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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.
- Information provided must be as truthful and accurate 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.

- 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.

ALL PROPERTY OF THE PARTY OF TH	ACCIDENT STATEMENT	
Date Of Report	17/04/2018 14:36	
Date Of Accident	13/04/2018 13:55	
Exact Location Of Accident	ALONG BALMORAL ROAD	
Country/State of Loss	SINGAPORE	
D D	ETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJS7638X	
Insured/Policyholder		
Name Of Registered Owner	SIME DARBY SERVICES PTE LTD	
Co Reg No	197501065W	
Email Address	WILLMAK8@GMAIL.COM	
Mobile Phone No	(LOCAL) +65-90175454	
Alternative Phone No	OFFICE-90175454	
Vehicle Particulars		
Manufacturer	ТОУОТА	
Model	CAMRY	
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	PRIVATE HIRE	
Insurance Company		
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE, LTD.	
Type Of Coverage	THIRD PARTY	
Fleet Policy	NO	
Policy Number	B 29040710 TMC	
Cover Note Number		

Driver

 Name of Driver
 MAK YIU KONG

 NRIC No
 \$1426782D

 Date Of Birth
 28/09/1960

 Occupation
 OUTDOOR

 Date Of Driving Pass
 14/02/1984

Driving Experience 34 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-90175454

Fax Number

Contact Number OTHERS-90175454

EMail Address WILLMAK8@GMAIL.COM

Address

15 ELIAS GREEN

#04-05

Postcode

519966

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

ured OTHER - HIRER

Vehicle Registration Number of Driver's Own

.

Vehicle

•

Insurance Company of Driver's Own Vehicle

2

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

NO

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

......

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

NO

Number of Passengers (Including Driver)

4

Passenger 1

NAME:

: TOURIST

GENDER:

MALE

Passenger 2

NAME:

: TOURIST

GENDER:

MALE

Passenger 3

NAME:

: TOURIST

GENDER:

: MALE

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

CB6845T

Vehicle Make/Model/Colour

NISSAN URVAN

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

CHUA KOON HUAT

NRIC/Passport Number

S0161388Z

Contact Number

96974468

Address Postcode Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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

we 13th April 2018

(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:

NIPIC/EIN No.

Balmaral R	pad 2 B		
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which resulf	hitting the bai	ck of the front	Vehicle - 05684
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ECLARATION We declare the foregoing particular	s are true of every respect.	Turil 2018	Meelaers
olicyholder's Signature ate & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Ce Name:	ntre Personnel's/Signature

Date & Time:

NRIC/FIN No.:

ACCIDENT STATEMENT

	ACCIDENT STATE	LIVILIVI
1997-009	DENT DATE: 13 . 104 . 2018 NOD/MM/M	YYY), TIME: (13 :54)(HH:MM)
ACCI	DENT DATE: 19	The Application of the Control of th
	HON: Balmoral Road	ō
•	DETAILS OF VEHICLE	2 V
1.		X
	CIVERIOLE HOMOUNE	
20	blinsurance COMPANY: POLOTI	0 7mc
(9)	a)POLICY NUMBER: COMPREHENSIVE / THIRD	PARTY / THIRD PARTY FIRE &THEFT)
	dipolicy type: [COMPRESENTE COM	24
	A WALL & MODEL - THE MAN WAS IN	ORRY / MOTORCYCLE / OTHERS)
	1) TYPE: [SALOON / COUPE / MPV / V AN / LO 9) VEHICLE CATEGORY: (PRIVATE / COMMI	ERCIAL / MOTORCTCLE
	I) ARE YOU CLAIMING UNDER YOUR OWN I IF NO, PLEASE STATE (THIRD PARTY CLAIM	(REPORTING ONLY)
	IF NO, PLEASE STATE (THIRD PARTY COMM	
2	ANAME: THE SIME DORRY	[MALE / FEMALE)
	D)NRIC/FIN/PASSPORT:	CONTACT:
1 16)	c)ADDRESS:	
Tourist (F)	ACT STORY OF THE S	SVI (OLDER
37	CONTINUE TO 3.4 IF DRIVER ALSO POLICE	
WHO of passenge	DRIVER MAK YIU KONG	MALE FEMALE
Concluding driver	() I INIDIO JEINIJO ASSPORTO SI TOO IS I	CONTACT: 901 15454
(3)	CIADDRESS: 15 Elias green Oc	21-05
		(IDD/MM/YYYY)
	*d) DATE OF BIRTH: (28 109 1960)	
	e OCCUPATION: (INDOOR / OUTDOOR)	Feb 1984
	DATE OF DRIVING PASS 4. WAS DRIVER AN EMPLOYEE OF THE IN	SURED'S COMPANY? (YES / NO)
	- LIVE ATHER CONDITION: (CLEAK / ROW)	.01
	HIROAD SURFACE: (DRY / WET / OTHERS	
× (2)	6. WAS ANYBODY INJURED (YES / NO)	
23	IF YES, PLEASE STATE WHICH POLICE STA	ATION:
6	8. THIRD PARTY VEHICLE CO GRAST	MODEL: NISSAN Urvan
4) His of passenger	LIFE DETT E ATTIMATED OF THE	TAUL
(Including alriva	() DRIVER STRUCTURE SO 16 388	ZCONTACT: 96974460
()	9. THIRD PARTY VEHICLE	
/	d) VEHICLE NUMBER:	MODEL:
to be all passione	PET ORIVER'S NAME:	CONTACT:
(Industing dish	1) NRIC/FIN/PASSPORT:	CONTACT
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	G 200	# 140
	ound willy	nak8@gmail.com

email = willmak & egmail . com

fax =

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1426782D





MAK YIU KONG

CHINESE 28-09-1980 M

SINGAPORE



*098778



s+81426782D



24-08-2007

15 ELIAS GREEN #04-05 SINGAPORE 519966

OU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

Motor Cars<<3000kg with <<7 passengers, exclusive 14 Feb 1984 of the driver; and other motor vehicles << 2500kg

NP 428A



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

2154

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 Care for Hire

MOTOR CAR - COMMERCIAL TP Third Party

Certificate No. B 29040710 TMC

1. Index Mark and Registration Number of Vehicle

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

Use for racing pace-making reliability trial or speed-testing.
 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