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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.

eforesaid.	A COUDENT STATEMENT
	ACCIDENT STATEMENT
Date Of Report	22/02/2018 18:59
Date Of Accident	22/02/2018 09:20
Exact Location Of Accident	COMMONWEALTH AVE/QUEENSWAY INTERSECTION
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBB799U
Insured/Policyholder	
Name Of Registered Owner	LIM CHEN KWONG
NRIC No	S7205031B
Email Address	JOSHUALIMCK88@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98347668
Alternative Phone No	OTHERS-98347668
Vehicle Particulars	
Manufacturer	HONDA
Model	PHANTOM-197CC TA200
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE, LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MSD/VMT/17-373829-CA
Cover Note Number	
Driver	
Mining of Debute	LIM CHEN KWONG

LIM CHEN KWONG Name of Driver S7205031B NRIC No. 17/02/1972 Date Of Birth INDOOR Occupation 14/12/1995 Date Of Driving Pass 22 YEARS AND 2 MONTHS Driving Experience MALE Gender (LOCAL) +65-98347668 Mobile Number Fax Number

OTHERS-98347668 Contact Number

JOSHUALIMCK88@GMAIL.COM EMail Address

Address

BLK 237 SERANGOON AVENUE 3

#04-108

Postcode

550237

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?

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?

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

SKS3832R

Vehicle Make/Model/Colour

HONDA CIVIC

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

HENRY LIM

NRIC/Passport Number

S1803524C

Contact Number

96349921

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.
- 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:
 - 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' Signature

Name:

NRIC/FIN No.:

		Que en sienes y	
MRT EW20			
	Commonwealth Ave	FBB7440	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

22 Feb 9:20 am I am riding FBB7994 from Queens way
turning to commonwealt Ave (toward Ewzo mrt stn), car
SKS3832R hit my pike from the back. My rear
brate light and number plate was bent and touching
best of the manufect plante was pent and touching
my rear wheel. My number plate, rear light & rear wheel
were danaged.

DECLARATION

I/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:

Reporting Centre Personnel's Signature MAAS

NRIC/FIN No .:

A;CCIDENT STATEMENT

ACCIDENT DATE: (22/02/2018 HOD/MM/YYY), TIME: (.09: 20) (HH:MM)	01
LOCATION: Commonweath Ave Queen sway Intersect	ICH
LOCATION: COMMENTED	
1. DETAILS OF VEHICLE FBB7994 ::	
STYCHICLE HOMEL	
MCO/VMT/17-3738217-C11	
OPOLICY NUMBER: MODIVMT / 17-5/382	
I)TYPE: (SALOON / COUPE / MFV /VAN / LORRY / MOTORCYCLE) / OTHERS)	
g) VEHICLE CATEGORY (PRIVATE / COMMERCIAL (MOTORCYCLE)	
h)PURPOSE OF USING AT ACCIDENT TIME:	
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES (NO)	
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)	
A INCHES A POLICY HOLDER	
ALNAME LIM CHEN KNOW OF MALES EMALES CO	
CIADORESS: BIK 237 Gerangoon Ave 3 # 84-108	41
55028 f	
* CONTINUE TO 3,d IF DRIVER ALSO POLICY HOLDER	
14 No of prosonge DRIVER As & bove MALE / FEMALE	
A LILLY OF THE COL	
	- 51
(L) c)ADDRESS:	
+d) DATE OF BIRTH: (17/02) 1972 (DD/MM/YYYY)	
eloccupation: (INDOOR / OUTDOOR)	
INDATE OF DRIVING PASS - THE INSUBERIS COMPANY? (YES ! 10)	
AND SAME PROPER WALLEMAN WAS A DESCRIPTION OF A CONTRACT OF A DESCRIPTION	-
THE RELATION CHILD DE THE DITTER	
CONDITION: CLEAR / KAINING / OTHER	
HIROAD SURFACELIDAL TWEET OF THE NO.	10
WILE ANYBODY INJURED IYES / RO	
7. OREPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION:	
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A STATE OF THE PARTY OF THE PAR	
1 201/E010 NAME: THEFT	
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(N) a THE 6 DIA DTV VEHICLE	
W. O C. L.	
4 No of pessinger of DRIVER'S NAMEL CONTACTU	
(Industing driver) 1) NRIC = NIPASSPORTIONTACTO	
The second secon	
1 000	- 1100

email: joshualimek 88 @ gma. 1.com; fax = V1080 REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7205031B



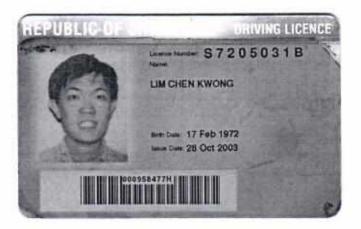


LIM CHEN KWONG

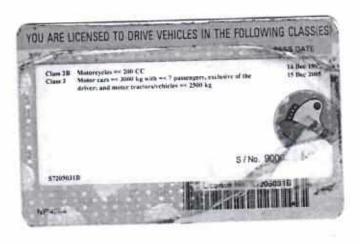
林臣光

CHINESE
17-02-1972 M
SINGAPORE











Species Way # 21-01 Stat Centre 2, Streaming 2428077 or +61-627 7988, Feb +65-660 7900

MOTORCYCLE INSURANCE SCHEDULE

DATE OF ESSUE: 29 11/2017

AGENCY: A0074-001-10001

COMMERCIAL AGENCY PTE LTD

POLICY NO. MISDAMIT 17-3700N-CA

INSURED-

NAME

LIM CHEN KWONG

ADDRESS: BLK 237 SERANGOON AVE 3

=04-108 SE 550237 NRIC NO.

\$7205831B

DRIVINGEXE

DATE OF BURTH: 1702 1972 (45 mm)

CONTACT NO:

14/12/1994 (22 95%)

58347668 99324079

BUSINESS OR PROFESSION: MANAGER

PERIOD OF INSURANCE FROM:

02/12/2017 12:01AM

TO

01/12/2018

REGISTRATION NUMBER:

FBB79901

CUBIC CAPACITY: 107

MAKE OF VEHICLE:

HONDA

YEAR OF REGISTRATION:

NSURED ESTIMATE OF VALUE: TPL

SEATING CAPACITY:

UTHORISED DRIVERS:

XCESS:

THE INSURED LIM CHEN KEEN ONLY

NRIC: \$2550963C DOB: 14 01/1964 EXP: 11/12/1993 OCCP: SALES MANAGER

DORSEMENTS APPLICABLE: 3P 94 97 - INSURED

PREMIUM:

133.00

GST @ 7%

3.31

TOTAL: 242.31

NO CLAIM BONUS OF 20% IS ALLOWED GOOD DRIVER DISCOUNT OF 5% IS ALLOWED

ME OF EMPLOYER AND OR E PURCHASE OWNER:

LACING POLICY NO: MSD VMT/16-353489-CA

ction Limitation and Exclusion Clause

Insurer shall be deemed to provide cover and no Insurer shall be le to pay any claim or provide any benefit hereunder to the extent that provision of such cover, payment of such claim or provision of such effit would expose that Insurer to any sanction, prohibition or action under United Nations resolutions or the trade or economic s or regulations of the European Union or United Kingdom

MSIG Intersect (Support) Ptt. Ltd.



Approved Imprers