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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.

- 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
Date Of Report	06/08/2018 19:10
Date Of Accident	05/08/2018 09:35
Exact Location Of Accident	BALESTIER RD TOWARDS MOULMEIN ROAD EXIT 7C
Country/State of Loss	SINGAPORE
December 1980	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLS3810S
Insured/Policyholder	
Name Of Registered Owner	TAN QI MING
NRIC No	S8239621G
Email Address	TANQIMING@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90035293
Alternative Phone No	OTHERS-90035293
Vehicle Particulars	
Manufacturer	SUBARU
Model	IMPREZA-1.6 (A)
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?	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 29025519 QMY
Cover Note Number	
Driver	
Name of Driver	TAN QI MING
NRIC No	S8239621G
Date Of Righ	14/11/1982

 Name of Driver
 TAN QI MIN

 NRIC No
 \$8239621G

 Date Of Birth
 14/11/1982

 Occupation
 INDOOR

 Date Of Driving Pass
 28/04/2003

Driving Experience 15 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90035293

Fax Number

Contact Number OTHERS-90035293

EMail Address TANQIMING@GMAIL.COM

Address

BLK 10 EUNOS CRESCENT

#15-2717

Postcode

400010

Was driver an employee of the Insured's Company NO

OWNER

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

SIDE SWIPE

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

NO

ambulance? 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)

3

Passenger 1

NAME:

: WIFE

GENDER:

: FEMALE

Passenger 2

NAME:

: DAUGHTER

GENDER:

: FEMALE

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)

YES

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

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLF1223T

Vehicle Make/Model/Colour

KIA K3

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

WONG MENG HUK

NRIC/Passport Number

S1292466F

Contact Number

98153101

Address

Postcode

Page 2 of 26

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

2

NAME:

GENDER: :

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.
- 6. 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:
 - (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 Date & Time: 06/08/18 Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

By SLF 1>>37. B4

By SLF 1>>37

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	- 1	
VE	H. A Keep a lookout of incoming traffic from	Balestler Road
	- VEHR going straight & along Ballyther Road, h	
Cor	ne out of fifter lane to proceed to Moula	nela Rd. Noticed
VE	HB suddenly change lane towards Moulania A	land filter lane.
91	& Knocked into VODEA. VEH A. There is no	noted signal light
	om VEHB.	150

DECLARATION

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

Policyholder's Signature Date & Time: @ 6/03/8 Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: AND WARD

SUMME United Stanforms, VI.

ACCIDENT STATEMENT

ACCIDENT DATE: 95 1.8930 8 (IDD/MM/MY), TIME: 07 3.37 (HH:MM) LOCATION: Balester Road towards Moulmain Road Exit 7. 1. DETAILS OF VEHICLE O)VEHICLE NUMBER: SUSSBIOS DINSURANCE COMPANY: MSSG C)POLICY YNUMBER: A 20 25619 @ MY O)POLICY YNUMBER: A 20 25619 @ MY O)POLICY YNUMBER: A 20 25619 @ MY O)POLICY YNUMBER: SUSSBIOS O)MAKE & MODEL: SUSSBIOS O)MAKE MODEL: SUSSBIOS O)MAKE MODEL: SUSSBIOS O)MAKE MODEL: SUSSBIOS O)MAKE MODEL: MODEL MY O)MAKE MODEL: MODEL MY O)MAKE MODEL: MODEL: MODEL MY O)MAKE MODEL: MODEL MY O)MAKE MODEL: MODEL MY O)MAKE MODEL: MODEL: MODEL: MALE / FEMALE O)MAKE MODEL: MODEL: MALE / FEMALE O)MAKE MODEL: MODEL: MALE / FEMALE O)MAKE MODEL: MODEL: MODEL: MALE / FEMALE O)MAKE MALE / FEMALE O)MAKE MODEL: MODEL: MODEL: MALE / FEMALE O)MAKE MODEL: MODEL: MALE / FEMALE O)MAKE MODEL: MODEL: MODEL: MALE / FEMALE O)MAKE MODEL: MODEL: MODEL: MODEL: MALE / FEMALE O)MAKE MODEL: MOD		E US - MULTIPLE ASS	2 -7 transport
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DINSURANCE COMPANY: MSSG DINSURANCE COMPANY: MSSG CIPOLICY NUMBER: A 240 25K19 @ MY CIPOLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE ETHEFT) B)MAKE & MODEL: SUBJECT THE PARTY / THIRD PARTY FIRE ETHEFT) B)MAKE & MODEL: SUBJECT THE PARTY / MOTORCYCLE / OTHERS) G)YCHICLE CATEGORY: (FRIVATE) COMMERCIAL / MOTORCYCLE) H)PURPOSE OF USING AT ACCIDENT TIME: LETSAGE I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: JAW STATE D)NRIC/FIN/PASSPORT: SE376216 CONTACT: 9035277 C) ADDRESS: BIK 10 EUROS CRETCENT #15-2972 S (400010) PANDERESS: DIK 10 EUROS CRETCENT #15-2972 S (400010) CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: CONTACT: CONTACT: C)ADDRESS: DIRTH: (LA J. II / 1982) (DD/MM/YYYY) B)OCCUPATION: (NDOOR / OUTDOOR) 1) DATE OF BIRTH: (LA J. II / 1982) (DD/MM/YYYY) B)OCCUPATION: (NDOOR / OUTDOOR) 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: CONTACT: C)WEATHER CONDITION: (CLEAR) RAINING / OTHERS B) ROAD SURFACE: (DRY / WET / OTHERS) 6. WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: B. THIRD PARTY VEHICLE C) NEIC/FIN/PASSPORT: SLP 2 4 6 6 F CONTACT: 9 8 15 3101 P) DRIVER'S NAME: WORK MEANS MUE D) DRIVER'S NAME: MODEL: MODEL: D) DRIVER'S NAME: MODEL:	44	Fall Process	4 5 w s
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DINSURANCE COMPANY. CIPCLICY NUMBER: A PO 256 9 6 MY CIPCLICY NUMBER: CIPCLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE &THEFT) B) MAKE & MODEL: SUBBRU TOPEZO 168 (I) TYPE: (SALCONY) COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) B) VEHICLE CATEGORY: (PRIVATE) COMMERCIAL / MOTORCYCLE) I) PURPOSE OF USING AT ACCIDENT TIME: LESSAGE I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: D) NRIC/FIN/PASSPORT: C) ADDRESS: BIK / O EMPOS CATEGORY # 15 - 2972 S (4 20010) CONTINUE TO 3.d IF DRIVER ALSO POUCY HOLDER DINRIC/FIN/PASSPORT: C) ADDRESS: **OJDATE OF BIRTH: (La / 11 / 1982) (DD/MM/YYYY) B) OCCUPATION: (NDOOR! OUTDOOR) 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: C) WEATHER CONDITION: (CLEAR) RAINING / OTHERS B) ROAD SURFACE: (DRY / WET / OTHERS) 6. WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE O) VEHICLE NUMBER: C) NEIC/FIN/PASSPORT: S1292 4 66 F CONTACT: 9 815 3101 P) THIRD PARTY VEHICLE O) NEIC/FIN/PASSPORT: S1292 4 66 F CONTACT: 9 815 3101 P) DIRVER'S NAME: WONG MEAN. MODEL: D) RIVER'S NAME: MODEL: D) RIVER'S NAME: MODEL: MODEL:		CIVEHICLE NUMBER: 56538103	
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Cincluding driver DINRIC/FIN/PASSPORT: CONTACT: CONTACT: CIADDRESS: **d]DATE OF BIRTH: (4 / 11 / 1982_)(DD/MM/YYYY) **e]OCCUPATION: (INDOOR) OUTDOOR) **DINTED OF DRIVING PASS OF THE INSURED'S COMPANY? (YES / NO) **IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: CONTACT: CIADDRESS: **O]WEATHER CONDITION: (CLEAR) RAINING / OTHERS **D)ROAD SURFACE: (DRY / WET / OTHERS **O]WEATHER CONDITION: (CLEAR) RAINING / OTHERS **O] WEATHER CONDITION: (CLEAR) RAINING / OTHERS **O] WEATHER CONDITION: (CLEAR) RAINING / OTHERS **O] REPORTED TO POLICE (YES / NO) **IF YES, PLEASE STATE WHICH POLICE STATION: **IF YES, PLEASE STATE WHICH POLICE STATION: **O] DRIVER'S NAME: WONG MEMBER HUK **O] NRIC/FIN/PASSPORT: \$1293 466 F CONTACT: 9815 3101 **O] DRIVER'S NAME: MODEL: MODEL: **O] DRIVER'S NAME: MODEL: MODEL: **O] DRIVER'S NAME: MODEL: MODEL: **O] DRIVER'S NAME: MODEL: MODEL	mredat me		
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email = Tangining @gmail.com.

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8239621G





Martin

TAN QI MING

陈 寺 Race CHINESE



CHINESE
Date of birth
14-11-1982
Country/Place of birth
SINGAPORE

Sex M



5235403



S8239621G



31-10-2013

APT BLK 10 EUNOS CRESCENT #15-2717 SINGAPORE 400010

EPUBLIC OF SINGAPORE DRIVING LICEN



Licence Number: S 8 2 3 9 6 2 1 G

TAN QI MING

Birth Date: 14 Nov 1982

lesue Date 28 Apr 2003



THE TICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIE

PASS DATE

Class 2B Class 3

Motorcycles =< 200 CC

Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg

28 Dec 2005 28 Apr 2003

58239621G

S / No. 9000045905

Licence No: \$8239621G]

IP 428A



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.X.1 Individual Ownership MOTOR MAX PLUS Comprehensive

Certificate No. A 29025519 QMY

Excess: SGD500

Windscreen Excess: SGD100

- Index Mark and Registration Number of Vehicle SLS3810S
- 2. Name of Policyholder

Tan Qi Ming

D. 1200

- Effective Date of the Commencement of Insurance for the purposes of the Act 22/09/2017
- 4. Date of Expiry of Insurance

21/09/2018

5. Persons or Classes of Persons entitled to drive*

Tan Oi Ming

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 CAN BE CARRIED OUT AT ANY WORKSHOP OF YOUR CHOICE OR AT ANY MSIG AUTHORISED WORKSHOP 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).

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



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: \$665500200 / 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.

		A Tarachi	ADI	DENDUM	3 7				
Original Repo Name(as shown (*Vehicle Driv	tNo : M	MAY18	101730 1 MMG	Veh	Ncle Registratio C/FIN/Passpor riate	n No: _ tNo : _	SLS 3	2018 396210	À.
Address Contact (Tel)	;_ •:_			Mc	obile No. : 90	035.		apore()
Email Address Date of Accid Place of Accid Insurance Co	ent :_	gslesto Bounso Mst	va 18 LIUR POAC	Tir	ne of Accident:	6	9:35	EX17	70
				<u> </u>					
make the fol	report o	the abov	e mentioned	accident and	would like to in	clude a	additiona	Informati	ono
I have made	report o	the abov	e mentioned	accident and		clude a	additiona	Informati	ono