

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 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.
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	09/04/2018 11:19
Date Of Accident	26/03/2018 16:00
Exact Location Of Accident	AT 177 TANJONG RHU ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF3232C
Insured/Policyholder	
Name Of Registered Owner	NG KWANG TAO JULIUS
NRIC No	S1597430C
Email Address	JULIUSKTNG@YAHOO.COM
Mobile Phone No	(LOCAL) +65-93692828
Alternative Phone No	OFFICE-93692828
Vehicle Particulars	
Manufacturer	BMW
Model	730LI-3.0 AT ABS D/AB 2WD 4DR NAV HID SR (A)
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	10116526
Driver	
Name of Driver	NG KWANG TAO JULIUS
NRIC No	S1597430C
Date Of Birth	24/03/1963
Occupation	INDOOR
Date Of Driving Pass	24/08/2004
Driving Experience	13 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93692828
Fax Number	
Contact Number	OFFICE-93692828
Email Address	JULIUSKTNG@YAHOO.COM

Address 177 TANJONG RHU ROAD
#19-18

Postcode 436607

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? 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) 2

Passenger 1 NAME: : WIFE
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 UNKNOWN

Vehicle Make/Model/Colour TRUCK

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

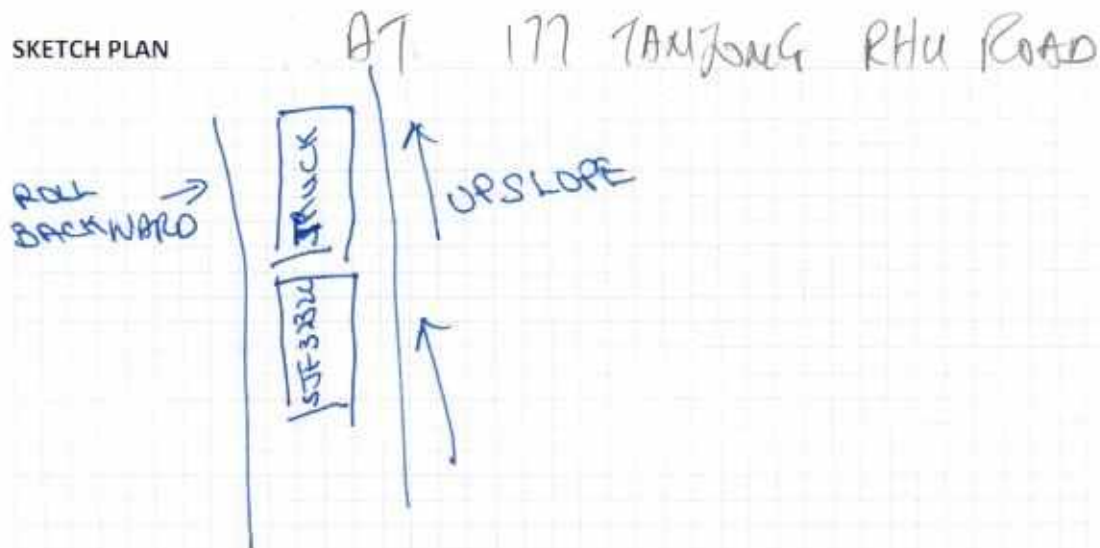
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (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:
- (i) 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's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS EXITING MY HOMECARK. MINI TRUCK WAS IN FRONT OF ME AT EXIT OF MY CONDO CARPARK ON THE SLOPE. MINI TRUCK STOPPED SUDDENLY AND ^{ROLLED BACK SLIGHTLY} I HIT THE REAR. NO DAMAGES TO THE TRUCK. THE DRIVER INSPECTED AND CONFIRMED NO DAMAGES TO THE TRUCK.

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

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 26/03/2008 (DD/MM/YYYY), TIME: 4:00 PM (HH:MM)

LOCATION: 177 TANJONG RATA ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJF 3232 C
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: 10116526
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: BMW 730 iL
 f) TYPE: SEDAN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (YES)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: NG KWANG TAO JULIUS (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1597480C CONTACT: 93692828
 c) ADDRESS: 177 TANJONG RATA ROAD #19-18
SINGAPORE 436607

d) DATE OF BIRTH: 24/03/1963 (DD/MM/YYYY)

e) OCCUPATION: DOOR / OUTDOOR

f) DATE OF DRIVING PASS: 24 AUG 2004

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) (NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS
 b) ROAD SURFACE: DRY / WET / OTHERS

6. WAS ANYBODY INJURED (YES/NO) (NO)

7. a) REPORTED TO POLICE (YES/NO) (NO)
 IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

No. of passenger

(including driver)

()

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____ CONTACT: _____
 c) NRIC/FIN/PASSPORT: _____

9. THIRD PARTY VEHICLE

No. of passenger

(including driver)

()

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____ CONTACT: _____
 f) NRIC/FIN/PASSPORT: _____

email: juliusktn@yaho.com

fax: _____

video _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1597430C



Name

NG KWANG TAO JULIUS

Race

CHINESE

Date of birth

24-03-1963

Country/Place of birth

SINGAPORE

Sex

M



5642236



NRIC No. S1597430C



Date of issue

21-12-2017

Address

177 TANJONG RHU ROAD
#19-18
SINGAPORE 436607

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S1597430C

Name

NG KWANG TAO JULIUS

Birth Date: 24 Mar 1963

Issue Date: 24 Aug 2004



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

PASS DATE

24 Aug 2004

Class 3

Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg

NP 426A



License No: S1597430C

MOTOR INSURANCE COVER NOTE

Cover Note No. 10116526

The Insured named in the Schedule below having proposed for insurance in respect of the Motor Vehicle described in the Schedule below the risk is hereby HELD COVERED in the terms of the Company's usual form of Policy applicable thereto for the period as stated below unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

Agent No. : 212165
Name of Insured : NG KWANG TAO JULIUS
Make and Description of Vehicle : BMW 730Li
Vehicle Registration No. : SJF3232C
Year of Manufacture : 2011
Engine No. : 12947897N52B30AF
Chassis No. : WBAKB22010C951265
Capacity : 2,996 Cubic Capacity
Cover Type : Comprehensive
Sum Insured (SGD) : Market Value
Period of Insurance : 07/12/2017 to 06/12/2018
Excess (SGD) : 750
Finance Company : BMW FINANCIAL SERVICES SINGAPORE PTE. LTD.

I/We hereby certify that this Cover Note is issued in accordance with the Provisions of the Motor Vehicles (Third Party Risks & Compensation) Act (Cap. 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

Not valid unless countersigned by the
Company's Authorised Representative



Sime Darby Insurance Brokers (Singapore) Pte. Ltd.

Date of Issue : 20/11/2017

MSIG Insurance (Singapore) Pte. Ltd.

Authorised Insurers

Katherine Yeo
Senior Vice President, Brokers

This Cover Note is valid for 30 days from the date of issue.