

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 withholding 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	16/03/2018 12:11
Date Of Accident	15/03/2018 19:45
Exact Location Of Accident	FROM PRINSEP STREET TO MIDDLE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS3706Y
Insured/Policyholder	
Name Of Registered Owner	SIME DARBY SERVICES PTE LTD
Co Reg No	197501065W
Email Address	94MILESAWAY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98331860
Alternative Phone No	OFFICE-98331860

Vehicle Particulars

Manufacturer	BMW
Model	520i
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
Email Address	94MILESAWAY@GMAIL.COM

Address	BLK 615 ELIAS ROAS #03-108
Postcode	510615
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	COLLISION - HEAD TO REAR
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.	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	SGW7557M
Vehicle Make/Model/Colour	MAZDA MX5
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NIGEL NG ZHEREN
NRIC/Passport Number	S8633994C
Contact Number	91504831
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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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:

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

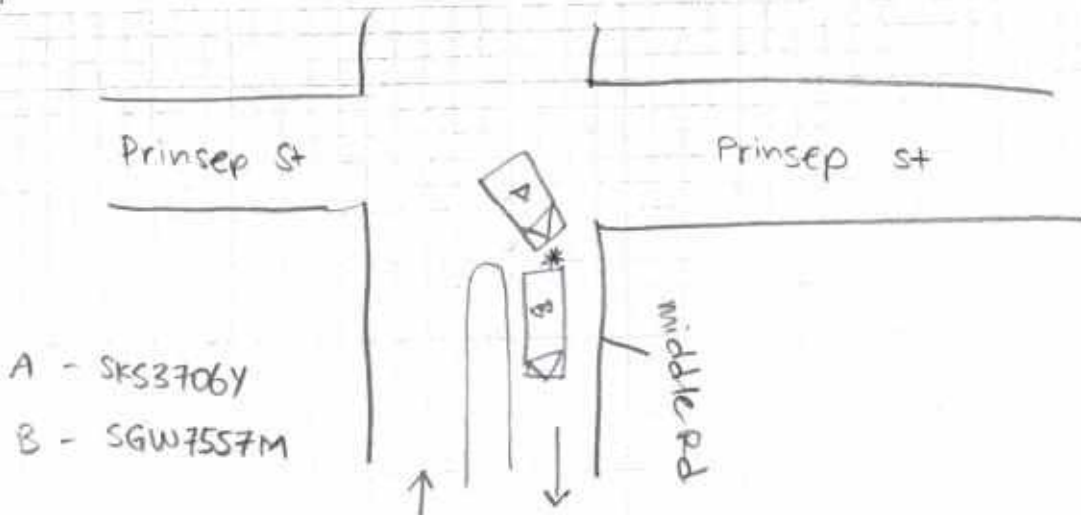


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 15 March @ 1945 I was driving along Princep St turning to Middle Road. I stopped at the traffic light before turning to Middle Road. There was a White Mazda in front.

When the traffic light turned green, we both moved off slowly, and stopped again as there were pedestrians crossing. Once clear, the Mazda moved off but jammed brake. For me, I moved off also but there was a cyclist on my right side, coming from middle Road. I was distracted by the cyclist's movement and therefore failed to stop in time to avoid the white Mazda.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

16/03/2018

MOTOR ACCIDENT REPORT FORM

BASIC INFORMATION

Date of Accident	15/3/18	Time: 1945 hrs
Exact Location of Accident	From Prinsep St to Middle Rd	

DETAILS OF OWN VEHICLE

Vehicles Registration Number: SKS3706Y	Name of Registered Owner: SIME DARBY SERVICES
NRIC / Passport No. / FIN: S9411637F	Co. Reg. No. (for Co. Vehicle Only): 197501065W

VEHICLE PARTICULARS

Manufacturer: BMW	Model: S20i
Exact purpose of vehicle being used at time of accident.	Normal usage <input type="checkbox"/> Other <input checked="" type="checkbox"/> (please state): JOL id 37835
Are you claiming your own insurance policy for repair to your vehicle?	Yes <input type="checkbox"/> Claiming Against 3 rd Party <input type="checkbox"/> For Reporting Only <input checked="" type="checkbox"/>
Vehicle Category: Private Car	

INSURANCE COMPANY

Name of My Insurance Company: msig
Type of Coverage: Comprehensive <input checked="" type="checkbox"/> Third Party <input type="checkbox"/>
Fleet Policy (Multiple vehicles coverage): Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Policy / Cover Note Number:

DRIVER

Name of Driver: Hamdan Fathullah	NRIC / Passport No. / FIN: S9411637F
Date of Birth: 10/04/1994	Occupation: Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>
Date of Driving Pass: 12/5/2015	Gender: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

Mobile Phone No.: 898331860	Alternative Phone No.: —
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Address as stated in NRIC: 615 Elias Road #03-108	(Post Code: S10615)
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* Email Address: 94milesaway@gmail.com
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Was driver an employee of the Insured's Company?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> State relationship of the driver with the insured:
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* Does the Driver Own Any Other Vehicle?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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* Vehicle Reg. Number of Driver's Own Vehicle (if applicable):	—
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* Insurance Company of Driver's Own Vehicle (if applicable):	—
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OTHER INFORMATION OF THE ACCIDENT

Weather Conditions	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/> (please state condition):
Road Surface	Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/> (please state condition):
Was anybody injured in the accident?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
* Was any foreign vehicle involved in this accident?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
Foreign Vehicle Registration Number	—
Foreign Vehicle Category	<input type="checkbox"/> Commercial Vehicle/Motorcycle/Taxi/Bus <input type="checkbox"/> Others <input type="checkbox"/> *Please indicate
Was any other vehicle or property involved?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
* Was there any video captured by Car Camera?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
Was the accident reported to the Police?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If Yes, which Police Station?
Was notice of intended Prosecution given?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If Yes, against whom?
I have been approached by unknown person(s) soliciting / offering accident claims assistance.	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>

DETAILS OF OTHER VEHICLE (Please complete Annex A Form if more vehicles involved)

Vehicles Registration No.: SGW7557M	Vehicle Make / Model / Colour: Mazda / MX-5 / white
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Details of Property Damaged in Accident (other than 3 rd -Party vehicle):	—
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Name of Driver: Nigel Ng zheren	NRIC/Passport Number: S8633974C
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Contact Number: 91504831	(Post Code:)
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Address:	
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Insurance Company Name:	
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Nature of Damage: Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/>	No. of Passengers (Including Driver): 01
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Details of Witness - Name:	
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Details of Witness - Contact Number:	
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Details of Witness - Email Address:	
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DETAILS OF INJURED PERSON (Please complete Annex A Form if more person injured)

Name:	Approximate Age:
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Address:	(Post Code:)
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Injuries Sustained:	Injured person in which vehicle (vehicle reg. no.):
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Were seat belts worn? No <input type="checkbox"/> Yes <input type="checkbox"/>	Were injured conveyed to hospital by ambulance? No <input type="checkbox"/> Yes <input type="checkbox"/>
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Type of Accident (Please tick the appropriate type on flipside of this form)	
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REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S9411637F**

Name:
**MUHAMMAD HAMDAN
FATHULLAH BIN ABDUL
HALIM**

Birth Date: **10 Apr 1994**
Issue Date: **12 May 2015**

001426327F

SG

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S9411637F**

**MUHAMMAD HAMDAN
FATHULLAH BIN ABDUL
HALIM**

Race:
MALAY

Date of birth:
10-04-1994

Sex:
M

Country of birth:
SINGAPORE

001426327F

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

EFFECTIVE DATE

Class 3. Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg **12 May 2015**

Licence No: S9411637F

NP 426A

001426327F

S9411637F

02-02-2009

Address:
**APT BLK 515 ELIAS ROAD
#03-108
SINGAPORE 510615**

**MSIG**

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.Z.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

30/09/2018

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.

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