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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.
- 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 S	TATEME	NI
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Date Of Report

17/04/2018 15:44

Date Of Accident

16/04/2018 14:30

Exact Location Of Accident

ALONG ALEXANDRA ROAD

Country/State of Loss

SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBB9243Y

Insured/Policyholder

Name Of Registered Owner

OVERSEAS COURIER SERVICE (S) PTE LTD

Co Reg No

197401014Z

Email Address

SHIFAR1802@GMAIL.COM (LOCAL) +65-82237118

Mobile Phone No Alternative Phone No

OFFICE-82237118

Vehicle Particulars

Manufacturer

TOYOTA

Model

HIACE

Exact Purpose for which vehicle was being used at

time of accident

DOING DELIVERY

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If No. Please state action to be taken

THIRD PARTY

Vehicle Category

COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company

MSIG INSURANCE (SINGAPORE) PTE. LTD.

Type Of Coverage

THIRD PARTY

Fleet Policy

NO

Policy Number

7VCT1734080

Cover Note Number

Driver

Name of Driver

MUHAMMAD FARHAN BIN ABDUL KADER

NRIC No

S8705625B

Date Of Birth Occupation 18/02/1987 OUTDOOR

Date Of Driving Pass

11/10/2013

Driving Experience

4 YEARS AND 6 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-82237118

Fax Number

Contact Number

OTHERS-82237118

EMail Address

SHIFAR1802@GMAIL.COM

Address

BLK 878A TAMPINES AVENUE 8

#15-03

Postcode

520878

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

- 60

Insurance Company of Driver's Own Vehicle

ैं

9

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?

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?

YES

If Yes, Please state which Police Station

Police Station Name

TAMPINES NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 6 TAMPINES AVE 4 . POSTCODE: 529682 . COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-5871999 - FAX NO: 65871699

Was notice of intended Prosecution given?

NO

If Yes, against whom?

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180416/2184

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

WD852P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

#### SKETCH PLAN

#### 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 <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.
- 5. 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

(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:

U4-suavi

Beparting Centre Personnel's Signatury

Name;

NRIC/FIN No.:

KETCH PLAN		1 1 1	7 - 7	e e rec
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DECLARATION				
I/We declare the foregoing	particulars are true in every i	respect.		/ / /
	( Carrier of the Carr	Dollar	us	17/04/2018
Policyholder's Signature	Driver's Signatur	1 0000	Reporting Cantra	Personney) Signature
Date & Time:	If driver is not ti		Name:	Jall Luckton
Date is fille.	Date & Time:	ne policynoider)	NRIC/FIN No.:	TOVAL III WILLIO





1 of 3

Report No. T/20180416/2184

Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

DEDORT	OF A	TRAFFIC	ACCIDENT	٢

	e Report M 18 21:07	ade:	Vide Report No.:	Station Diary No.: 95	
Informa	nt's Particu	ılars			
Name of MUHAM KADER	Informant: MAD FARH	IAN BIN ABDUL	Address: APT BLK 878A TAMPINES A 521878	VENUE 8 #15-03 SINGAPORE	
ID Type	/ ID No.: D / S870562	25B	Contact No.: Home/Office: Mobile: 90393835		
National			Email:		
Sex: Male	Age:	Date of Birth: 18/02/1987	Type of Informant: Driver		
Race: Indian Occupation:			Language:	Institution / School Name:	
			Driving Licence Information: Class: 3	Date of Expiry:	

General Inform	mation of the Acciden	t		
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 16/04/2018 14:30	Type of Location X-Junction
Location: Along Road 1 ALEXANDRA TOWARDS T		MERAH		
Weather: Roa Dry		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:	1	raffic Volume:
Type of Collis VAN X CEMI			a	Anyone conveyed by ambulance: No

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
GBB9243Y	Van	TOYOTA		Blue		0
WD852P	CEMEMT			White		0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



/20180416/2184

2 of 3

Report No. T/20180416/2184

Police Station Of Origin: Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

CONTINUATION OF REPORT

Driver				ID No		S8705625B
Name	MUHAMMAD FARHAN BIN ABDUL KADER			ID No.		
Related Vehicle	GBB9243Y (Van)			Conta	ct No.	90393835
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	charge	NIL	
No. of Days granted Medical Leave NIL			Degree o	f Injury	NIL	

## Brief Details.

On the date, time and location mentioned above, I V1 (GBB9243Y) was on the 4 of 5 lane road near to the junction. V2 (WD852P) was at the point, on my right side. When the traffic light turned 'green'. I proceeded to drove straight out. As I was driving ahead, V2 then drove together and cut into my lane and graze onto my vehicle on the rear right of my vehicle.

I honk and followed V2 for some distance. However, V2 continued to just drive off without stopping. The driver is believed to be a Chinese PRC.

No mechanical fault. No in-built camera. No witness.





Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

3 of 3 Report No. T/20180416/2184

CONTINUATION OF REPORT

# Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: G / Sgt 2 GOH JUN KIAT JASON	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 16/04/2018 21:07
D 000 42 - 77707	Classification Of Case:

# Slamed PLON-Call US 8 MMP

# ACCIDENT STATEMENT

ACCIDENT DATE: 16,04,2018 100/MM/YY	(Y), TIME: (14:30)(HH:MM)
Maria Alamandia Ed	
LOCATION: Along Alexandra la	ď
1. DETAILS OF VEHICLE  OLVEHICLE NUMBER: GBB 02434	
MINSURANCE COMPANY: MAIG	
CIPOUCY NUMBER: 7VCT1734000  d)POLICY TYPE: (COMPREHENSIVE / THIRD P  d)MAKE & MODEL: TOYOTO HI  f)TYPE: (SALOON / COUPE / MPV /VAN / LOI  g) VEHICLE CATEGORY: (PRIVATE / COMMER  h)PURPOSE OF USING AT ACCIDENT TIME:  1) ARE YOU CLAIMING UNDER YOUP OWN IN	RRY / MOTORCYCLE / OTHERS) RCIAL / MOTORCYCLE) PELIVEY SURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM )	REPORTING UNLT)
2. INSURED / POLICY HOLDER	(MALE / FEMALE)
DINRIC/FIN/PASSPORT: 197401014	Z_CONTACT:
01	LOIDED
* CONTINUE TO 3.4 IF DRIVER ALSO POLICY	HOLDER
13 No of passon got DRIVER Muhammad Fachan Ria A	MUI COOLUT (MALE) FEMALE)
(Induding diver) COFOSOTE COFOSOTE	CONTACT: 82237118 AVE 8 #15-03 , 520978
*dJDATE OF BIRTH: (18 / 01/1987) (0)  #JOCCUPATION: (INDOOR / OUTDOOR)  #JORTE OF DRIVING PASS + 0)  WAS DRIVER AN EMPLOYEE OF THE INS	+ 2013
5. GIWEATHER CONDITION: (CLEAR) RAINING	3 / OTHERS
HIROAD SURFACE: (DRY)/ WET / DIHERS_	- 187 B
The state of the s	100
7. a) REPORTED TO POLICE (YES) NO)	ION: Tampines NIC
6. WAS ANYBODY INJURED (YES) NO) 7. O) REPORTED TO POLICE (YES) NO) 1F YES, PLEASE STATE WHICH POLICE STAT 8. THIRD PARTY VEHICLE (AD 852 P	1011
A HE OF PRISONER OF VEHICLE NUMBER:	MODEL:
b) DRIVER'S NAME:	CONTACT:
6) PRICYFIAN ASSISTAN	
() 9. THIRD PARTY VEHICLE	MODEL:
At the of because of Delver's NAME:	
( Luciu Ainey elektras 1) NRIC/FIN/PASSPORT:	CONTACT
2.1.000.110	
()	* 1
	7 m 10

email = SHIFARI802@GMAL.com

fax =

VIDEO :

REPUBLIC OF SHIGAPORE

DENTIL DANG NO. 587056258





MUHAMMAD FARHAN BIN ABDUL KADER

بحمد فرحر بر عدالقادير

INDIAN

IN 02-1087 W

SINGAPORE

REPUBLIC OF SINGAPORE A DRIVING LICENCE ---- S8705625B



MUHAMMAD FARHAN BIN ABDUL KADER

Million 18 Feb 1967 + 11 Oct 2013

19077234 (HDC



16 02-2007

APT BLK STEA TAMPINES AVENUE 8 #15-03 SINGAPORE 521878

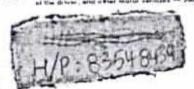
NHIC No. 327058258

Date 06:11/2016

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FULLDWING CLASS TO

DIRECTION DATE

personigers exclusive 11 (locally selected + 3500kg



Birring and a little and a litt



MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 2004122126) 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807 Tel +65 6827 7888, Fax +65 6827 7800 www.msig.com.sg

### CERTIFICATE OF INSURANCE

Motor Vehicles (Third Party Risks And Compensation) Act (Chapter 189) Motor Vehicles (Third Party Risks And Compensation) Rules, 1960 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

08 Aug 2017

Third Party

CERTIFICATE No.

: 7VCT1734080

Insured Own Damage Excess:\$2500 (TPPD) &

1. Index Mark and Registration Number of Vehicle : GBB9243Y

2. Chassis Number of Vehicle

: JTFHT02P600060859

3. Name of Policyholder

OVERSEAS COURIER SERVICE

4. Effective date of the Commencement of Insurance for the purposes of the Act

15 Sep 2017

5. Date of Expiry of Insurance

14 Sep 2018

Persons or Classes of Persons entitled to drive\*

(a) Any person who is driving on the Policyholder's order or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other 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.

And provided further that the Motor Vehicle is registered and licensed under the Road Traffic Act and its registration and licensing under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

#### 7.Limitations as to Use\*

Use in connection with the Policyholder's business.

Use for the carriage of passengers (other-than for hire or reward) in connection with the Policyholder's business. Use for social domestic and pleasure purposes.

The Policy does not cover

(i) Use for hire or reward or for racing pace-making reliability trail or speed-testing.

(ii) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

\*Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

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 & Compensation ) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).

For MSIG Insurance (Singapore) Pte. Ltd.

IMPORTANT NOTICE

This Certificate is not transferable to a new owner of the vehicle.

If for any reason the Insurance is terminated during its currency, the Certificate must be returned to the Insurer, 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 compulsory Insurance Legislation.

This Certificate must be returned if the insurance is suspended during its currency.

If you are involved in an accident, full details must be forwarded immediately to the Company.

FORM MZ.300

6VCT1653270

(For the Issuance of Motor Certificate of Insurance only)

MSD/VCT/16-002108-00