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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 <u>truthful and accurate</u> 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.
- By the iodgement 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.

(1) 10 10 10 10 10 10 10 10 10 10 10 10 10	ACCIDENT STATEMENT
Date Of Report	06/02/2018 11:50
Date Of Accident	03/02/2018 19:55
Exact Location Of Accident	MERCURE BUGIS HOTEL C/P LOT NO:8(122 MIDDLE RD)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLP3513R
Insured/Policyholder	
Name Of Registered Owner	SIME DARBY SERVICES PTE LTD
Co Reg No	197501065W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82000800
Alternative Phone No	OFFICE-82000800
Vehicle Particulars	
Manufacturer	KIA
Model	FORTE K3-1.6 (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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	B 29040710 TMC
Cover Note Number	
Driver	
Name of Driver	AARON YEO HONG JAU (YANG HONGCHAO)
NRIC No	S7922619Z
Date Of Birth	06/08/1979
Occupation	OUTDOOR
Date Of Driving Pass	26/12/2001
Driving Experience	16 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82000800
Fax Number	
Contact Number	OTHERS-82000800

NOEMAIL

Address

BLK 988B BUANGKOK GREEN

#11-69

Postcode

532988

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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)

0

Details of Police Action

Was the accident reported to the police?

Was notice of intended Prosecution given?

YES

If Yes, Please state which Police Station

Police Station Name

HOGANG N.P.C

Police Station Address

ROAD: 60 HOUGANG AVE 9 SINGAPORE 538775, POSTCODE: 538775,

COUNTRY: SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180203/2177

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

SJZ4857M

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

Page 2 of 17

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.
- 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.
- 5. 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 ladgment 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 Signature Date & Time:

Driven's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Passonnel's Signature
Name:

Policyholder's Signature Date & Time:

ignature

(If driver s not the policyholder)

Date & Nine:

Reporting Centre Porsonpers Signature





1 of 3

Report No. T/20180203/2177

Police Station Of Origin: Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

REPORT OF A TRAFFIC ACCIDENT	· ·	Station Diary No.: 135	
Date/Time Report Made: 03/02/2018 21:25	Vide Report No.:		
Informant's Particulars			
Name of Informant: AARON YEO HONG JAU	Address: APT BLK 988B BUANGKOK GREEN #11-69 SINGAPORE 532988		
	Contact No.:		

Contact No.: Mobile: 82000800 ID Type / ID No.: Home/Office: NRIC NO / S7922619Z Email: Nationality: SINGAPORE CITIZEN Type of Informant: Date of Birth: Age: Sex: Driver 06/08/1979 38 Male Institution / School Name: Language: Race: English Chinese Driving Licence Information: Occupation: Date of Expiry: Class: 2B,2A,3 PEST CONTROL SUPERVISOR

Seneral Information Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 03/02/2018 19:55	Type of Location: Car Park
Location: Along Road 1 MIDDLE ROAT		No.8 located at 122 M	liddle Road	Road Speed Limit:
Weather:	10 1122	Road Surface:		CONTRACTOR CONTRACTOR CONTRACTOR
		Traffic Control:		raffic Volume:
Traffic Flow:			1	

Details of V	ehicle Invo	lved		Color	Condition	No of Passenger
Vehicle No.	Туре	Make	Model	Color	Condition	0
SJZ4857M	Car					
					Slightly	0
SLP3513R	Car	4			Damaged	





Police Station Of Origin: Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

2 of 3 Report No. T/20180203/2177

CONTINUATION OF REPORT

Brief Details.

On 03/02/2018 at about 1800hrs, I last park my rented car(Registration No.SLP3513R) "Mercure Bugis" Hotel Carpark Lot No. 8 located at 122 Middle Road and all was intact.

On 03/02/2018 at about 1955hrs, I went back to my car and discovered that there was dent and scratches damages on the car's right front bumper. There was a note left behind stating, "SJZ4857M HIT YOUR CAR & LEFT." However the person that left the note did not leave behind any particulars. I made a check with the hotel and there was no CCTV capturing said location. I am lodging this Police report as it is a hit-





3 of 3

Report No. T/20180203/2177

Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

CONTINUATION OF REPORT

Sketch Plan

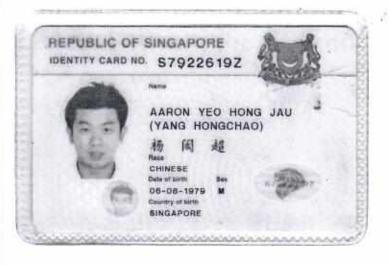
Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: F / Sgt 2 BOH YONG SENG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 03/02/2018 21:25
Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI Contact No.: 65476902	Classification Of Case:

Commence of the self from the second or an arrange of the	BASIC INFORMATION
Date of Accident #3/02/18	Time: 1955
	middle Road mercure Bugis Hotel
exact Location of Accident	DETAILS OF OWN VEHICLE
AND REAL PROPERTY OF THE PROPE	
- Common	Name of Registered Owner: SIME DARRY SERVICE
NRIC / Passport No. / FIN:	Co. Reg. No.(for Co. Vehicle Only): 197501065W
Charlestrationibus	
Manufacturer: KIA	Model: K3
Exact purpose of vehicle being used at time of accid	
Are you claiming your own insurance policy for repar	air to your vehicle? Yes □ Claiming Against 3 rd Party □ For Reporting Only D
Vehicle Category: Private Car	
harding opportunity	自由的一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
Name of My Insurance Company: MSIG	
Type of Coverage: Cemprehensive Thin	nd Party II
Reaf Policy (Multiple vehicles coverage): Yes Ch	No D Policy / Cover Note Number: —
Annue de Carte de la Carte de	
Name of Driver: Auron yeo Hong Jay	NRIC / Passport No. / FIN: S7922619 Z
Date of Birth: 06 - 08 - 1979	Occupation: Indoor Outdoor
Date of Driving Pass: 0 2 march 2004	Gender: Male □' Female □
Mobile Phone No.: 82335107 Alterna	native Phone No.:
Address as stated in NRIC: 81k 988 8	Buongtole Artin # 11-69 (Post Code: 532988
*Email Address:	
Was driver an employee of the Insured's Company?	Yes I No I State relationship of the driver with the insured:
*Does the Driver Own Any Other Vehicle?	Yes O No O
*Vehicle Reg. Number of Driver's Own Vehicle (if sp.	pplicable):
*Insurance Company of Driver's Own Vehicle (if app.	pilcable):
Giller Information of the Adoldant	人を開発 に
Weather Conditions	Clear ☑ Raining ☐ Others ☐ (please state condition):
Road Surface	Wet ⊠ Dry ☑ Others □ (please state condition):
Was anybody injured in the accident?	No D Yes D
"Was any foreign vehicle involved in this accident?"	
The state of the s	No Ø Yes 🗆
Foreign Vehicle Registration Number	
Foreign Vehicle Category	Private Car/Commercial Vehicle/Motorcycle/Taxl/Bus Others *Please Indicate
Was any other vehicle or property involved?	No D Yes 2
*Was there any video captured by Car Camera?	No D Yes D
Was the accident reported to the Police?	No I Yes I If Yes, which Police Station? How Bruh M.P.C
Was notice of Intended Prosecution given?	No ☐ Yes ☐ If Yes, against whom?
have been approached by unknown person(s) soliciting / offering accident claims assistance.	No D Yes D
	HCLE (Please complete Annex A Form if more vehicles involved)
CONTRACTOR OF THE PROPERTY OF	Vehicle Make / Model / Colour:
Details of Property Damaged in Accident (other than 3	
Name of Oriver:	NRIC/Passport Number:
Contact Number:	THE TOTAL COOPER PROPERTY.
Address:	(Post Code:
Insurance Company Name:	(Fost code.
Nature of Damage: Front □ Rear □ Left □	Right □ No. of Passengers (Including Oriver):
Details of Witness - Name:	Right No. of Passengers (Including Driver):
Details of Witness - Contact Number:	
Details of Witness - Email Address:	
DETAILS OF INJURED PE	ERSON (Please complete Annex A Form if more person injured)
larna:	Approximate Age:
Address:	(Post Code:
Nuries Sustained:	Injured person in which vehicle (vehicle reg. no.):
Vers seat belts worn? No □ Yes □	Were injured conveyed to hospital by ambulance? No ☐ Yes ☐
Vipe of Accident (Please tick the appropriate type on it	

^{*} Compulsory information required by GIARMIC Accident Reporting System for accidents occurring from 15 January 2013 onwards.







YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)
BASE DATE

Class 2B Motorcycles not exceeding 200 cc
Class 2A Motorcycles between 201 cc and 400 cc
Motor cars and Motor Tractors the weight
unladen does not exceed 2500 kg

09 Mar 2000 04 May 2004 26 Dec 2001

S7922619Z

5 / No. 9000004420

Licence No: \$7922619Z

NP 420A

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

2954

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. Z. 400 Cars for Hire

MOTOR CAR - COMMERCIAL TP Third Party

Certificate No.

B 29040710 TMC

Index Mark and Registration Number of Vehicle SLP3513R

2. Name of Policyholder

Sime Darby Services Pte Ltd

3. Effective Date of the Commencement of Insurance for the purposes of the Act 01/10/2017

4. Date of Expiry of Insurance

30/09/2018

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.

6. Limitations as to use*

Use for the carriage of passengers or goods in connection with the Policyholder's business. Use for social domestic and pleasure purposes. The Policy does not cover

Use for racing pace-making reliability trial or speed-testing.
 Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

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.

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. Fallure 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

MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurers

for Chief Executive Officer