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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

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.
- 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.

- 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	13/03/2018 15:03	
Date Of Accident	13/03/2018 12:15	
Exact Location Of Accident	ALONG MIDDLE ROAD TOWARDS NORTH BRIDGE ROAD	
Country/State of Loss	SINGAPORE	
hinoc less a second particular transported D	ETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBE7068J	
Insured/Policyholder		
Name Of Registered Owner	THE LAUNDRY BOUTIQUE	
Co Reg No	52993120J	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-82287199	
Alternative Phone No	OFFICE-82287199	
Vehicle Particulars		
Manufacturer	NISSAN	
Model	NV350-2.5 D PANEL VAN (M)	
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 28893265 MKC	
Cover Note Number		
Driver		
Name of Driver	CHUA CHIN HUAT	
NRIC No	S1780482J	
Date Of Birth	01/05/1966	
Occupation	OUTDOOR	
Date Of Driving Pass	13/10/1988	
Driving Experience	29 YEARS AND 5 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-82287199	
Fax Number		

OTHERS-82287199

NOEMAIL

Address BLK 249 BANGKIT ROAD

#07-338

Postcode 670249

Was driver an employee of the Insured's Company YES

If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

•

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 ambulance? NO
Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.
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

ON 13.03.2018 AT ABOUT 12:15HRS I WAS TRAVELLING ALONG MIDDLE ROAD AND WAS AT THE CENTRE LANE OF 3 LANE ROAD. SUDDENLY I HEAR A SCRATCH ON MY LEFT SIDE AND I STOP MY VAN AND LOOK AT THE LEFT AND SAW A TAXI WAS TRYING TO SWITCH LANE AND HIT MY VAN.WE EXCHANGE PARTICULAR AND THE TAXI ASK ME TO CLAIM INSURANCE THAT ALL.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES

Remarks/ Reasons: WITH OWNER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHA3004U
Vehicle Make/Model/Colour TOYOTA

Details Of Properties

Vehicle Category TAXI

Name of Driver FOO KOK BOOK

NRIC/Passport Number

Contact Number 97592139

Address Postcode

Insurance Company Name

Nature Of Damage

SKETCH PLAN

IMPORTANT NOTICE

- 1. 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.
- 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

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Policyholder's Signature Date & Time:

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

Reporting Centre Personnells Signature
Name: Of U

NRIC/FIN No.:

1. DETAILS OF VEHICLE OVEHICLE NUMBER: GER 700 b)INSURANCE COMPANY CIPOLICY NUMBER! DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE ATHEFT) MISSAN URVAN e)MAKE & MODEL! () TYPE: (SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE. / OTHERS) 9) VEHICLE CATEGORY: [PRIVATE / COMMERCIAL / MOTOSCYCLE) 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) 2. INSURED / POLICY HOLDER (MALE / FEMALE) A)NAME: THE LAWDE b) NRIC/FIN/PASSPORT: a) ADDRESS: * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER Allo of bulloudy GINAME: CHUA CHINE (Including driver) b) NRIC/FIN/PASSPORT: CIADDRESS: 966 IDD/MM/YYYY) ODATE OF BIRTH! (C) SOCCUPATION: (INDOOR / OUTDOOR) INDATE OF DRIVING PASS / SITURDO (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED 5. O WEATHER CONDITION: (CLEAR / RAINING / OTHERS b) ROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES (NO) a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION 4 No of passenger (Including driver) HRIC/FIN/PASSPORT! 0) THIRD PARTY VEHICLE VEHICLE NUMBER: O) DRIVER'S NAMEL 14 No of passinger NRIC/FIN/PASSPORT (Including driver) 1)

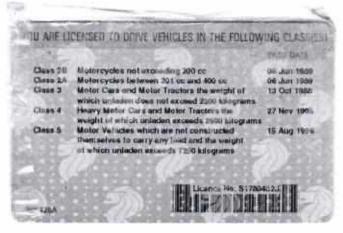
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MSIG Insurance (Singapore) Pte. Ltd. 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 069807 Tel +65 6827 7888, Fax +65 6827 7800 Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

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.Z.300

Goods Carrying Vehicle - Sch I

COMMERCIAL VEHICLE Comprehensive

Certificate No. A 28893255 MKC

Excess; SGD800

- Index Mark and Registration Number of Vehicle GBE7069J
- 2. Name of Pollsyholder The Laundry Boutique
- 3. Effective Date of the Commencement of Insurance for the purposes of the Act 01/03/2018
- 4. Date of Expiry of Insurance 28/02/2019
- 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.
- Limitutions as to usa*

Use in connection with the Policyholder's business. Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. Use for social domestic and pleasure purposes. The Policy does not cover

- (1) Use for hire or reward or for racing pace-making reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing 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, 1967 (Malaysia) or any Amendment, Act or Acte passed in substitution thereof.

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

> > for Chief Executive Officer

Transaction ref 20160229131426482628

The owner and vehicle particulars for Vehicle No. GBE7068J as at 29 Feb 2016 are as follows:

1.	Name	THE LAUNDRY BOUTIQUE
2.		Business
3.		: 52993120J
4.	Place Of Passport Issue	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
5.		211 HENDERSON ROAD #01-01
		211 HENDERSON SINGAPORE 159552
6.	Mailing Address	
7.		: GBE7068J
8.		: 29 Feb 2016
9.		: 29 Feb 2016
10.	First Registration Date	: 29 Feb 2016
11.		. A50 - Goods (Closed) Van/Van Panel (Delivery)
12.		Normal .
13.		No Attachment
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	11.000.000.000.000.000.000.000.000.000.	100
16.		: NISSAN
17.		: NV350 PANEL VAN 2.5 5MT 5DR EURO V
18.		: 2015
		: Black
20.		t -
21.	Passenger Capacity	. 2
22.	Chassis/Trailer Chassis No.	
23.	Propellant/Emission Standard	
24.		: YD25388135A / -
25.	Engine Capacity(cc)/Power Rating(kW)	: 2488/-
26.		: -/-
27.	[전기 문화점] (1.42년 - 1.42년	: 1800
28.	Maximum Laden Weight(kg)	: 3300
29.		: \$22,153.00
30.	1 (Ang.) 7 (Ang.) 1 (: No
31.	[122] [2] [2] [2] [2] [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4	1 *
32.	Minimum PARF Benefit	: \$0.00
33.	IU Label No.	(-)
34.		: 2016020105000317Z
35.	COE Expiry Date	: 28 Feb 2026
36.		: C - Goods Vehicle & Bus
37.	Quota Premium/Prevailing Quota Premium	
38.		: \$46,502.00
39.		: \$1,108.00
40.	CO2 Emission(g/km)	: 232.00
41.	Actual CEVS Rebate Utilised	ist
42.	CEVS Surcharge Paid	t a
43.	Actual Green Vehicle Rebate Utilised	I €
44.		: 28 Feb 2036
45.	Road Tax Amount	: \$213.00
46.	Road Tax Start Date	: 29 Feb 2016
47.	Road Tax End Date	: 28 Aug 2016
48.	Remarks	This vehicle requires side marking.
		To renew the COE, the Prevailing Quota Premium
		payable is that of Category C.