#### 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.
- 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.

	ACCIDENT STATEMENT	
Date Of Report	14/07/2018 11:23	
Date Of Accident	13/07/2018 17:25	
Exact Location Of Accident	CASHEW ROAD	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	September 17 has a september 17

	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGV4964T

Insured/Policyholder

Name Of Registered Owner KEE KEY TECK

NRIC No S2558613A

Email AddressKEETECKKEE@GMAIL.COMMobile Phone No(LOCAL) +65-90302783Alternative Phone NoHOME-64648089

Vehicle Particulars

Manufacturer HONDA

Model STREAM-1.8 (A)

Exact Purpose for which vehicle was being used at

time of accident

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 80458570 QMX

Cover Note Number

Drive

 Name of Driver
 KEE KEY TECK

 NRIC No
 \$2558613A

 Date Of Birth
 20/04/1962

 Occupation
 INDOOR

 Date Of Driving Pass
 24/02/1995

Driving Experience 23 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90302783

Fax Number

Contact Number HOME-64648089

EMail Address KEETECKKEE@GMAIL.COM

Address

25 HAZEL PARK TERRACE #09-01

Postcode

678948

**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

CHAIN COLLISION

Weather Conditions

**CLEAR** 

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO 3

Number of vehicles involved in the accident

NO

Was any body injured in the Accident? 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

1

Number of Passengers (Including Driver)

**Details of Police Action** 

NO

Was the accident reported to the police? If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

**Circumstances of Accident** 

AS SKETCH PLAN

Attachment(s)

YES

Are accident photos available for attachment? Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SGM5878A

Vehicle Make/Model/Colour

TOYOTA

**Details Of Properties** 

FRONT BUMPER AND OTHERS

Vehicle Category Name of Driver

PRIVATE CAR GOH MENG TECK

NRIC/Passport Number

S7711325H

Contact Number

98466713

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SGN2828J

Vehicle Make/Model/Colour

**MERCEDES** 

Details Of Properties Vehicle Category Name of Driver NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

REAR BUMPER AND OTHERS PRIVATE CAR TCHEA PHENG S2190993I

# Accident Sketch Plan Pg. 1

SKETCH PLAN				
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LARATION				
declare the foregoing part	iculars are true in every respect.			
100				
holder's Signature	Driver's Signature	Re	eporting Centre Person	nel's Signature

(If driver is not the policyholder)

Date & Time:

Name:

NRIC/FIN No.:

Date & Time:

Page 4 of 16

### SKETCH PLAN

### **IMPORTANT NOTICE**

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- 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)

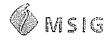
I understand, acknowledge, agree and consent that:

- (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:
  - 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;
  - (iil) 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 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 Shorten Way #21-01 SGX Centre 2 Singapore 060807 Tel: (65) 6827 7868 Fax. (65) 6827 7800 Co. Reg. No. 200412212G GST Reg. No. 2(40412212G

# Certificate of Insurance

ORIGINAL

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 Gunership

MOTOR MAX Comprehensive

Certificate No. A 80458570 QMX

Excess: SGD500

1. Index Mark and Registration Number of Vehicle

Windscreen Excess: SGD100

SGV49647

Name of Policyholder

KEE KEY TECK

- Effective Date of the Commencement of Insurance for the purposes of the Act 18/06/2018
- Date of Expiry of Insurance 17/06/2019
- 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.
- Limitations as to use\*

Use only for social domestic and pleasure purposes and for the Policyholder's business. Policyholder's ousiness.
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 ANY MSIG AUTHORISED MORKSHOP 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).

INVE 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.

MSIG Insurance (Singappre) Rts. Ltd.

MSIG Insurance (Singappre) Rts. Ltd.

ŕ 12.0 Signature / Date

MSIG Insurance (Singapore) Pte. Ltd. Approved Insurers

Amy Ler Senior Vice President, Agencies

Counter-Signatory:

Quotigo Ple, Ltd.

19007 This confileate is not valid enless it is signed for & on behalf of the Company and Counter-Signed by a duly authorised representative of the Counter-Signatory.

1 3 3 4 4

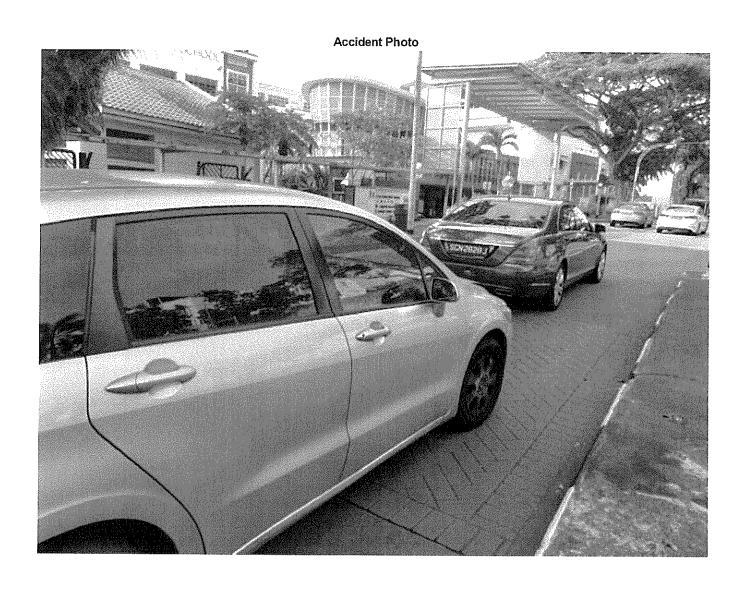
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# **Accident Photo**

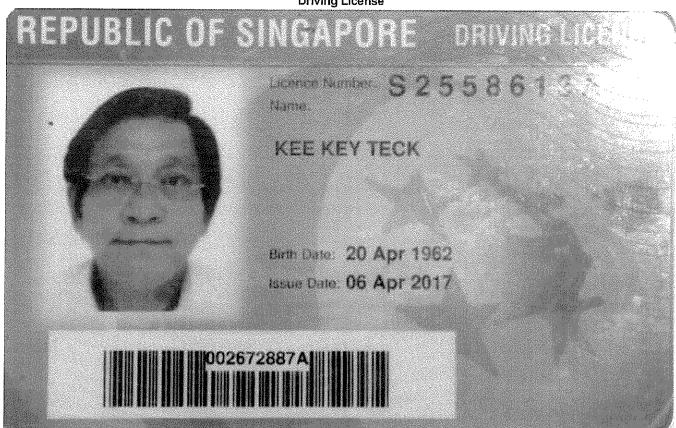




# Accident Photo



# **Driving License**



### **Driving License**

# YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES

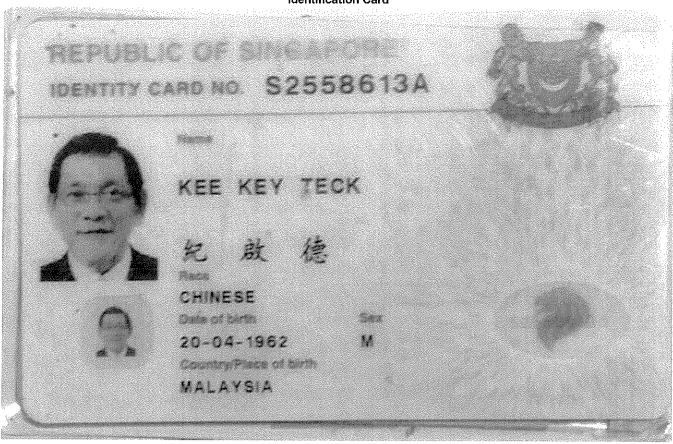
# **EFFECTIVE DATE**

Class 3 Motor cars with unladen weight =< 3000kg with =< 7 24 Feb 1995 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A



## Identification Card



### TP DETAIL



## TP DETAIL

