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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 ladgement 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.

は 日本	ACCIDENT STATEMENT
Date Of Report	19/04/2018 18:07
Date Of Accident	14/04/2018 11:25
Exact Location Of Accident	CLEMENTI AVENUE 2 EXIT TO AYE
Country/State of Loss	SINGAPORE
	And the second s

THE STATE OF THE PERSON NAMED AND PARTY.	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKT9058P
Insured/Policyholder	
Name Of Registered Owner	WONG PERCY MAN POK
NRIC No	S7586088I
Email Address	PERCYWONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-85220416
Alternative Phone No	OTHERS-88093710
Vehicle Particulars	
Management	N. Company and A. Company

Manufacturer	VOLKSWAGEN

Model GOLF A7 1.4 TSI AT 5G13GZ W/O HID

Exact Purpose for which vehicle was being used at time of accident PICKING UP SIBLING(PRIVATE USE)

Are you claiming under your own insurance policy for repair to your vehicle?

If No, Please state action to be taken

THIRD PARTY

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE, LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number A 28782058 AVW

Cover Note Number

Driver

Name of Driver MALAIT, KEVIN NEAL PERALTA

 Passport No/FIN
 P4200138A

 Date Of Birth
 10/01/1991

 Occupation
 INDOOR

 Date Of Driving Pass
 25/04/2012

Driving Experience 5 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-85220416

Fax Number

Contact Number OTHERS-88093710

EMail Address PERCYWONG@GMAIL.COM

Address

15 WEST COAST LANE WEST COAST GARDEN

Postcode

127745

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

CHILDREN

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?

Number of vehicles involved in the accident

NO

Was any body injured in the Accident?

2 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

SKQ7304H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

CHIA SWEE LOON

NRIC/Passport Number

Contact Number

91168752

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

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.
- 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. 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 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:
 - (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
- 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.

Driver's Signature

(If driver is not the policyholder)

Date & Time: 04/15/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No

Policyholder's Signature Date & Time:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Semble emberma was a semble and
Stopped at clementi avenue 2 going towards AVE (city),
writted for his to pass due to its right of way from
the buy lave then 3 - 5 seconds later, my car was
collided from the rear although no injuries sustained by
both parties, only damages to the car: SKT 905 8P
beth parties, only diminges
year bumber and trunk damages, SKB 304H front bumper damag

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: 64 / 14 /2018 Reporting Centre Personnel's Signature

Name: NRIC/FIN NO WILL WITHOUT

ACCIDENT STATEMENT

LOCA	MON: CLEMENTI	AVE 2	EXIT	TO A	YE	
	ALEXANT TO UNDO SHOULD BE		C			
1.	DETAILS OF VEHICLE	6	11.4	7	9 6	
	a) VEHICLE NUMBER:	2 KT9 058	P		11 24	
	b)INSURANCE COMPAN	YY: MSIG				
90	CJPOLICY NUMBER:			J		
	dIPOLICY TYPE: COMP			THIRD PAR	RTY FIRE &THE	FT)
	DIMAKE & MODEL:	Volksu	AGEN	-025		
	TITYPE: (CALOON) COUR					1
	g) VEHICLE CATEGORY	PRIVATE) CON	MERCIAL / A	MOTORCY	YCLE)	Sel pours
	h) PURPOSE OF USING A	I ACCIDENT TIM	TEL PICK	IN G UY	MYSIBER	SCIC PRIVATE
	IF NO, PLEASE STATE (TH					
2	INSURED / POLICY HOLD		NIN JI KELOKI	IIING ONL	347	18
#c+-	A)NAME: WONG PE		POK	INA	LE DEEMALE	
	b)NRIC/FIN/PASSPORT:_	5758608	8) CC	ONTACT	952200	116
	CIADDRESS: IS WES	TZAG) I	LANE	4JE ST	COAST G	AKPENS
	121745					
×	* CONTINUE TO 3.d IF DE	RIVER ALSO POL	ICY HOLDER		and a series of	(it
of passon got	DRIVER				\neg	
luding driver)	GINAME: KEVIN MA				LE DEMALE	116
15	b NRIC/FIN/PASSPORT:_			ONTACT:_	The second secon	
1	CIADDRESS: 15 WEST	COAST LI	ANE WES	COAS	1 GAFFE	
	*d)DATE OF BIRTH:	101 / 1991	MDD/MM/Y	/YYY1	-	
	e OCCUPATION: (INDO			4		
	1) DATE OF DRIVING . P		125/2012			
4.	WAS DRIVER AN EMPLO	OYEE OF THE I	NSURED'S	COMPAN'	Y? (YES / NO) .
	IF NO, RELATIONSHIP	OF THE DRIVE	R WITH INS	SURED:_	STEP-FA	THER
5.	a) WEATHER CONDITION	(CLEAR) / RAIN	ING / OTHER	25		
	b) ROAD SURFACE: (DRY)					
	WAS ANYBODY INJURED OF REPORTED TO POLICE					
200	IF YES, PLEASE STATE WI		ATION:			
8.	THIRD PARTY VEHICLE	11011110010001				
Passanger	a) VEHICLE NUMBER:	5 KG 7304	FEL MO	DEL:		1
iding delear)	b) DRIVER'S NAME:	CHIA SWE	E LOOK			
0 1	o) NRIC/FIN/PASSPORT	t		ONTACT:_	911687	5 6
9. 1	HIRD PARTY VEHICLE					21
el prisoneer	d) VEHICLE NUMBER:		мс	DDEL:		-"
witing deliver)	C) DRIVER'S NAME:			DNTACT:		
2	f) NRIC/FIN/PASSPORT			PHIACIC	U-10/10/17	nie 90 il
)	12					17
000 BC	10 a		ν.			

email = percywongegmail.com

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HONG KONG

INTERNATIONAL MOTOR TRAFFIC

INTERNATIONAL DRIVING PERMIT

Convention on International Road Traffic of 19 September 1949

HONG KONG Issued at

1 9 DEC 2017



* Signature or Seal of issuing authority.

for Commissioner for Transport.

KEVIN NEAL PERALTA

* FLAT C 1/F FU KING BUILDING 14-18 5. ON FU ROAD TAI PO MT, HONG KONG





EXCLUSIONS

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L	VI Julianiania
II.	VII





MSIG Insurance (Singapore) Pte. Ltd. 4 Shenton Way #21-01 SGX Centre 2 Singapore 058807 Tel: (65) 6827 7888 Fax: (65) 6827 7800 Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

Certificate of Insurance

ORIGINAL

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.X.1

Individual Ownership

VW DRIVEEASY Comprehensive

Certificate No. A 28782058 AVW

Excess: SGDI.000

Windscreen Excess: SGD100

 Index Mark and Registration Number of Vehicle SKT9058P

2. Name of Policyholder

Wong Percy Man Pok

 Effective Date of the Commencement of Insurance for the purposes of the Act 25/06/2017

4. Date of Expiry of Insurance

24/06/2018

5. Persons or Classes of Persons entitled to drive*

Wong Percy Man Pok

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 only for social domestic and pleasure purposes and for the Policyholder's business. The Policy does not cover use for hire or reward racing pace-making reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

 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 MUST BE CARRIED OUT AT VOLKSWAGEN CENTRE SINGAPORE.

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.

Signature / Date

Counter-Signatory:

ANALOS IN A SERVICE A SERVICE A SERVICE A SERVICE A SERVICE A SERVICE ASSESSMENT AS A SERVICE AS

Winner Consultancy Pte. Ltd.

Approved Insurers

MSIG Insurance (Singapore) Pte. Ltd.

Amy Ler Senior Vice President, Agencies

This certificate is not valid unless it is signed for & on behalf of the Company and Counter-Signed by a duly authorised representative of the Counter-Signatory.



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: 566550020G / 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

20	4 9 . N//// DV1 1- 1-		241 ansl 0
Original Report No	MNA4180520	Vehicle Registration No:	X190081
Name(as shownin NRIC)	moran, Kuli	NRIC/FIN/PassportNo :	SK790589
Wehicle Driver Driver	ehicle Owner) (*) Please de		
Address		0.40	Singapore(
Contact (Tel)	1	Mobile No.:	15110
Emall Address	:		1
Date of Accident	14/04/201	Time of Accident :	25
Place of Accident	: CLAMAN 1	AVMUUM 2 EXITGO	byre .
Insurance Company	welly molly		V
ADDITIONAL INFO	RMATION/AMENDMENTS	S:	
		accident and would like to include	additional information
make the following	amendments:		
		M	
Policyholder / Driv	/er's Signature	Reporting Centre P Name: NRIC/FIN No.:	ersonnel's Signature