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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 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

ACCIDENT STATEMENT	
25/07/2018 13:41	
24/07/2018 17:55	
SLIP RD WOODLANDS AVE 2 TWDS SLE (TPE)	
SINGAPORE	
DETAILS OF OWN VEHICLE	
GBD3962J	
ID/SP INTERIOR SPACE	
52552000K	
NOEMAIL	
OFFICE-63846818	
NISSAN	
CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5	
WORKING	
NO	
REPORTING ONLY	
COMMERCIAL VEHICLE	
MSIG INSURANCE (SINGAPORE) PTE. LTD.	
COMPREHENSIVE	
NO	
A28780599MKC	

Cover Note Number	
Driver	
Name of Driver	LUI TONG SENG
NRIC No	S0663311J
Date Of Birth	02/03/1951
Occupation	OUTDOOR
Date Of Driving Pass	27/07/1972
Driving Experience	45 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90818054
Fax Number	
Contact Number	OFFICE-90818054
EMail Address	NOEMAIL

BLK 650 HOUGANG AVENUE 8 Address

#12-337 530650

Postcode

YES Was driver an employee of the Insured's Company

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

NO COLLISION Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

3 2

GENDER: : MALE

Passenger 2

NAME:

NO

4

GENDER: : MALE

Passenger 3

NAME:

. .

GENDER: : MALE

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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG SLIP RD WOODLANDS AVE 2 TWDS SLE (TPE). VEHICLE BEARING NO: SLR 4339K WAS TRAVELLING REAR OF MY VEHICLE, VEHICLE BEARING NO SLR 4339K CHASE NY VEHICLE TO LENTOR AVE SUDDENLY VEHICLE BEARING NO SLR 4339K CLAIM THAT MY VEHICLE HAS HIT ONTO HIS VEHICLE. I WISH TO STATE THAT THERE WAS NO IMPACT FOR BOTH VEHICLES, THERE WAS NO BLUE STAIN ON MY VEHICLE. I BELIEVED THAT VEHICLE BEARING NO SLR 4339K SEARCH THE WRONG VEHICLE.

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? Was there any audio recorded? NO

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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:

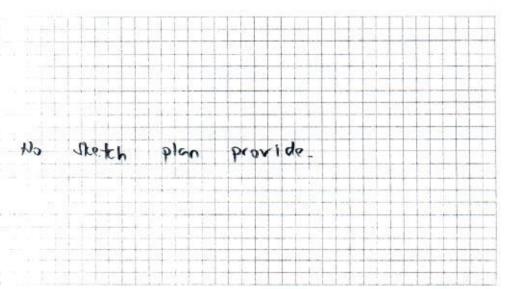
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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;
 - (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:

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

Name: NRIC/FIN No.:

peelian



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ATTENDED ATT
Refer to Statement.

DECLARATION

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

Policyholder's Signature

Date & Time:

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

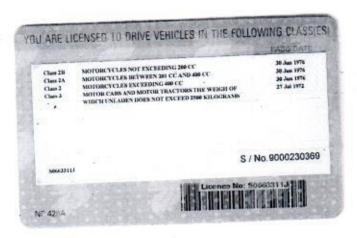
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:











MSIG Insurance (Singapore) Pte. Ltd. 4 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.

Form M.Z.300

Goods Carrying Vehicle - Sch I

COMMERCIAL VEHICLE Comprehensive

Certificate No.

A 28780599 MKC

Excess: SGD600

1. Index Mark and Registration Number of Vehicle

GBD3962J

2. Name of Policyholder

ID/SP Interior Space

3. Effective Date of the Commencement of Insurance for the purposes of the Act 11/10/2017

4. Date of Expiry of Insurance

10/10/2018

5. Persons or Classes of Persons entitled to drive*

Lui Tong Seng, Tan Chiam Teck 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 in connection with the Policyholder's business. Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. Use for social domestic and pleasure purposes. The Policy does not cover

- (1) Use for hire or reward or for racing pace-making reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- * 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.

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