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SINGAPORE ACCIDENT STATEMENT

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.
- 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

Section Section (Section 1)	ACCIDENT STATEMENT
Date Of Report	15/02/2018 12:23
Date Of Accident	14/02/2018 21:30
Exact Location Of Accident	JURONG POINT BASEMENT 2 CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLG5228Z
Insured/Policyholder	
Name Of Registered Owner	SIME DARBY SERVECES PTE LTD
Co Reg No	197501065W
Email Address	SUNMASG@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-82030679
Alternative Phone No	OFFICE-82030679
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
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	THIRD PARTY
Fleet Policy	NO
Policy Number	B 29040710 TMC
Cover Note Number	
Driver	
Name of Driver	MA YIU SUN
NRIC:No	S8171838E
Date Of Birth	05/09/1981
Occupation	INDOOR
Date Of Driving Pass	19/07/2007

Driving Experience 10 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-82030679

Fax Number

Contact Number OTHERS-82030679

EMail Address SUNMASG@YAHOO.COM.SG Address

BLK 673B EDGEFIELD PLAINS

#07-809

Postcode

822673

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

4

General Information of the Accident

Type Of Accident

SIDE SWIPE

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?

0.5

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)

3

Passenger 1

NAME:

: ANGIE WEI YING(WIFE)

GENDER:

: FEMALE

Passenger 2

NAME

: MA SHING FUN(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

SJT3901G

Vehicle Make/Model/Colour

NISSAN (RED)

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LEE YONG HUAT

NRIC/Passport Number

S7234518E

Contact Number

94473398

Address

Postcode

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

MPORTANT NOTICE

- Please report <u>correctly</u> 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 Insurence 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

lunderstand, 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' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
- (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.
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel.

Sketch Plan

MY CAR : SLG 5228 Z

HIS CAR! SJT 3901 G

My cur was gaing struight it. - and and the other ratiole was approaching from the small read

SCL	be Circumstances of the Accident
(On	14th Feb 2018 at 21 30. I was driving my value (SLG 52282) in the
Cay	park (Basenet 2 of Julyana Paint). I white guenting to exit from the
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11	
	STEAT COURT THE THIRT.
11	2 yetrole (SST 3901G) tailed to stop at the stop line and continue to
	The second secon
-11	the control of the co
156	t and screech and the right back door lot my vehicle.
13/	a then stopped our care and exchanged particulars for ease reporting
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Fortune	
OT	E: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO
UB	MIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLIC
_	MORE INFORMATION.
	e State:
10	Claim Own Policy () Claim Third Party () Claim OD/TP at other workshop () Reporting only

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

	EASIC INFORMATION
Date of Accident	4(07)2012 Time: 21:30
Exact Location of Accident	EXEMMENT 2 CARPARIC AT JUBONES POINT
	DETAILS OF OWN VEHICLE
Vehicles Registration Number: SLG 52	28 Z Name of Registered Owner: SIME DARBY SERVICES
NRIC / Passport No. / FIN:	Co. Reg. No.(for Co. Vehicle Only): 19750/065W
Concletentoning	AND THE PROPERTY OF THE PROPER
Manufacturer: ToyoTA	Model: T ALTIS
Exact purpose of vehicle being used at time of accid	
Are you claiming your own insurance policy for repair	
Vehicle Category: Private Car	To reporting only in
henenov hopeny	
Name of My Insurance Company:	AISG.
The state of the s	d Party ⊠
Reat Policy (Multiple vehicles coverage): Yes	No □ Policy / Cover Note Number:
Diving a 15 A Biblion of the State of the St	
Name of Driver: MA YEU SUN	NRIC / Passport No. / FIN: S 81 1838 E
Date of Birth:	Occupation: Indoor ☑ Outdoor □
Date of Driving Pass: 19 34 2007	Gender: Male Ø Female □
The state of the s	ative Phone No.:
	Red Plains \$ 07-609 (Post Code: 821673
Email Address: Sunmasold takes com sa	(Post Code: X 226 7 S
Was driver an employee of the Insured's Company?	Yes □ No ☑ State relationship of the driver with the insured:
Does the Driver Own Any Other Vehicle?	Yes D No D
Vahicle Reg. Number of Driver's Own Vehicle (if app	
Insurance Company of Driver's Own Vehicle (if appl	A STATE OF S
Office Information of the Addition	- The state of the
Weather Conditions	Clear ☑ Raining ☐ Others ☐ (please state condition):
Road Surface	A district of the same states and the same states of the same states o
Was anybody injured in the accident?	
Was any foreign vehicle involved in this accident?	Ne Ø Yes D
	No D Yes 🗆
Foreign Vehicle Registration Number	
Foreign Vehicle Category	Privata Car/Commercial Vehicle/Motorcycle/Taxl/Bus Others II *Ptease indicate
Vas any other vehicle or property involved?	No □ Yes ☑
Was there any video captured by Car Camera?	No II Yes 🗆
Vas the accident reported to the Police?	No ② Yes □ If Yes, which Police Station?
/as notice of Intended Prosecution given?	No 12 Yes 11 If Yes, against whom?
have been approached by unknown person(s) sliciting / offering accident claims assistance.	No & Yes [3] BUGTE WELL YIM TO
DETAILS OF OTHER VEH	ICLE (Please complete Annex A Form if more vehicles involved)
DETAILS OF OTHER VEHI shicles Registration No.: SJT 390 G	Vehicle Make / Model / Colour: Austral / R.20
ehicles Registration No.: SJT 3901 G	Vehicle Make / Model / Colour: A 155gp / R.20
ehicles Registration No.: SIT 390 I G etails of Property Damaged in Accident (other than 3	Vehicle Make / Model / Colour: Alssan / R20 ""-Party vehicle):
ehicles Registration No.: SJT 3901 G etails of Property Damaged in Accident (other than 3 ame of Driver: LEE YONG HUAT	Vehicle Make / Model / Colour: A 155gp / R.20
and of Driver: LEE YONG HUAT Ontact Number: 9447 2398	Vehicle Make / Model / Colour: Aissan / R2M "-Party vehicle): NRIC/Passport Number: \$ 7.234518E
ehicles Registration No.: SJT 3901 G etails of Property Damaged in Accident (other than 3 ame of Driver: LEE YONG HUAT entact Number: 9447 23 98	Vehicle Make / Model / Colour: Alssan / Rad ""-Party vehicle):
abicles Registration No.: SJT 39016 atails of Property Damaged in Accident (other than 3 ame of Driver: LEE YONG HUAT ontact Number: 94473398 Idress: APT BLK 1/4 BOON surance Company Name:	Vehicle Make / Model / Colour: Alssan / R201 "I-Party vehicle): NRIC/Passport Number: \$7234518E LAY DRIVE # 03-314 (Post Code: (40174))
abicles Registration No.: SJT 39016 atails of Property Damaged in Accident (other than 3 ame of Driver: LEE YONG HUAT ontact Number: 94473398 Iddress: APT BLK 1/4 BOON surance Company Name: Sture of Damage: Front D Rear D Left D	Vehicle Make / Model / Colour: Aissan / R2M "-Party vehicle): NRIC/Passport Number: \$7234518E
etails of Property Damaged in Accident (other than 3 ame of Driver: LEE Yong HUAT ontact Number: 94473398 (dress: APT BLK 1/4 BOOM surance Company Name: ture of Damage: Front D Rear D Left D Italia of Witness - Name:	Vehicle Make / Model / Colour: Alssan / REM "I-Party vehicle): NRIC/Passport Number: \$7234518E LAY DRIVE # 03-314 (Post Code: (40174)
ehicles Registration No.: SJT 3901 G etails of Property Damaged in Accident (other than 3 are of Driver: LEG YONG HUAT entact Number: 9447 23 98 dress; APT BLK 1/4 BOOM etails of Witness - Name: tails of Witness - Contact Number:	Vehicle Make / Model / Colour: Alssan / REM "I-Party vehicle): NRIC/Passport Number: \$7234518E LAY DRIVE # 03-314 (Post Code: (40174)
chicles Registration No.: SJT 3901 G catalis of Property Damaged in Accident (other than 3 time of Orlver: LEE Yon G HUAT contact Number: 94473398 diress: APT BLK 1/4 BOOM surance Company Name: ture of Damage: Front D Rear D Left D tails of Witness - Name: tails of Witness - Contact Number: tails of Witness - Email Address:	Vehicle Make / Model / Colour: Aissan / REM Party vehicle): NRIC/Passport Number: S 7 23 4 5 1 8 E LAY DRIVE # 03-314 (Post Code: (40174 Right No. of Passengers (Including Driver):
chicles Registration No.: SJT 3901 G Details of Property Damaged in Accident (other than 3 time of Driver: LEE Yon G HUAT Intact Number: 9447 33 98 dress: APT BLK 1/4 BOOM ture of Damage: Front D Rear D Left D tails of Witness - Name: tails of Witness - Contact Number: tails of Witness - Email Address: DETAILS OF INJURED PE	Vehicle Make / Model / Colour: Aissan / Red MRIC/Passport Number: S 7 23 4 5 1 8 E LAY DRIVE # 03-314 (Post Code: (40174) Right No. of Passengers (Including Driver): RSON (Please complete Annex A Form II, more person injured)
etails of Property Damaged in Accident (other than 3 time of Driver: LEE YONG HUAT ontact Number: Q4472398 dress; APT BLK 1/4 BOON turance Company Name: ture of Damage: Front © Rear © Left © tails of Witness - Name: tails of Witness - Email Address: DETAILS OF INJURED PE	Vehicle Make / Model / Colour: Aissan / Rad Make / Model / Model / Colour: Aissan / Rad Make / Model / Model / Colour: Aissan / Rad Make / Model / Model / Rad Make / Model / Model / Model / Rad Make / Model / Model / Model / Rad Make / Model / Model / Model / Rad Make / Model / Model / Model / Rad Make / Model / Model / Model / Model / Rad Make / Model /
chicles Registration No.: SJT 39016 Stalls of Property Damaged in Accident (other than 3 time of Driver: LEE YONG HUAT contact Number: 94473398 Gress: APT BLK 1/4 BOON turance Company Name: Left III Rear III Left III talls of Witness - Name: talls of Witness - Contact Number: talls of Witness - Email Address: DETAILS OF INJURED PErms: Trass:	Vehicle Make / Model / Colour: Aissan / Rad MRIC/Passport Number: S 7 23 4 518 E
atalis of Property Damaged in Accident (other than 3 time of Oriver: LEE YONG HUAT ontact Number: Q4473308 Idress: APT BLK 1/4 BOOM surance Company Name: Iture of Damage: Front D Rear D Left D talls of Witness - Name: Italis of Witness - Contact Number: Italis of Witness - Email Address:	Vehicle Make / Model / Colour: Aissan / Rad Make / Model / Colour: Aissan / Rad MRIC/Passport Number: \$\frac{7}{234518E} LAY DRIVE # 03-314 (Post Code: \(\frac{4}{0174}\) Right No. of Passengers (Including Driver): RSON (Please complete Annex A Form if more person injured) Approximate Age:

Corn pulsory information required by GIARMC Accident Reporting System for accidents occurring from 15 January 2013 onwards.

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S8171838E





MA YIU SUN

CHINESE 05-09-1981 M

HONG KONG 100

SELECTION OF



3373327



S8171838E

- ,22-07-2003

APT BLK 6738 EDGEFIELD PLAINS #07-609 SINGAPORE 822673

NRIC No: \$8171838E ___ Date: 20/07/2015

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 19 Jul 2007 of the driver; and other motor vehicles =< 2500kg

NF 428A





MSIG Insurance (Singapore) Pte. Ltd. 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 058807 Tel +65 6827 7888, Fax +65 6827 7800 Co. Reg. No. 2004122126 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. Z. 400 Cars for Mire

MOTOR CAR - COMMERCIAL TP Third Party

Certificate No. B 29040710 TMC

Index Mark and Registration Number of Vehicle

2. Name of Policyholder

Sime Darby Services Pte Ltd

- 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

5. 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.

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

- (1) 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. 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