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.
- 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.		
	ACCIDENT STATEMENT	
Date Of Report	13/02/2018 15:39	
Date Of Accident	13/02/2018 08:00	
Exact Location Of Accident	KJE TOWARDS TUAS	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SLP6843T	
Insured/Policyholder		
Name Of Registered Owner	NIEW TENG KOON	
NRIC No	S1339023A	
Email Address	LIMHONGTAN@YAHOO.CO.UK	
Mobile Phone No	(LOCAL) +65-92724247	
Alternative Phone No	OFFICE-92724247	
Vehicle Particulars		
Manufacturer	TOYOTA	
Model	HARRIER	
Exact Purpose for which vehicle was being used at time of accident		
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	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	A 28973271 QMX	
Cover Note Number		

Driver

Name of Driver NIEW TENG KOON NRIC No S1339023A

Date Of Birth 19/04/1958 Occupation **INDOOR** 20/07/1981 **Date Of Driving Pass**

Driving Experience 36 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92724247

Fax Number

OFFICE-92724247 Contact Number

EMail Address LIMHONGTAN@YAHOO.CO.UK Address BLK 854 WOODLANDS ST 83 #06-90

Postcode 730854

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 CHAIN COLLISION

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Number of vehicles involved in the accident 5
Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance?

NO YES

Was any other material or property damaged?

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE SEE ATTACHED.

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 SKR7888D

Vehicle Make/Model/Colour NA
Details Of Properties NA

Vehicle Category PRIVATE CAR
Name of Driver TEO WILSON
NRIC/Passport Number S8127826A
Contact Number 97349303

Address NA NA Postcode NA

Insurance Company Name

Nature Of Damage NA

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SJT8492L

Vehicle Make/Model/Colour NA
Details Of Properties NA

Vehicle Category PRIVATE CAR

Name of Driver WONG HOONG YEN

NRIC/Passport Number S7243527C

Contact Number NA
Address NA
NA
Postcode NA

Insurance Company Name

Nature Of Damage NA

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLU5070L

Vehicle Make/Model/Colour NA
Details Of Properties NA

Vehicle Category PRIVATE CAR
Name of Driver ENG TECK SENG

NRIC/Passport Number

Contact Number NA

Address NA NA

Postcode NA

Insurance Company Name

Nature Of Damage NA

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SJX7337M Vehicle Make/Model/Colour NA

Details Of Properties NA

Vehicle Category PRIVATE CAR

Name of Driver NA

NRIC/Passport Number

Contact Number NA
Address NA
Postcode NA

Insurance Company Name

Nature Of Damage NA

No. Of Passenger (Including Driver)

Accident Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

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- 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 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:
 - (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:

Driver's Signature
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

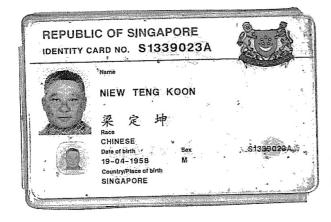
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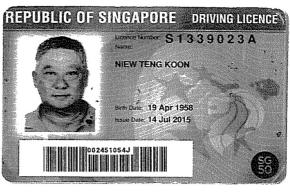
Individual Statement

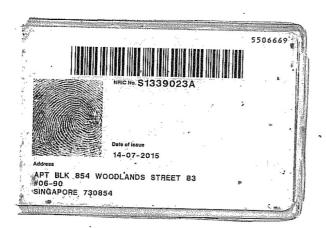
SKETCH PLAN	1 - 5111 57701
A = SCP 6843/	D=2LY 2070 L
B= SKR 7888 D	E= ZJX 7337 M
C= STT 8492L	
TE	DIEDIEDIBDIAD >
- KJE	tOWARDS TUHS.
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
I was travelline alo	of KJE towards Tuas
Traffic was moderate	y heaves
Caldenter vehicle is	bang and realised
T atomed as	well.
T House he and a	bana and usused
that vehicle below	I had hit my rear.
T Hay Walled I	hat thee was a
chain collision	har que was a
Chair Course on	penin me.
DECLARATION	
I, HEREBY DECLARE that-	
The reporting centre personnel has explained Statement & sketch plan to me.	the above
2. I fully understand and agree with the above	datement
The information given is true and correct to temporary knowledge and belief.	Dest of my/our Insurance Co.
	Vehicle Ng. Date of Accident
	Reporting Only
Name, Signature & Company Stamp (if applicable)	Own Damage Claim @ As Audo
DECLARATION I/We declare the foregoing particulars are true in every respect.	15.30
	13/2/19
Policyholder's Signature Date & Time: Oriver's Signature (If driver is not the policy Date & Time:	Reporting Centre Personnel's Signature

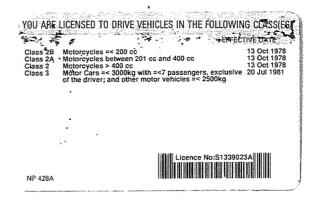
Page 5 of 15

IC & LICENCE Pg. 1











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

Cértificate 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.1

Individual Ownership

MOTOR MAX Comprehensive

Certificate No. A 28973271 QMX

Excess: SGD600

Windscreen Excess: SGD100

1. Index Mark and Registration Number of Vehicle

2. Name of Policyholder

Niew Teng Koon

3. Effective Date of the Commencement of Insurance for the purposes of the Act

14/06/2017

4. Date of Expiry of Insurance

13/06/2018

5. Persons or Classes of Persons entitled to drive*

Niew Teng Koon

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.

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 MUST BE CARRIED OUT 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















