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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.
- 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 aforesaid.

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Date Of Report

14/02/2018 12:38

Date Of Accident

14/02/2018 10:00

Exact Location Of Accident

HOLLAND VILLAGE CARPARK

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SEKTROOH

Insured/Policyholder

Name Of Registered Owner

HO KA-HUA

NRIC No

S0013826F

Email Address

ERICHOKAHUA@YAHOO.COM

Mobile Phone No

(LOCAL) +65-96396623

Alternative Phone No

OTHERS-96396623

Vehicle Particulars

Manufacturer

BMW

Model

X4 XDRIVE28I-2.0 AWD LED SR NAV HUD (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?

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

A 28917570 QMY

Cover Note Number

Driver

HO KA-HUA Name of Driver S0013826F

NRIC No 24/06/1953 Date Of Birth INDOOR Occupation 22/02/1971 Date Of Driving Pass

Driving Experience

46 YEARS AND 11 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-96396623

Fax Number

OTHERS-96396623

Contact Number EMail Address

ERICHOKAHUA@YAHOO.COM

Page 1 of 23

Address

5 HOLT ROAD

#04-01

Postcode

249444

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 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)

1

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

SKK5000D

Vehicle Make/Model/Colour

PORCHE

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LAM ON MING

NRIC/Passport Number

S7033782G

Contact Number

96900009

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 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;
 - (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:

Le 14/02/18

- 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:

Driver's Signature

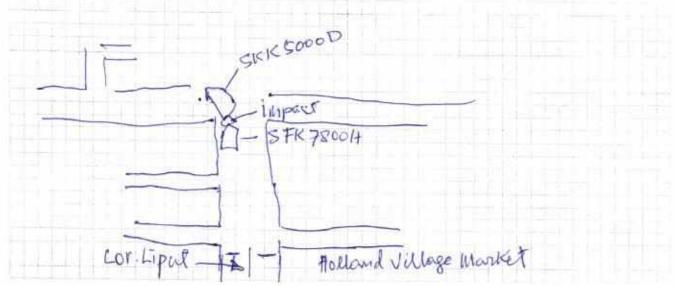
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At around	10 am on Feb 14, 2018, I was driving behind
5KK 5000D,	We came to a junction of the corporat, We both Books
SKK SCOOD	Subsequently more tornard when elected of vehicles tro
The left and	I right I followed behind. As there were no truthing
on both Sic	les I hollowed Behind SKK 5000D Suddenly
3KK 5000 D	jam on the broker as he saw a car consid
out of the	carpark a lews cars amous of the burged
into Rim	No cause to a junction of the corporat, We both Gopper Subsequently move forward when elected of vehicles producted. I followed behind SKK 5000D Suddenly jam on the brakes as he saw a car coming carporat a few cars away. I then burged we were both alone in the car at that time are no injuries to anyone or owesless.
and there	are no injuries to auren or ourceline
	The state of the s

DECLARATION

//We peclare the foregoing particulars are true in every respect.

\$14/02/18

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.:

AGCIDENT'STATEMENT

ACCID	ENT DATE: 14/02/2018 (DD/MM/YYY).	TIME: (10.000) (HH:MM)
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	DINSURANCE COMPANY: MOLG	
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	WILLIAM WOODEN BING. W.	
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	HARE YOU O AURING UNDER YOUR OWN INSU	RANCE (TEN/NO)
9	IF NO, PLEASE STATE (THIRD PARTY CLAIM RE	PORTING ONLY)
2	INSURED / POLICY HOLDER	
	HO KH - HUH	IMALE / 550 96623
C.	LINDID /EINI/PASSPORTI SOUIAZARI	(249 444)
	CIADDRESS: 5 HOLT ROAD \$104-0)	1217
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Clinduding driver	DI DRIVER'S NAME: LAW ON 1911	CT_CONTACT: 70 1000-1
(1) .	THIRD PARTY VEHICLE	
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# No of basonier	O DRIVER'S NAMEL	CONTACTIL
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()	** ***	26 27
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email: ericho kahuaca yahoo. zom fax = VIORO











MSIG Insurance (Singapore) Pte. Ltd. 4 Shenton Way, # 21-01, SQX Centre 2, Singapore 068807 Tel +65 6827 7888, Fax +65 6827 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 MOTOR MAX PLUS Comprehensive

Certificate No. A 28917570 QMY

Excess: SGD600

Windscreen Excess: SGD100

1. Index Mark and Registration Number of Vehicle SFK7800H

2. Name of Policyholder

Ho Ka-Hua

- Effective Date of the Commencement of Insurance for the purposes of the Act 27/04/2017
- 4. Date of Expiry of Insurance

26/04/2018

5. Persons or Classes of Persons entitled to drive*

Ho Ka-Hua

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 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 CAN BE CARRIED OUT AT ANY WORKSHOP OF YOUR CHOICE OR AT ANY MSIG AUTHORISED WORKSHOP LISTED IN THE ATTACHED.

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 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 or Acts passed in substitution thereof

> MSIG Insurance (Singapore) Pte. Ltd. Approved Insurers

> > for Chief Executive Officer