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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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</u> and <u>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.
- 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.

	ACCIDENT STATEMENT	
Date Of Report	16/03/2018 12:11	
	15/03/2018 19:45	
Exact Location Of Accident	FROM PRINSEP STREET TO MIDDLE ROAD	
	SINGAPORE	
Country/State of Edgs	ETAILS OF OWN VEHICLE	
The state of the s	SKS3706Y	
Insured/Policyholder		
ACCIONADO DO CONTRACTOR DE	SIME DARBY SERVICES PTE LTD	
Name Of Registered Owner	197501065W	
Co Reg No	94MILESAWAY@GMAIL.COM	
Email Address	(LOCAL) +65-98331860	
Mobile Phone No	OFFICE-98331860	
Alternative Phone No		
Vehicle Particulars	BMW	
Manufacturer	5201	
Model		
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES	
Are you claiming under your own insurance policy for repair to your vehicle?	NO	
If No. Please state action to be taken	REPORTING ONLY	
Vehicle Category	COMMERCIAL VEHICLE	
Insurance Company		
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE, LTD.	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	B 29040568 MCY	
Cover Note Number		
Driver		
Name of Driver	MUHAMMAD HAMDAN FATHULLAH BIN ABDUL HALIM	
NRIC No	S9411637F	
Date Of Birth	10/04/1994	
Occupation	OUTDOOR	
Date Of Driving Pass	12/05/2015	
Driving Experience	2 YEARS AND 10 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-98331860	
Fax Number		
Contact Number	OTHERS-98331860	
	SAME ESAWAY & CMAIL COM	

94MILESAWAY@GMAIL.COM

BLK 615 ELIAS ROAS Address

#03-108

510615 Postcode

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

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO 2

Number of vehicles involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged? NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

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

NO

NO

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

SGW7557M Vehicle Registration Number

Vehicle Make/Model/Colour

MAZDA MX5

Details Of Properties

Vehicle Category

PRIVATE CAR

NIGEL NG ZHEREN Name of Driver

S8633994C NRIC/Passport Number

91504831 Contact Number

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.
- This Form must be completed by the Policyholder and/or the Authorised Oriver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts ma allow insurance companies to repudiate policy liability.
- 4. The Issue and acceptance of this Form by insurance companies is not an admission of policy fiability on the part of the insurance companies.
- 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 Associator 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)

l 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' 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.
- (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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

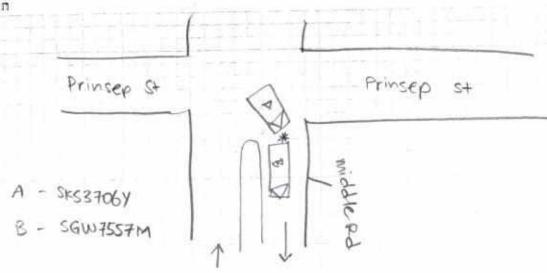
Policyholder's Signature / Date & Time

0815 16/3

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

Witnessed by Reporting Centre Personnel

Sketch Plan



escribe Circumstances of the Accident	_
On 15 March @ 1945 I was driving along Prinsep St turning to Middle road. I stopped at the traffic light before turning to Middle road. Three was a White Mazda in	
when the pattic light threed green, we both moved off showly and stopped again as there were pedestrians crossing. Once dear, the mazda moved off but a jammed brake. For me, I moved off also but there was a cyclist on my right side, coming from middle I was distracted by the cyclist's movement and therefore tailed to stop in time to avoid the white Mas	Road
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY, PLEASE CHECK YOUR PFOR MORE INFORMATION.	OLIC
Please State: () Claim Own Policy () Claim Third Party () Claim OD/TP at other workshop (X) Reporting	only

Declaration

We declare the foregoing particulars are true in every respect.



Policyhalder's Signature / Date & Time

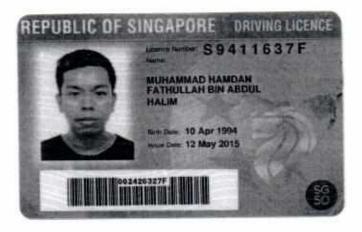
Driver's Signature (if driver is not the policyholder) / Date & Time

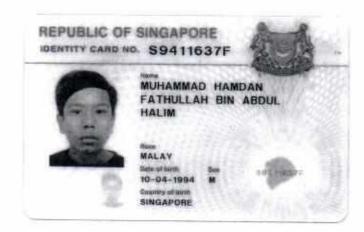
16/03/2018

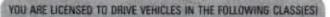
Witnessed by Reporting Centre Personnel

	3/18 Time: 1945 hrs
Date of Accident 15 / 3	
Exact Location of Accident From	Prinsep St to Middle Rd
	DETAILS OF OWN VEHICLE
ehicles Registration Number: SKS3706Y	Name of Registered Owner: SIME DARBY SERVICES
IRIC / Passport No. / FIN: 5941 637F	Co. Reg. No.(for Co. Vehicle Only): 197501065W
omole transquare	The state of the s
Manufacturer: BMW	Model: 5201
Exact purpose of vehicle being used at time of accider	ont. Normal usage □ Other Ø (please state): To L i ≥ 37835
Are you claiming your own insurance policy for repair	to your vehicle? Yes ☐ Claiming Against 3rd Party ☐ For Reporting Only ☐
Vehicle Category: Private Car	The same of the sa
dates for Clargary All	经生活的,然后以他们的关系是一种的一个人们的一种。
lame of My Insurance Company: m519	
	i Party 🗆
leat Policy (Multiple vehicles coverage): Yes El	No □ Policy / Cover Note Number:
Invertible All States	THE RESIDENCE OF STREET
llame of Driver: Hamdan Fathyllah	NRIC/Passport No. / FIN: S941637F
Date of Birth: (0 / 04 / 1994	Occupation: Indoor Outdoor
Date of Driving Pass: 12 5 / 2015	Gender: Male Female D
The state of the s	stive Phone No.: —
Address as stated in NRIC: 615 Elias Road	#03-108 (Post Code: \$10615)
Email Address: 94mile saway @gmail. a	am
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 🗆 No 🗹
Vehicle Reg. Number of Driver's Own Vehicle (if app	pilcable): —
* Insurance Company of Driver's Own Vehicle (if appli	
Ohia. Intermetton of the Accident	
Weather Conditions	Clear ☑ Raining ☑ Others ☑ (please state condition):
Road Surface	Wet □ Dry □ Others □ (please state condition):
Was anybody injured in the accident?	Ng-□ Yes □
"Was any foreign vehicle involved in this accident?	No.D Yes
Foreign Vehicle Registration Number	
Foreign Vehicle Category	VCommercial Vehicle/Motorcycle/Taxl/Bus Others □ *Please Indicate
Was any other vehicle or property involved?	No D Yeard
*Was there any video captured by Car Camera?	No-to Yes 🗆
Was the accident reported to the Police?	No.₽ Yes □ If Yes, which Police Station?
Was notice of Intended Prosecution given?	No.2" Yes □ If Yes, against whom?
have been approached by unknown person(s)	The Control of the Co
soliciting / offering accident claims assistance.	Np-2 Yes □
DETAILS OF OTHER VEH	HICLE (Please complete Annex A Form if more vehicles involved)
Vehicles Registration No.: SGW 7557M	Vehicle Make / Model / Colour: Mazda / Mx-5 / white
Details of Property Damaged in Accident (other than 3	
Name of Orlver: Nigel Ng Zheven	NRIC/Passport Number: S8633994 C
Contact Number: 9150 4831	
A CONTRACTOR OF THE PARTY OF TH	(Post Code:
Address:	(Post Code:
Address: nsurance Company Name:	Right □ No. of Passengers (Including Driver): ○ /
Address: Insurance Company Name: Nature of Damage: Front □ Rear ☑ Left □	
Address: Insurance Company Name: Nature of Damage: Front Rear Left Details of Witness - Name:	
Address: Insurance Company Name: Nature of Damage: Front Details of Witness - Name: Details of Witness - Contact Number:	
Address: Insurance Company Name: Nature of Damage: Front Rear Left Details of Witness - Name: Details of Witness - Contact Number: Details of Witness - Email Address:	Right □ No. of Passengers (Including Driver): ○
Address: Insurance Company Name: Nature of Damage: Front Rear Left Details of Witness - Name: Details of Witness - Contact Number: Details of Witness - Email Address: DETAILS OF INJURED PR	Right □ No. of Passengers (Including Driver): ○ PERSON (Please complete Annex A Form) if more person injured)
Address: Insurance Company Name: Nature of Damage: Front Rear Left Details of Witness - Name: Details of Witness - Contact Number: Details of Witness - Email Address: DETAILS OF INJURED PE	Right □ No. of Passengers (Including Driver): ○ PERSON (Please complete Annex A Form if more person injured) Approximate Age:
Address: Insurance Company Name: Nature of Damage: Front Rear Left Details of Witness - Name: Details of Witness - Contact Number: Details of Witness - Email Address: DETAILS OF INJURED PRAIDS Name:	Right No. of Passengers (Including Driver): PERSON (Please complete Annex A Form) if more person injured) Approximate Age: (Post Code:
Address: nsurance Company Name: Nature of Damage: Front Rear Left Details of Witness - Name: Details of Witness - Contact Number: Details of Witness - Email Address: DETAILS OF INJURED PE	Right No. of Passengers (Including Driver): PERSON (Please complete Annex A Form if more person injured) Approximate Age:

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







EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =</ >
yessengers, exclusive 12 May 2015 of the driver; and other motor vehicles =< 2500kg

Licence No: 59411637F

NP 426A

02-02-2009 APT BLK 615 ELIAS ROAD #03-106 SINGAPORE 510618 1 4347176



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

2620

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.2.400 Cars for Hire

MOTORMAX PLUS-COMMERCIAL Comprehensive

Certificate No. B 29040568 MCY

Excess: SGD1,000

Windscreen Excess: SGD100

1. Index Mark and Registration Number of Vehicle

SKS3706Y

2. Name of Policyholder

Sime Darby Services Pte Ltd

3. Effective Date of the Commencement of Insurance for the purposes of the Act 01/10/2017

4. Date of Expiry of Insurance

30/09/201A

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.

6. 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.

(2) 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.

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