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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.
- 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 aforesaid.

Bullian Westerley Held Co S. Loyde	ACCIDENT STATEMENT
Date Of Report	28/05/2018 15:09
Date Of Accident	03/05/2018 06:05
Exact Location Of Accident	PUNGGOL E AFT TRAFFICELIGHTOF PUNGGOLFIELD EXITKPE
Country/State of Loss	SINGAPORE
State of the state	DETAILS OF OWN VEHICLE
Vehicle Registration Number	S2970CD
Insured/Policyholder	
Name Of Registered Owner	EMBASSY OF THE REPUBLIC OF INDONESIA
Co Reg No	
Email Address	PROCUREMENT@INDONESIANEMBASSY.SG
Mobile Phone No	(LOCAL) +65-88081784
Alternative Phone No	OFFICE-88081784
Vehicle Particulars	
Manufacturer	TOYOTA
Model	10000000000000000000000000000000000000
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
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 27797952 MCY
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD IAN NORMAN BIN JASMAN
NRIC No	S7833155J
Date Of Birth	30/10/1978
Occupation	OUTDOOR
Date Of Driving Pass	10/06/2016
Driving Experience	1 YEAR AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88081784
Fax Number	
Contact Number	OTHERS-88081784
EMail Address	PROCUREMENT@INDONESIANEMBASSY.SG

BLK 623A PUNGGOL CENTRAL Address

#03-352 821623

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

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

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)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

PUNGGOL N.P.C

ROAD: 21A TEBING LANE, POSTCODE: 828837, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180518/2037

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

UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

COMMERCIAL VEHICLE

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

Lunderstand, 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 collective y 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 the purpose of the purpo
 - 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: Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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CLARATION				
CLARATION Sectore the foregoing	particulars are true in every re	espect.	28/	× 2011

Policyholder's Signature Date & Time:

Oriver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:





Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999 1 of 3 Report No. T/20180518/2037

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 018 11:24	Made:	Vide Report No.: Station Dia 11		
Informa	nt's Partic	ulars	STATE OF THE PERSON NAMED IN	The second of the second second	
Name of Informant: MUHAMMAD IAN NORMAN BIN JASMAN			Address: APT BLK 623A PUNGGOL CENTRAL #03-352 SINGAPOR 821623		
The second secon	/ ID No.: O / S78331:	55J	Contact No.: Home/Office: Mobile: 88081784		
National SINGAF	ity: PORE CITIZ	EN	Email:		
Sex: Male	Age:	Date of Birth: 30/10/1978	Type of Informant:		
Race: Javanes	е		Language:	Institution / School Name:	
Occupat EMBAS	ion: SY DRIVER		Driving Licence Informatical Class: 2B,2A,3A	tion: Date of Expiry:	

Type of Accident:	Non-Injury Hit and Run	Drink Drive:	Date/Time of Accident: 03/05/2018 06:05	Type of Location:	
Location: Along Road 1 PUNGGOL E After the traffi		s	1 30/00/20 10 00.00		
Weather: Clear		Road Surface: Dry	R	load Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume:	
	ion:		Α.	nyone conveyed by	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
S2970CD	Car				Slightly Damaged	0





Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

2 of 3 Report No. T/20180518/2037

CONTINUATION OF REPORT

Brief Details.

On the 03/05/2018 at around 0605hrs, I was travelling along Punggol East with my vehicle (S2970CD (Alphalt, Toyota black in color car.), after the cross junction of Punggol East and Punggol Field. I was travelling at lane 3 with a total of 3 lanes. Before entering towards KPE, a lorry (White In color driven by an Indian, Cannot remember the plate number) from lane 1 suddenly cut into my lane and make a sudden brake. I then made a brake but hit onto back of his lorry. I then stopped my vehicle and exit from my vehicle. When I exit from my vehicle, he then left the scene immediately without leaving his particulars behind.

I wish to state that this is the first time such thing happens. I have no in-car camera in my vehicle. I make this report later as I was scared and my boss ask me to make a report on the 18/05/2018. No one was injured at that point of time.





3 of 3

3013

Report No. T/20180518/2037

Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

CONTINUATION OF REPORT

Sketc	h	DI	an
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NP168

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: F / Sgt 2 GOH JUN JIE	Signature Of Informant:		
Signature Of Interpreter: Not applicable	Date/Time: 18/05/2018 11:24		
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt ESTHER CHONG Contact No.: 65476368	Classification Of Case:		
Authentication Stamp	J. L.		

ACCIDENT STATEMENT

		AW	
		DENT DATE: (03/5/2018) (DD/MM/YYYY), TIME: (06:05) (HH:MM)	
	ACCID	DENT DATE: (S) S) COO (DD/MM/YTTT), IIME: (
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	LOCAT	MON. Punggol East After the trappic light of	1
9	LOCAL	Younggol theld near thing	c.1
	1.	DETAILS OF VEHICLE	
		Constitution of the consti	
		OIVEHICLE NUMBER: 52-1160	
		BJINSURANCE COMPANY:	
	12	CIPOLICY NUMBER: THE STATE ATTENTO	
		C)POLICY NUMBER:	
		e)MAKE & MODEL:	
		- LOCIOE / LIBY // AN / IURKI / WOIONO -	
		ALVEHICLE CATEGORY: (PRIVATE)	
		THE PART OF LICINIC AT A COUNTRY I IME.	
		THE PROPERTY OF THE PROPERTY O	
		IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)	
	2.	1111111	(2)
		D)NRIC/FIN/PASSPORT:CONTACT:	
		c) ADDRESS:	
		* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER	
1	(9)		
file of	hassen des	3. DRIVER (MALE (FEMALE) 7 84	
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		DATE OF BIPTH' / / DD/MM/YYYY)	
	199	TOTO ATE OF OIGHT I	
		eloccupation: (INDOOR / OUTOOR)	
		DATE OF DRIVING PACE THE INSURED'S COMPANY? (YES / NO)	
	4	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:	
		IF NO, RELATIONSHIP OF THE STATE OF THE STAT	
	5.	b)ROAD SURFACE: (DRY / WET / OTHERS	
		BIROAD SURFACE: (DIST / WES / NO)	
	6.	6. WAS ANYBODY INJURED LYES / HOL	
	7.	7. CIREPORTED TO POLICE (YES / NO)	
		IF YES, PLEASE STATE WHICH POLICE STATION:	
	8.	8. THIRD PARTY VEHICLE UN CHOWN MODEL:	
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s, bestock	ene gi i re	C) NRIC/FIN/PASSPORT: CONTACT:	
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10	9	9. THIRD PARTY VEHICLE . MODEL:	
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a line or	Tany direct	f) NRIC/FIN/PASSPORT:EONTAGT	
	7		

email = procurement@indonesianembassy.sq fax = procurement@indonesianembassy.sg Waiting for Champany Phop? & Certificate (MSIG)

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7833155J





MUHAMMAD IAN NORMAN BIN

JASMAN محید این نورمن بن جسمن

JAVANESE

Date of birth *

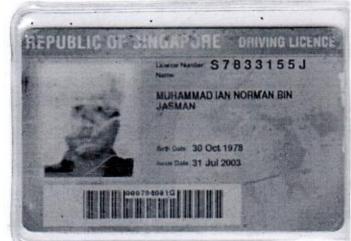
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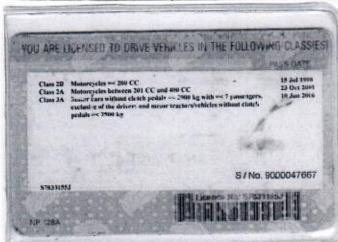
Country of pirsh

SINGAPORE











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. 2004122126 GST Reg. No. 20-0412212G

Certificate of Insurance

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.4 Company Ownership MOTORMAX PLUS-COMMERCIAL

Comprehensive

Certificate No. A 27797952 MCY

Excess: SGD1,000

Windscreen Excess: SGD100

Index Mark and Registration Number of Vehicle
\$2970CD

2. Name of Policyholder Embassy of the Republic of Indonesia

 Effective Date of the Commencement of Insurance for the purposes of the Act 28/11/2017

4. Date of Expiry of Insurance 27/11/2018

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 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 Molor 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 Cortificate 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 (Third-Party Risks and Compensation) Act (Cap. 189).

t/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles or Acts passed in substitution thereof.

(Chepter 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

nxt201710130927



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: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre

with whom you submitted the Original Report. ADDENDUM (A) PARTICULARS OF PERSONMAKING THE AMENDMENTS: Original Report No : MNA 118069271-01 Vehicle Registration No: __ Name (as shown in NRIC): MUHAMMAD IAN NORMAN BIN JASMAN (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate : BLK 623A, PUNGGOL CENTRAL, #03-352 singapore(82/623 Address Mobile No.: 88081784 Contact (Tel) PROCUREMENT @ INDONESIANEMBASSY-SGT Email Address : 03/05/2018 06:05 Date of Accident Time of Accident : Place of Accident : PUNGGOL E AFT TRAFFICE LIGHT OF PUNGGOLFIELD EXIT Insurance Company: MSIG Insurance (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Homena

Policyholder / Driver's Signature Date:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No .:

Date: