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# SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

- 1. 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.
- 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.

- 5. 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.

<ol><li>By the lodgement of this report to the insurers, you aforesaid.</li></ol>	u hereby consent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	24/04/2018 15:00
Date Of Accident	23/04/2018 14:00
Exact Location Of Accident	ALONG GHIM MOH ROAD
Country/State of Loss	SINGAPORE
<b>生物类型的现在分词</b>	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKJ8178K
Insured/Policyholder	
Name Of Registered Owner	HO HENG KOON
NRIC No	S0138571B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97646072
Alternative Phone No	OTHERS-88219899

# Alternative Phone No. Vehicle Particulars

Manufacturer	BMW
Model	3161

Exact Purpose for which vehicle was	being used at	PRIVATE
-------------------------------------	---------------	---------

Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Cycles (New York) and Company of the	NO

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

Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	

A THE COURT OF THE	
Policy Number	B 27514245 SMP

#### Cover Note Number

-	 	

Fax Number

Name of Driver	HO HENG KOON
NRIC No	S0138571B
Date Of Birth	17/05/1952
Occupation	INDOOR
Date Of Driving Pass	15/07/1974

Driving Experience	43 YEARS AND 9 MONTHS
Dilying Expenditor	

· · · · · · · · · · · · · · · · · · ·				
Gender		MALE		
Mahila Mumbar	N:	(LOCAL) +65-97646072		

Mobile Number	N/	(LOCAL) +65-97646072

Contact Number	OTHERS-88219899

NOEMAIL EMail Address

Address

BLK 323 CLEMENTI AVENUE 5

#03-127

Postcode

120323

OWNER

111

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 2

Insurance Company of Driver's Own Vehicle

90. 40

•

### General Information of the Accident

Type Of Accident

COLLISION - MAJOR/MINOR RD

Weather Conditions

RAINING

Road Surface

WET

#### 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)

NO

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

ON 23-04-2018 AT ABOUT 14:00 I WAS TRAVELLING ALONG GHIM MOH ROAD AND WAS ON THE 1ST LANE OF 2 LANE ROAD TRAVELLING STRAIGHT. JUST AFTER I ABOUT TO PASS A SMALL LANE ON THE RIGHT I SAW A CAR SJU1892G CAME OUT AND I TRY TO SWERVE TO THE LEFT BUT THE CAR STILL HIT THE REAR RIGHT SIDE OF MY CAR THAT ALL. (TYPE OF COLLISION IS HEAD TO SIDE)

#### 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

SJU1892G

Vehicle Make/Model/Colour

MITSUBISHI

**Details Of Properties** 

PRIVATE CAR

Vehicle Category Name of Driver

JANET YEE

NRIC/Passport Number

Contact Number

90478886

Address

Postcode

Insurance Company Name

## SKETCH PLAN

# **IMPORTANT NOTICE**

- 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 withholding of material facts may allow insurance companies to repudiate policy liability.
- 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:
  - (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 Signatura Date & Time:

Driver's Signature

(If driver is not the policyholder)

S S Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date & Time: 24/04/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Persongel's Signature Name: NRIC/FIN No .:-

# **ACCIDENT STATEMENT**

	ACCIDENT D	PO ELISTA	1 8 1(DD/M	M/YYYY), TIME:( /	4. 09 (HH:MM)	
100	LOCATION:	Swug		.1 (7)		et - 13
	a)VE b)INS	ILS OF VEHICLE HICLE NUMBER:_ URANCE COMP	SKI 8	78 K		2
	d)PO e)MA f)TYPE g)VEH	LICY TYPE: (COM KE & MODEL: ::(SALOON / COM HICLE CATEGORY	SIBTA /	RD PARTY / JHÍRD LORRY / MOJOR MERCIAL / MOJOR	PARTY FIRE &THEFT)  CYCLE / OTHERS)  RCYCLE)	
	I) ARE	YOU CLAIMING I D, PLEASE STATE (	JNDER YOUP OW THIRD PARTY CLA	N INSURANCE (YE IM / REPORTING O	SMO	
1184	A)NAI b)NRK	C/FIN/PASSPORT:	201381	TIR CONTAC	MALE / FEMALE)	1 (882198
WIFE	c)ADI	RESS: KIK 3	12-0323 RIVER ALSO POLI	of clem		ğ. Ţ
Who of passa Cincluding du	nga DRIVE	E HO HI	ENG KODA	λ //	MALE / PEMALET	1 22491
( <b>2</b> )	GJADD	(2)	13-0373	- b7 1 C/s	enenti Ares	10001 70
;	FIDATE	OF DRIVING		JW-1974	lu k y	
	5. a)WEAT	KELATIONSHIP THER CONDITION	OF THE DRIVER	WITH INSURED	ANY7 (YES / NO)	
	6. WAS AN	) SURFACE: (DRY NYBODY INJURED RTED TO POLICE	/ WET / OTHERS_ (YES / NO) (YES / NO)		j	
iks all paterns Technology dar	8. THIRD P.	ARTY VEHICLE HICLE NUMBER: VER'S NAME:	JAMES !	MODEL:	mnsturseti	r
	9. THIRD P	C/FIN/PASSPORT ARTY VEHICLE HIGLE NUMBER:	1	CONTAC	1: 904 1 #0 8º	<b>5</b>
in transpar In tuning an	el DRI	VER'S NAME:		MODEL:		
	Town No. Orientes	SELEMBERO INSTANTANTAN		CONTAC	the state of the s	

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Pax =

# REPUBLIC OF SINGAPORE

IDENTITY CARD NO. SO 138571B





## HO HENG KOON

CHINESE
Date of Both
17-05-1952 M
Country of Both

SINGAPORE





1228216



HACH S0138571B

Buse Group Care of Itsue

ARE REK JOS DIEMENTI AVENUE 5 #03 -127

NRIC No: SHITHSTIR

Date: 11/01/2011

No: 6714963





MSIG Insurance (Singapore) Pto. Ltd. 4 Shorton Way #21-01 SGX Contro 2 Singapore 068807 Tol: (85) 6827 7888 Fax: (85) 6827 7800 Co. Reg. No. 200412212G GST Rog. No. 20-0412212G

# Certificate of Insurance

COPY

ROAD TRANSPORT ACT 1987 (MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1858 (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 SIME MOTOR PRIVATE Comprehensive

Cortificate No. B 27514245 SMP

Excess: SUD500

- 1. Index Mark and Registration Number of Vehicle SKJ8178K
- 2. Name of Policyholder Ho Heng Koon
- 3. Effective Date of the Commencement of Insurance for the purposes of the Act 16/05/2017
- 4. Date of Explry of Insurance 15/05/2018
- 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 uso"

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 those headings.

PLEASE NOTE ALL CLAIMS RELATED REPAIR CAN BE CARRIED OUT AT PERFORMANCE MOTORS LTD OR AT ANY WORKSHOP OF YOUR CHOICE.

This Cartificate is not transferable to a new ewner of the vehicle. If for any reason the Policy is terminated during its currency, the Cartificate must be returned to the insurer within 7 days of the termination or if the Cartificate has been lest or destroyed, a Statutory Declaration to that office must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

ITWE HEREBY CERTIFY that the Postony, which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compons 100) Acid Chapter 189) and Part IV of the Road Transport Act, 1987 (Molaysia) or any Amendment, Act or Acts passed in substitution the 1987.

Signature / Date

Counter-Signalory:

Kathorina You Senior Vice President, Brokers

Approved Insurers

Simo Darby Insuranco Brokers (Singapore) Pto. Ltd. This cartificate is not valid unless it is signed for & on behalf of the Company and Counter-Signed by a duly authorised representative of the Counter-Signalery.

XSIBCP2018042414383392