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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the cialms process.
- 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 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.
- errort at the centre and to copies of the report being made available

 By the lodgement of this report to the insurers, you hereby consectors and the consectors. 	ent to the archiving of this report at the centre and to copies of the report being made available
大利亚拉里斯 ·科拉克罗斯克·科拉斯克	ACCIDENT STATEMENT
Date Of Report	17/04/2018 14:54
Date Of Accident	12/04/2018 21:05
Exact Location Of Accident	ALONG CTE TOWARDS SLE 9.2KM
Country/State of Loss	SINGAPORE
AND THE PARTY OF DECEMBER OF	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLS7196E
Insured/Policyholder	
Name Of Registered Owner	SIME DARBY SERVICES PTE LTD
Co Reg No	197501065W
Email Address	WAIMUNCHO@OUTLOOK.COM
Mobile Phone No	(LOCAL) +65-98373181
Alternative Phone No	OFFICE-98373181
Vehicle Particulars	
Manufacturer	HONDA
Model	ODESSEY
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME
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	B 29040710 TMC

Driver

Cover Note Number

CHO WAI MUN Name of Driver S1652694J NRIC No 20/09/1964 Date Of Birth INDOOR Occupation 21/02/1994 Date Of Driving Pass

24 YEARS AND 1 MONTH Driving Experience

MALE Gender

(LOCAL) +65-98373181 Mobile Number

Fax Number

OTHERS-98373181 Contact Number

WAIMUNCHO@OUTLOOK.COM EMail Address

Address

BLK 28 WOODLANDS CRESCENT

#09-19

Postcode

738085

OTHER - HIRER

Was driver an employee of the Insured's Company NO

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

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)

NO

soliciting/offering accident claims assistance.

4

Number of Passengers (Including Driver) **Details of Police Action**

YES

Was the accident reported to the police? If Yes Please state which Police Station

Police Station Name

ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-4519999 - FAX NO: 65535679

Was notice of Intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20180412/2197

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

SHB380Y

Vehicle Make/Model/Colour

TOYOTA

Details Of Properties

Vehicle Category

TAXI

Name of Driver

CHAN CHEW MUI

NRIC/Passport Number

S2006439J

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 31

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:

SOMM

Reporting Centre Personnel Signature

Name:

NRIC/FIN No.:/

the 12/04/2018 at about 2100 hrs, I was alriving fraudros SLE. expliced num 8uch the taxi one why Downer him CONCUIN Polick

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyhoider's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time: 13 418 3-30 pw

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





Date of Expiry:

1 of 3

Report No. T/20180412/2197

Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

DENTAL LABORATARY MANAGER

Tel No: 1800-4519999

Chinese Occupation:

REPORT OF A TRAFFIC ACCIDENT

Date/Tim 12/04/20	e Report M 18 23:52	ade:	E/20180412/0196	103 -
Informar	nt's Particu	lars	a layer of the pro-	UNITED TO SELECT THE S
Name of CHO WA	Informant:		Address: 28 WOODLANDS CRE	ESCENT #09-19 SINGAPORE 738085
ID Type	ID No.: 0 / S165269	94J	Contact No.: Home/Office:	Mobile: 98373181
National	ty: ORE CITIZ	EN	Email:	
Sex: Male	Age: 53	Date of Birth: 20/09/1964	Type of Informant: Driver	
Race:			Language:	Institution / School Name:

Driving Licence Information:

English

Class: 3

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/04/2018 21:05	Type of Location
	(PRESSWAY wards SLE 9.2Km			
Weather:		Road Surface: Dry	R	load Speed Limit:
Clear		Dental Control		
Traffic Flow: Type of Collis		Traffic Control:	19.4	raffic Volume:

Details of V	ehicle Invo	lved	C COMPAN	III III III III III III III III III II	1000	
Vehicle No.	Туре	Make	Model	Color	The second second	
SHB380Y Car	TOYOTA		The state of the s	Condition	No of Passenger	
		1.5.15.16		Maroon		0
SLS7196E	Car	HONDA		Disale		
		Miles Merch		Black	W Week	0
	No. of Concession,					

Details of Person Involved	ESTATE OF THE PROPERTY OF THE PARTY OF THE P
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA
	Orossing: NA





2 of 3

Report No. T/20180412/2197

Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

Tel No: 1800-4519999

CONTINUATION OF REPORT

Driver		A CONTRACTOR				
Name	CHAN CHEW MUI			ID No.		S2006439J
Related Vehicle	SHB380Y (Car)			Contact No.		NIL
Hospital/Clinic	NIL			Class Driving Licent Expiry	g e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Dis	scharge NIL		
No. of Days gran	ted Medical Leave	NIL	Degree o	e of Injury NIL		
Driver	A STATE OF THE PARTY OF THE PAR	00 000	DATE OF THE PARTY	5-16-20	SEC.	PARK BONDEN NO. 1
Name	CHO WAI MUN			ID No.		S1652694J
Related Vehicle	SLS7196E (Car)			Conta	ct No.	98373181
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date D			charge	NIL	
	nted Medical Leave	NIL	Degree	of Injury	NIL	Committee of the late of the l

Brief Details.

On the 12/04/2018 at about 2105hrs, I was driving my rental car SLS7196E at along CTE towards SLE. I was driving at the most right lane. The traffic was heavy and the weather was clear and dry. As I was driving, I noticed there were traffic build up in-front of me. As such I applied my break and suddenly I felt something collided with my car at the rear. I was not injured. I came out to check what happened and realized a taxi SHB380Y had collided with my car.

The taxi driver asked me why I sudden brake. I explained to him that I did not sudden brake. Subsequently, an ambulance and traffic Police came to investigate. The ambulance had conveyed a female passenger of the taxi to hospital. I then exchanged particulars with the driver. The Traffic Police advised us to lodge a Traffic Accident report. The In-charge case is TP IO Shikin Tel:65476939.

Due to accident, rear portion of my car is damaged.





3 of 3

Report No. T/20180412/2197

Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929 Tel No: 1800-4519999

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:

Staff Sgt RAHUMATHULLA AZIMAL ALI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case: TP / GIT /

Sr Staff Sgt NORASHIKIN BINTE DAUD

Contact No.: 65476439

Authentication Stamp NP168

Signature Of Informant:

Date/Time:

12/04/2018 23:52

Classification Of Case:

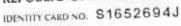
Singapore Police

ACCIDENT STATEMENT

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	LINGUIDANCE CO	DMPANY: MS16.		
9			TMC	
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	BIVEHICLE CATE	GORY: PRIVATE Y COMM	ERCIAL / MOTORCYCLES ON THE MOTO	ne
	h PURPOSE OF U	SING AT ACCIDENT TIME.	INSURANCE (YES/NO)	
	I) ARE YOU CLAIM	TATE (THIRD PARTY CLAIM	(REPORTING ONLY)	*
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		CE: (DRY / WET / OTHERS, INJURED (YES / NO)		
	6. WAS ANYBODY 7. a) REPORTED TO	POLICE (YES /NO)	Aik South N	.P.C .
	IF YES, PLEASE	STATE WHICH POLICE ST.	ATION: ANK South N	
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(2)	9. THIRD PARTY VE	HICLE		
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Pax =

REPUBLIC OF SINGAPORE







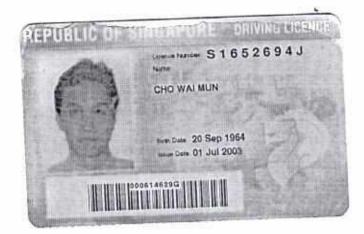
CHO WAI MUN

曹传民

CHINESE

20-09-1964 M SETT OF BOT

SINGAPORE





₩ \$1652694J

Scott Grisco - Date of leave 13-09-1994

APT BLK 28 WODDLANDS CRESCENT, NORTHOAKS #09-19 SINGAPORE 738085

NRIC No. \$1652894J

Defa: 21/10/2012 No: 7035412

2370183

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

PASS DATE

Motor Cars and Motor Tractors the weight of which unlader does not exceed 2500 kilograms

LOS DOS NOT STESSORS AND ADDRESS OF STREET



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

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 Mire

MOTOR CAR - COMMERCIAL TP Third Party

Certificate No. B 29040710 TMC

1. Index Mark and Registration Number of Vehicle SLS7196E

2. Name of Policyholder

Sime Darby Services Pte Ltd

3. Effective Date of the Commencement of Insurance for the purposes of the Act 02/10/2017

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 ourrency, 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