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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number

EMail Address

- 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 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 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.

aforesaid.	
建筑在中国的企业的企业的企业	ACCIDENT STATEMENT
Date Of Report	30/04/2018 16:48
Date Of Accident	29/04/2018 18:30
Exact Location Of Accident	SLIP RD FROM NORTH BUONA VISTA RD TO HOLLAND RD
Country/State of Loss	SINGAPORE
tributed the of the residence of	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBM6483H
Insured/Policyholder	
Name Of Registered Owner	LUM JUN LIANG, KENNETH
NRIC No	S9326520C
Email Address	KEN.LUM93@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91522707
Alternative Phone No	OTHERS-91522707
Vehicle Particulars	
Manufacturer	YAMAHA
Model	SNIPER T150-150CC
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?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE, LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMS/18-989301-WTT
Cover Note Number	
Driver	
Name of Driver	LUM JUN LIANG, KENNETH
NRIC No	S9326520C
Date Of Birth	20/07/1993
Occupation	INDOOR
Date Of Driving Pass	27/06/2017
Driving Experience	0 YEAR AND 10 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91522707
English Name and	

OTHERS-91522707

KEN.LUM93@GMAIL.COM

Address

BLK 22 GHIM MOH LINK

#35-202

Postcode

271022

OWNER

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 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)

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

SLN2191C

Vehicle Make/Model/Colour

MAZDA

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

IAN HO

NRIC/Passport Number

S8210164J

Contact Number

90223986

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.
- 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.
- 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.

Palicyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: XOLAL WARMS

HOLLBOW ROAD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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CF4"	tch. #	at to	A NO	pass	engers	were	mun	20.			

DECLARATION

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

30/04/18

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyhalder)

Date & Time:

Reporting Centre Personnell's Signature Assame:
NRIC/FIN No.: JOHN WITHS

ACCIDENT STATEMENT

ACCI	DENT DATE: 29 04 1	Y)(DD/MM	/YYYY), TIME:(1	8 : 30 11	(HH:MM)
0 5	1 10 11	0 61 (1	D - Vit	01 +	Hall A
LOCA	MON: Ulp road fr	Jm North	Buong Visto	10 70	Linkana
1	DETAILS OF VEHICLE				
2.	a) VEHICLE NUMBER: FR	14 648714			
	b)INSURANCE COMPANY	THE RESERVE OF THE PARTY OF THE		→):	
	A. Contract of the contract of	MISTR		3 3	
	d)POLICY NUMBER:	HENRINE / THIS	ח פאפדע ולעומה	DARTY EIDE	STHEET
	e)MAKE & MODEL: SNT		D PARTY / HIRD	PARITFIRE	STREET
	f)TYPE:(SALOON / COUPE	THE RESERVE AND ADDRESS OF THE PARTY OF THE	LOPPY MOTOR	CYCIPLOT	HEDS1
	g) VEHICLE CATEGORY: (PF	70 171 .70			(ILKO)
	h) PURPOSE OF USING AT A			JAC (GLL)	
	I) ARE YOU CLAIMING UND			19/100	
	IF NO, PLEASE STATE (THIS				
2.	INSURED / POLICY HOLDER		W YOUR OK THEO	Oliter	
	AINAME: Kenneth Lux			MALE / FEM	(ALE)
	b) NRIC/FIN/PASSPORT: 5			CT: 915 27	
	C) ADDRESS: 27 Gha		435-202		
			4 74		
× ×	* CONTINUE TO 3.d IF DRIV	ER ALSO POLIC	CY HOLDER		
THE of passongs	DRIVER As abou	/D			
(Including chivar)	d)NAME:			(MALE / FEM	ALE)
(13	DINKIC/FIN/F ASSPORT		CONTA	.CT:	
C+1	c)ADDRESS:			- 2	
		1047	NEWSTRANDS CHOOSE CONTRACTOR		
	*d)DATE OF BIRTH: 1 70 /		(DD/MM/YYYY)		18
	e OCCUPATION INDOOR		June 2017	18	
ü.	TIDATE OF DRIVING PAS	-		DANWS /VEC	(6)
200	WAS DRIVER AN EMPLOY IF NO, RELATIONSHIP OF				1 (19)
5.	a) WEATHER CONDITION:			D	
	BIROAD SURFACE: ORY		10 / OHILKS		
6.	WAS ANYBODY INJURED IY				
7.	a) REPORTED TO POLICE (YE	ES /(NO)			
	IF YES, PLEASE STATE WHIC		TION:		
8.	THIRD PARTY VEHICLE	All the product of the second		1272	
off of he series of	a) VEHICLE NUMBER:	LNZIGIC	MODEL:	Muzda	
Industry Soires	a) VEHICLE NUMBER: 2 b) DRIVER'S NAME: 3 c) NRIC/FIN/PASSPORT: 3	· HO			
1	c) NRIC/FIN/PASSPORT:_	285101847	CONTA	CT: 402239	186
9.	THIRD PARTY VEHICLE				
nico eviperaturane	d) VEHICLE NUMBER:		MODEL:		
to and the second	d) VEHICLE NUMBER:		N		(i)
The second second	f) NRIC/FIN/PASSPORT;		CONTA	CT:	
La consensa del					

Chail = ken.lun 93@gmail-com

HEPUBLIC OF SINGAPORE

IDENTITY CARD NO \$9326520C



(F)

LUM JUN LIANG, KENNETH

林俊易

CHINESE

20-07-1993

SINGAPORE

CHOCK

REPUBLIC OF SINGAPORE DRIVING LICENCE



99326520C

LUM JUN LIANG, KENNETH

Both Date 20 Jul 1993 Home Date 31 Jul 2012



5212179



MANC No. S9326520C

14-06-2013

Apress

135

APT BLK 22 GHIM MOH LINK #35-202 SINGAPORE 271022 YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3

Motorcrain =< 200 CC Motor very =< 200 kg with =< 7 paneagers, exclusive of the driver, and inster it action/vehicles == 2000 kg

27 Jun 2017 21 Jul 2012

59326326C

S / No.9000268834

Licence No: 58226520C

NP 428A

MSIG

702445

MSIG Insurance (Singapore) Pte. Ltd, ICO RES. No. 2004122120) 4 Shenton Way, # 21-01, SGX Centre2, Singapore 068807 Tel +65 6827 7888, Fax +65 6827 7800 www.msig.com.sg

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 Risks and Compensation) Rules, 1996 Edition (Republic of Singapore)

Or any Amendment, Act or Acts passed in substitution thereof.

CERTIFICATE NO :

MSD/VMS/18-989301-WTT A0633-001/W0813

SUM INSURED :

PMV

EXCESS

\$300(FIRE&THEFT) \$600(ENDT 2K)

S9326520C

Index mark and Registration Number of Vehicle

150 c.c.

YAMAHA

FBM6483H

LUM JUN LIANG, KENNETH 2. Name of Policyholder

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

1159AM 18/01/2018

4. Date of Expiry of Insurance

17/01/2019

Persons or Classes of Persons entitled to drive

a. The Policyholder.

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.

6. Limitation as to Use use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

The Policy does not cover
 Use for hire or reward.

- Use for racing, pace-making, reliability trial or speed-testing.
- 3. Use for the carriage of goods (other than samples) in connection with any trade or business.
- 4. 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.

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 the Road Transport Act, 1987 (Malaysia).

Repl CN: 60783830 24/01/2018 (L) WTT-CI-04(04/14)

WTT INSURANCE AGE THES PTE LTD
Underwriting gent For MSIG Insurance (Singapore) Pte. Ltd.