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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 wilholding 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.
- 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.

ACCIDEN		

Date Of Report - 02/04/2018 10:56

Date Of Accident 01/04/2018 14:30

Exact Location Of Accident ALONG JALAN BUKIT CHAGAR
Country/State of Loss MALAYSIA/JOHOR DARUL TAKZIM

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SKK8178E

Insured/Policyholder

Name Of Registered Owner SIME DARBY SERVICES PTE LTD

Co Reg No 197501065W

Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-81121487

Alternative Phone No OFFICE-81121487

Vehicle Particulars

Manufacturer PEUGEOT
Model P408

Exact Purpose for which vehicle was being used at in

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

THIRD PARTY

Vehicle Category

COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company

MSIG INSURANCE (SINGAPORE) PTE, LTD.

Type Of Coverage

Fleet Policy NO

Policy Number B 29040710 TMC

Cover Note Number

Driver

Name of Driver ZHANG LIANSHENG, JOSEPH /

 NRIC No
 \$88246511

 Date Of Birth
 09/07/1988

 Occupation
 OUTDOOR

 Date Of Driving Pass
 25/01/2008

Driving Experience 10 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81121487

Fax Number

Contact Number OTHERS-81121487

EMail Address NOEMAIL

Address

BLK 10C BENDEMEER ROAD

#29-133

Postcode

333010

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?

Number of vehicles involved in the accident

NO 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)

4

Passenger 1

NAME:

: WIFE

GENDER:

: FEMALE

Passenger 2

NAME:

SON

GENDER:

: MALE

Passenger 3

NAME:

DAUGHTER

GENDER:

FEMALE

**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

SKC7289R

OR SJC7281K

Vehicle Make/Model/Colour

VOLKSWÄGEN SIROCCO

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Page 2 of 17

## IMPORTANT NOTICE

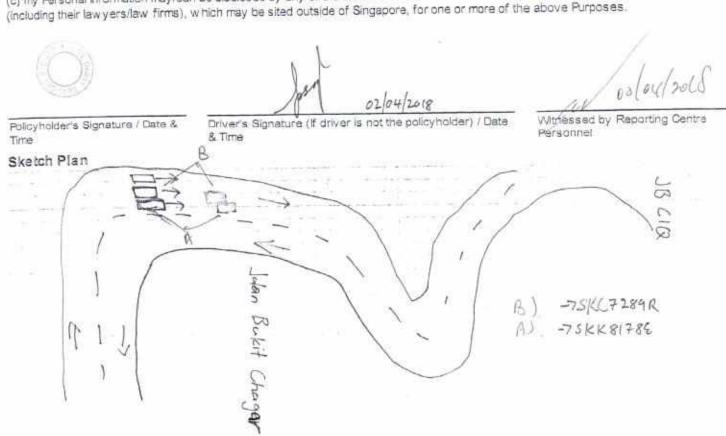
- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Orlyer.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material 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 liability 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 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.
- 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' 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Both	SKC7289R	(3rd Party	) and I	(SKIC 8178)	E) were t	raveling	
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	N OWN DAMA		NDER YOUR	OWN POLICY	. PLEASE CI	IECK Y	JUR PULIC
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Please State							
( ) Claim (	Own Policy ( )	Claim Third P	arty ( ) Clai	m OD/TP at oth	er workshop	( ) Repo	orting only
Declaration	1						
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/We declare th	e foregoing particula	irs are true in ever	respect				
			V /				1

Policyholder's Signature / Date & Time

Driver's Signature (# driver is not the policyholder) / Date

& Time

\*\*Time\*\*

\*\*Time\*\*

\*\*Driver's Signature (# driver is not the policyholder) / Date

\*\*Personnel\*\*

\*\*Personnel\*\*

\*\*Personnel\*\*

\*\*Time\*\*

\*\*Time\*

· · · · · · · · · · · · · · · · · · ·	BASIC INFORMATION
	1/04/2018 Time: 1430 HRS
Exact Location of Accident ALC	ONG JUN BURIT CHAGAR
	DETAILS OF OWN VEHICLE
Vehicles Registration Number: SKK 817	SE Name of Registered Owner: SIME DARBY SERVICE
NRIC / Passport No. / FIN:	Co. Reg. No. (for Co. Vehicle Only): 197501065W
(apple Ratificulars)	
Manufacturer: PEUGEOT	Model: P4-0%
Exact purpose of vehicle being used at time of accide	ent. Normal usage T Other 🗆 (please state):
Are you claiming your own insurance policy for repair	
Vehicle Category: Private Car	
Ramo of My Insurance Company: 1/15/9	<b>的是</b> 对此,是他从外面的一个大型是是一个大型。
	i Party D
Fleet Policy (Multiple vehicles coverage): Yes El	The state of the s
Wyen and the second sec	
Name of Driver: ZHANG LIANSHENG DSCPH	NRIC / Passport No. / FIN: 588 2465 (1
Date of Bloth:	Occupation: Indoor  Outdoor
Date of Driving Pass: 25 Jan 2008	Gender: Male ☑ Female □
2001 100	tive Phone No.:
01141101	
Email Address:	meer Road # 29 - 133 (Post Code: 333 010
Was driver an employee of the Insured's Company?	Yes D No D State relationship of the driver with the insured:
Does the Driver Own Any Other Vehicle?	Yes D No D
Vehicle Reg. Number of Driver's Own Vehicle (if app	
Insurance Company of Driver's Own Vehicle (if applied	
ther information of the Adoldent	Cable).
Weather Conditions	
Road Surface	Clean ☐ Raining ☐ Others ☐ (please state condition):
OR STORY OF THE STORY	Wet □ Dry,☑ Others □ (please state condition):
Was anybody injured in the accident?	No.D Yes 🗆
Was any foreign vehicle involved in this accident?	No D Yes 🗆
oreign Vehicle Registration Number	
Foreign Vehicle Category	Private Car/Commercial Vehicle/Motorcycle/Taxi/Bus Others 🏻 *Please Indicate
Was any other vehicle or property involved?	No 🗆 Yes 💭
Was there any video captured by Car Camera?	No.□ Yes □
Vas the accident reported to the Police?	No.2 Yes ☐ If Yes, which Police Station?
Vas notice of intended Prosecution given?	No₁2 Yes ☐ If Yes, against whom?
have been approached by unknown person(s) olloiting / offering accident claims assistance.	No,El Yes □
	CLE (Please complete Annex A Form if more vehicles involved)
ehicles Registration No.: / SKC 7289 R	1122
etails of Property Damaged in Accident (other than 3"	
ame of Driver:	NRIC/Passport Number:
ontact Number:	Thrown assport number.
ddress:	(Post Code:
	(Post Code,
surance Company Name:	
	Blobt D No. of Brossesses (Incl. att. D.)
ature of Damage: Front 🗆 Rear 🗆 Left 🗆	Right No. of Passengers (Including Driver):
ature of Damage: Front  Rear Left  stalls of Witness - Name:	Right No. of Passengers (Including Driver):
ature of Damage: Front  Rear  Left  tails of Witness - Name: stails of Witness - Contact Number:	Right No. of Passengers (Including Driver):
eture of Damage: Front  Rear Left  stails of Witness - Name: etails of Witness - Contact Number: etails of Witness - Email Address:	
eture of Damage: Front   Rear   Left    stails of Witness - Name: stails of Witness - Contact Number: stails of Witness - Email Address: DETAILS OF INJURED PER	RSON (Please complete Annex A Form if more person injured)
eture of Damage: Front  Rear Left Left to tails of Witness - Name: etails of Witness - Contact Number: etails of Witness - Email Address:  DETAILS OF INJURED PERMIT:	RSON (Please complete Annex A Form if more person injured)  Approximate Age:
eture of Damage: Front  Rear Left  stails of Witness - Name: etails of Witness - Contact Number: etails of Witness - Email Address:  DETAILS OF INJURED PER eme: dress:	RSON (Please complete Annex A Form if more person injured)  Approximate Age:  (Post Code:
etails of Witness - Name: etails of Witness - Contact Number: etails of Witness - Email Address:	RSON (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.

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8824651



Name



## ZHANG LIANSHENG, JOSEPH

張连升

Race

CHINESE

Date of Birth

ate of Birth

09-07-1988

Country of Birth

SINGAPORE

Sex







NRIC No. S88246511

**Blood Group** 

Date of issue

17-07-2003

APT BLK 10C BENDEMEER ROAD #29-133 SINGAPORE 333010

NRIC No: \$88246511

Date: 11/12/2017

## REPUBLIC OF SINGAPORE DRIVING LICENSE



Licence Number: S 8 8 2 4 6 5 1 1

Name:

ZHANG LIANSHENG, JOSEPH

Birth Date: 09 Jul 1988

Issue Date: 25 Jan 2008



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

PASS DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 25 Jan 2008 of the driver; and other motor vehicles =< 2500kg



**NP 428A** 



MSIG Insurance (Singapore) Pte. Ltd. 4 Shenton Way, # 21-01, SGX Centre Z, Singapore 068807 Tel +65 6827 7888, Fax +65 6827 7800 Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

2457

## 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

MOTOR CAR - COMMERCIAL TP Third Party

Certificate No. B 29040710 TMC /

1. Index Mark and Registration Number of Vehicle

SKK8178E -

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.

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

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.

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



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
uEn: \$665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

## **ADDENDUM**

Original Report No	ERSON MAKING THE AMENDMENTS:  - MURY (8043)95 Vehicle Registration No.: SKK8178E
Name(as shown in NRIC	Tilorite Time Offered Fotolit
	(ehicle Owner) (*) Please delete as appropriate
	. Singapore
Address	OUNUEZ
Contact (Tel)	Mobile No.: 8(12/401
Email Address	1 1 .0
Date of Accident	: 01/64/2018
Place of Accident	gioner Form BUKIT CHAGAR
Insurance Compan	well well a
ADDITIONALINFO	ORMATION (AMENDMENTS:) ort on the above mentioned accident and would like to include additional information
-	g amendments:
THEO PRETY	VAHICUR TO SKC DEGR ON SKATCH PLAN
THEO PORTY	VAHICUR TO SKC DEGR ON SKATCH PLAN
THEO PORTY	Varlicue lu sicc Desque on skarch prom
THEO PORTY	Varlicue lu sicc Desque on skarch prom
THEO PORTY	Varicue lu sicc Desque on skarch prom
THEO PORTY	Varicue lu sicc Desque on skarch prom
THEO PORTY	Varicue lu siccide 9 R ON SKRICH PLAM
THEO PRETY	Varicue lu siccide que on skrich prom
THEO PRETY	Varicue lu siccide que on skrich prom
THEO PRETY	Varficue lu skc 2892 ON SKANCH PLAM
THEO PORTY	Varificue lu skc 289R ON SKANCH PURM
THEO PORTY	Varicue lo skc 289R ON SKANCH PLOM
THEO PORTY	MARICUR TO SKC DS 9R ON SKANCH PLANT
Policyholder / Dr	Reporting Centre Personnel's Signature  Name: NRIC/FIN No. FULL, WATON