### 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 <u>truthful and accurate</u> 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.
- 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

aforesaid.	sent to the archiving or this report at the centre and to copies or the report being made available					
	ACCIDENT STATEMENT					
Date Of Report	06/06/2018 08:52					
Date Of Accident	06/06/2018 07:35					
Exact Location Of Accident	JALAN BUKIT MERAH					
Country/State of Loss	SINGAPORE					
	DETAILS OF OWN VEHICLE					
Vehicle Registration Number	SLX4945D					
Insured/Policyholder						
Name Of Registered Owner	CHAY WEN YEE (XIE WENYI)					
NRIC No	S8027173E					
Email Address	WYCHAY@YAHOO.CA					
Mobile Phone No	(LOCAL) +65-81217601					
Alternative Phone No	OFFICE-81217601					
Vehicle Particulars						
Manufacturer	VOLKSWAGEN					
Model	GOLF 1.0 TSI 81 KW TRENDLINE					
Exact Purpose for which vehicle was being used at time of accident	t .					
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	PRIVATE CAR					
Insurance Company						
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.					
Type Of Coverage	COMPREHENSIVE					
Fleet Policy	NO					
Policy Number	A 2907 7298 AVW					
Cover Note Number						
Driver						

### Driver

Name of Driver CHAY WEN YEE (XIE WENYI)

NRIC No S8027173E

Date Of Birth 20/08/1980

Occupation INDOOR

Date Of Driving Pass 19/08/1999

Driving Experience 18 YEARS AND 9 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-81217601

Fax Number

Contact Number OFFICE-81217601
EMail Address WYCHAY@YAHOO.CA

Address 121 SUNSET WAY, #02-02

Postcode

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 COLLISION - CHANGE/CROSS LANE

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?

Was any injured conveyed to hospital by

ambulance?

NO

NO

1

NO

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

REFER TO SKETCH PLAN

Attachment(s)

Remarks/ Reasons:

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

VIDEO FILE SIZE EXCEED, CUSTOMER HAS A COPY

Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SDX1935Y

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle CategoryPRIVATE CARName of DriverSU HONG ZEENRIC/Passport NumberS0083250BContact Number9030 5824

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 11

#### **SKETCH PLAN**

### **IMPORTANT NOTICE**

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- 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.
- 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
- (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 Signature

NAMES OF STREET

Date & Time

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# Sketch Plan #2 Pg. 1

SKETCH PLAN	Me
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### **DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

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( SDX	1935'	۲)	Tel:	9030	S&24-				
	·		<del></del>						

DECLARATION

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

Policyholder's Signature

Samer on the Free L

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



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.

Individual Ownership

VW DRIVEEASY

Comprehensive

Certificate No. A 29077298 AVW

Excess: SGD500

Windscreen Excess: SGD100

1. Index Mark and Registration Number of Vehicle SLX4945D

. 2. Name of Policyholder

Chay Wen Yee (Xie Wenyi)

3. Effective Date of the Commencement of Insurance for the purposes of the Act 29/03/2018

4. Date of Expiry of Insurance

28/03/2019

5. Persons or Classes of Persons entitled to drive\*

Chay Wen Yee (Xie Wenyi) 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 MUST BE CARRIED OUT AT VOLKSWAGEN CENTRE SINGAPORE.

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

FDWC201804031707

### Sketch Plan #4













