226
Fax Number	1955-0-7-7-7-195 0.4350-7-11-6-4-1-2-1
Contact Number	OTHERS-96829226
	NOCMAIL

NOEMAIL

Address

BLK 14 CACTUS DRIVE

#09-03

Postcode

809689

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?

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?

ncneses.

Was any other material or property damaged?

YES

I have been approached by unknown person(s) solicition offering accident claims assistance.

NO

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: TAN JUN KIAT(SON)

GENDER:

: MALE

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

SDL8536H

Vehicle Make/Model/Colour

HONDA

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NG BOON WAN

NRIC/Passport Number

S7722220J

Contact Number

96925545

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

A

Page 2 of 21

SKETCH PLAN

IMPORTANT NOTICE

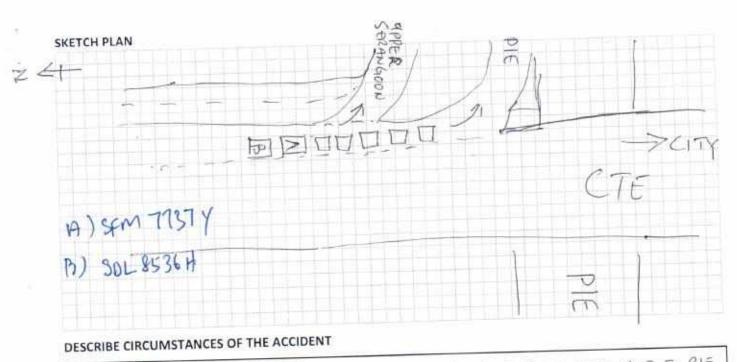
- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material 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.
- 7. 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)
 - (i) 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 Signatuke Date & Time

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



WHILE DRIVING ON CIE TOWARDS CITY AND GOINS TO TURN LEFE EXIT TO PIE 03/02/2018 about 1245 pm., I was Queyeing along the to PIE and good condition was heavy. Out of a sudden NO. SDL 85 364 tog at the back of my car. VEH. (S7722220J BOTH drivers

DECLARATION

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

Policyholder's Signature

Date & Time:

5/2/18 1045

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

Reporting Centre Personnel's Signature

NRIC/FIN No.:

A GCIDENT STATEMENT

			ENT DATE: 103 / 02 / 2018 (00/MM/YYY), TIME: 1. /2: 45 (1HH:M)	M
		ACCID	ENI DATE: (OS/ GAZ) 5 TO (OU/MM/TTT), TIME (SZ)	115
		(OCAT	ION: CTE (SOUTHBOUND) about 100 mtr before exit to F	10.
			1911	
911		¥	DETAILS OF VEHICLE	
		300		
171				
			BINSURANCE COMPANY! MSIG	
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			DIPOLICY TYPE (COMPREHENSIVE) THIRD PARTY THIRD PARTY FIRE ATHE	0.911
			TOYOTA COPULA ALTIS 1-6 CV	
			TYPE (SALOON / COUPE / MEY / VAN / LORRY / MOTORCYCLE / OTHERS	1
			ALVEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCTOR)	1
			HIPURPOSE OF USING AT ACCIDENT TIME! FETCH CHILDREN	
			I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)	
			IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)	35
			INSURED / POLICY HOLDER DOCA	
		2,,	MALE EMALE	100
			BINRIC/FIN/PASSPORT: S/6635351 CONTACT: 968292	26
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	ALL SALES	The same of the same of	SE 80768	7-
			* CONTINUE TO 3,d IF DRIVER ALSO POLICY HOLDER	1
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	+	of presson gas	LIGHT TAN CHOO BOCK MALE / CEMALE	1 ,
	Clare	ducting driver)	DINRIC/FIN/PASSPORT: S 1663535 I CONTACT: 968292	26
		A CONTRACTOR OF THE PARTY OF TH		-
	,	(2)	CIADDRESS: BLK 14 CACTUS DRIVE # 09-05 SINGAPORE 809	689
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		a ,	*d DATE OF BIRTH: (16) 04) 1764 (00/MM/YYYY)	8
		200	The second of th	
		Q1	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES)	NO)
		= 0	O) WEATHER CONDITION: (CLEAR / RAINING / OTHERS CLEAR	
		٥,	DIROAD SURFACE: (DRY / WET / OTHERS DRY	
-35		7	WAS ANYBODY INJURED (YES (NO)	
	4	φ.,	CLOSE CRIED TO POLICE (YES (NU)	7
			IF YES, PLEASE STATE WHICH POLICE STATION!	
120		2		
1	25. 1.1a		TO VEHICLE WITH SERVICE OF THE MODELL	
	9-22	of passenger		1111
	Cin	duding driver	O NRIC/FIN/PASSPORTI_S7722220J CONTACT: 9692	221
		(4) .	TUDE AN ATVICTOR	
		N/ 9,	THIRD PARTY VEHICLE	

VEHICLE NUMBER!

PASSPORT!

G

(Including driver)

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$16635351





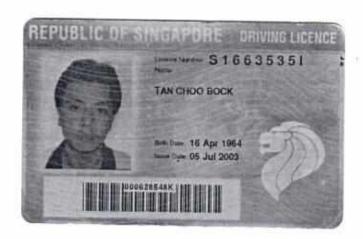
TAN CHOO BOCK

陈珠月

CHINESE 15-04-1964 M

MALACCA











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

Toyota DriveElite 360

THE SCHEDULE

Policy Number	Pe	Period of Insurance	
A 29068811 AT2 27/01/2		/2018 to 26/01/2019	SINGAPORE
Name and Address of Insured			Date of Issue
Tan Choo Bock			17/01/2018
14 Cactus Drive 09-03			Account Number
Grande Vista Singapore 809689			156368
Premium	GST		Total Due
SGD640.27	SGD44.82		SGD685.09

RISK NUMBER 1

Toyota DriveElite 360

OCCUPATION

Engineer

FINANCIAL INTEREST

DBS Bank Ltd

as Hire Purchase Owners

SCOPE OF COVER Comprehensive

INTEREST INSURED

REGISTRATION NO.

SFM7737Y

Toyota Corolla Altis 1.6 CVT

ENGINE NUMBER

1ZRX375555

CHASSIS NUMBER

MR053REH104500725

YEAR OF MFG

CAPACITY

MAKE/MODEL

2014

1598 C.C.

SEATING CAPACITY 5 (INCL. DRIVER)

WINDSCREEN

UNLIMITED

SUM INSURED

MARKET VALUE

INCL. COE/PARF

YES

OFF-PEAK CAR

NO

NO CLAIM DISCOUNT 50.00% (or F/D)

GOOD DRIVER'S

DISCOUNT

SGD33.70

NCD PROTECTOR

NOT COVERED

EXCESS

SGD500

ANNUAL PREMIUM

SGD640.27

ACCESSORIES

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

AUTHORISED DRIVERS

Tan Choo Bock