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ENTRY DATE & TIME: 25/04/2018 12:15 SUBMITTED BY: ROSLI BIN ABDUL WAHAB

SINGAPORE ACCIDENT STATEMENT

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.
- 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.

Any false reporting may be referred to the Police for investigation.

- 6. 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 aforesald.

ACCIDENT STATEMEN	Ì
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25/04/2018 12:15 Date Of Report 24/04/2018 09:25 Date Of Accident

PIE TOWARDS TUAS NEAR TOH TUCK EXIT 27 Exact Location Of Accident

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

SJG1187H Vehicle Registration Number

Insured/Policyholder

TAN CHOONG CHER JEFFREY (CHEN JUNZI JEFFREY) Name Of Registered Owner

S8428367C NRIC No

JEFFREYTANCC@GMAIL.COM Email Address

(LOCAL) +65-97428759 Mobile Phone No OTHERS-97428759

Alternative Phone No.

Vehicle Particulars

HONDA Manufacturer FIT-1.3 G (A) Model

Exact Purpose for which vehicle was being used at time of accident

PRIVATE USE

Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken Vehicle Category

REPORTING ONLY PRIVATE CAR

Insurance Company

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

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

A 29042215 QMY Policy Number

Cover Note Number

Driver

TAN CHOONG CHER JEFFREY (CHEN JUNZI JEFFREY) Name of Driver

S8428367C NRIC No 27/09/1984 Date Of Birth OUTDOOR Occupation 22/08/2003 Date Of Driving Pass

14 YEARS AND 8 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-97428759 Mobile Number

Fax Number

OTHERS-97428759 Contact Number

JEFFREYTANCC@GMAIL.COM **FMail Address**

Address

26 ST. MICHAEL'S ROAD

#10-07

Postcode

327994

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

CHAIN COLLISION

Weather Conditions

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

3

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)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

Passenger 1

NAME:

PASSENGER

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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH OWNER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHF1039G

Vehicle Make/Model/Colour

TOYOTA

Details Of Properties

TAXI

Vehicle Category Name of Driver

SHIRLEY

NRIC/Passport Number

Contact Number

90622755

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 15

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SKG6890R

Vehicle Make/Model/Colour

BMW

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

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.
- 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.
- 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.
- Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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.

Policyholder's Signature

Date & Time: 7 C. 04 - 18

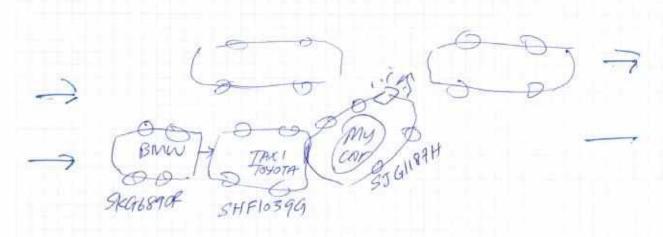
Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No:: KOAL I IMARE

SKETCHPLAN PIRe TOWARDS THERE NIKAR TOH TUCK EXIT 27.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

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

Policyholder's Signature Date & Time: 25-04-18

12:20pm.

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Jersonnel's Signature

NRIC/FIN NO

ACCIDENT STATEMENT

100	ATION: PIE towards Tuas near Toh Tuck exil 27
	1. DETAILS OF VEHICLE
	a) VEHICLE NUMBER: SJG 1187H
	b)INSURANCE COMPANY: MS16
	CIPOLICY NUMBER: A 29042215 amy
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
	e)MAKE & MODEL: HONDA FIT
	TITYPE: (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE / OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING A LACCIDENT TIME: 9
	[1] [1] [2] [3] [3] [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4
	1) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
2	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) INSURED / POLICY HOLDER
	ANAME: TETTLEY THE CHOONG CHECK [MALE / FEMALE)
sanger	binric/fin/Passport: 584283676 CONTACT: 97428759
(F)	CIADDRESS: 26 ST MICHAEL RD HD-07 S(527994)
C.V.C. S.	
16	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
ic of passango	DRIVER AS ABOVE
including diviver	(MALE) FEMALE)
(2)	b)NRIC/FIN/PASSPORT:CONTACT:
	- Grant Control - Control
	*d)DATE OF BIRTH: (27 / 09 / 1984)(DD/MM/YYYY)
	#)OCCUPATION: (INDOOR / OUTDOOR)
	FIDATE OF DRIVING PASS - 22444 2003
4.	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
5	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
3.	DIROAD SURFACE: (DRY / WET / OTHERS)
6.	WAS ANYBODY INJURED (YES (NO)
	DIREPORTED TO POLICE (YES / NO)
	IF YES, PLEASE STATE WHICH POLICE STATION:
8.	THIRD PARTY VEHICLE
of personalis	
hidney or in it	b) DRIVER'S NAME:
	c) NRIC/FIN/PASSPORT:CONTACT: THIRD PARTY VEHICLE
	01/2/2017
of polimetry	al DDIVEDIONANE: CHIDIEU
O 0 0 00 00 12	1) NRIC/FIN/PASSPORT: CONTACT: 9062 2755
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and acres	email = jeffreytance @gmail - com

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8428367C



TAN CHOONG CHER JEFFREY (CHEN JUNZI JEFFREY)

陈俊子

CHINESE

27-09-1984

Country/Place of birth SINGAPORE



5456683



20-04-2015

26 ST. MICHAEL'S ROAD #10-07 SINGAPORE 327994

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

Class 2B Class 2A Class 2 Class 3

Motorcycles =< 200 cc
Motorcycles between 201 cc and 400 cc
Motorcycles > 400 cc
Motorcycles > 400 cc
Motorcycles > 400 cc
Motorcars with unladen weight =< 3000kg with =< 7
passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 420A



MSIGUnsurance (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, 1995 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.X.1 Individual Ownership MOTOR MAX PLUS Comprehensive

Certificate No. A 29042215 QMY

Excess: SGD500

Windscreen Excess: SGD100

Index Mark and Registration Number of Vehicle

2. Name of Policyholder

Tan Choong Cher Jeffrey (Chen Junzi)

 Effective Date of the Commencement of Insurance for the purposes of the Act 12/10/2017

4. Date of Expiry of Insurance

11/10/2018

5. Persons or Classes of Persons entitled to drive*

Tan Choong Cher Jeffrey (Chen Junzi)
Ong Shuxian Angeline
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 CAN BE CARRIED OUT AT ANY WORKSHOP OF YOUR CHOICE OR AT ANY MSIG AUTHORISED WORKSHOP LISTED IN THE ATTACHED.

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