

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 withholding 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	27/08/2018 17:03
Date Of Accident	27/08/2018 14:30
Exact Location Of Accident	UBI TECH PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF6172S
Insured/Policyholder	
Name Of Registered Owner	CAS TECHNOLOGY PTE LTD
Co Reg No	199507792N
Email Address	WINNIE@CASTECHNOLOGY.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-67428355

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200-1.5 (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 28878165 MKC
Cover Note Number	

Driver

Name of Driver	GAN ER SI
Work Permit No	G2568560T
Date Of Birth	11/12/1991
Occupation	OUTDOOR
Date Of Driving Pass	15/03/2017
Driving Experience	1 YEAR AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81174281
Fax Number	
Contact Number	
EEmail Address	ERSI@CASTECHNOLOGY.COM.SG

Address	10 UBI CRESCENT #05-52 UBI TECKPARK (LOBBY C)
Postcode	408564
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	-
	-
	-
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

SEE ATTACHED SKETCH PLAN

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	SFB3363B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	90075332
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



SKETCH PLAN

IMPORTANT NOTICE

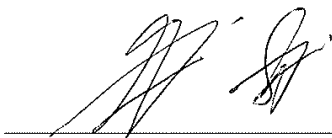
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8. **Consent under the Personal Data Protection Act (PDPA)**

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:



Driver's Signature
(If driver is not the policyholder)

Date & Time: 27/Aug/2018

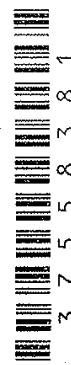


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No. 110110 INDUSTRIAL PTE LTD
3 UBI ROAD 4
SINGAPORE 408823
TEL: 6490 9886 FAX: 6846 7483

Pemerhatian/Observation

3

Tandatangan/Pembawa/Signature of Bearer



MALAYSIA

Pasport /
Passport

Jenis / Type
P

Kod Negara / Country Code
MYS

No. Pasport / Passport No.
A37558381

Nama / Name
GAN ER SI

Warganegara / Nationality
MALAYSIA

Tarikh Lahir / Date of Birth
11 DEC 1991

Jantina / Sex
L-M

Tarikh Dikeluarkan / Date of Issue
17 MAR 2016

Pejabat Pengeluar / Issuing Office
MUAR

No. Pendaftaran / Identity No.
911211015569

Tempat Lahir / Place of Birth
JOHOR

Tinggi / Height:
174 cm

Tarikh Tamat / Date of Expiry
17 MAR 2021

2199371

P<MYSGAN<ER<SI<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<

A375583810MYS9112115M2103178911211015569<<52

DRIVING LICENCE Pg. 1

Portrait photo of a man with glasses.

Licence Number: **G 2568560T**
Name: **GAN ER SI**

Birth Date: **11 Dec 1991**
Issue Date: **31 Oct 2015**
Valid Till: **30/10/2020**

Barcode: **002489334C**

SG 50

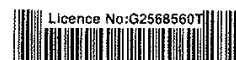
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		EFFECTIVE DATE
Class 2B	Motorcycles =< 200 CC	31 Oct 2015
Class 3	Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg	15 Mar 2017

22568560T

S / No. 9000238910

NP 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.Z.300
 Goods Carrying Vehicle - Sch I

COMMERCIAL VEHICLE
 Comprehensive

Certificate No. A 28878165 MKC

Excess : SGD600

1. Index Mark and Registration Number of Vehicle
GBF6172S
2. Name of Policyholder
CAS Technology Pte Ltd
3. Effective Date of the Commencement of Insurance for the purposes of the Act
16/01/2018
4. Date of Expiry of Insurance
15/01/2019

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.

6. 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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



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