

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	29/08/2018 09:50
Date Of Accident	29/08/2018 07:20
Exact Location Of Accident	CROSS JUNC OF JLN PERMIMPIN AND PERMIMPIN DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD5167T
Insured/Policyholder	
Name Of Registered Owner	STEVEN TAN JOO HAI
NRIC No	S1806858C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97606107
Alternative Phone No	OFFICE-97606107

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	PASSAT B7 1.4 TSI
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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 80420443 AVW
Cover Note Number	

Driver

Name of Driver	KOO SIEW FERN
NRIC No	S1816605D
Date Of Birth	21/02/1967
Occupation	INDOOR
Date Of Driving Pass	19/08/1994
Driving Experience	24 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96911727
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	80 WEST COAST ROAD #05-13
Postcode	126816
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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)	2
Passenger 1	NAME: : DYLAN TAN 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

refer to sketch plan

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC8961M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHUA SOY MAI @CHUA PUI HENG
NRIC/Passport Number	S0345861Z
Contact Number	90301302
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:





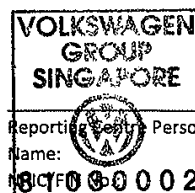
I was driving (SED51677) along Jln Pannapi (straight road) when vehicle B (SHC8861M) didn't stop/~~check~~ on ~~right~~ intersection road, ~~was~~ didn't slow down and ~~not~~ drove ~~it~~ across.

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

are true in every respect.

Kov Siew Fern

28/08/2018
10:15 am



29/8/18



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

VW DRIVEEASY
Comprehensive

Certificate No. A 80420443 AVW

Excess : SGD500
Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
SKD5167T

2. Name of Policyholder
STEVEN TAN JOO HUI

3. Effective Date of the Commencement of Insurance for the purposes of the Act
11/12/2017

4. Date of Expiry of Insurance
10/12/2018

5. Persons or Classes of Persons entitled to drive*

STEVEN TAN JOO HUI
KOO SIEW FERN

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

Accident Sketch Plan Pg. 1

REPUBLIC OF SINGAPORE

License Number: S1816605D

Name: KOO SIEW FERN

Birth Date: 21 Feb 1967

Issue Date: 06 Jul 2004

001252839H

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1816605D

Name: KOO SIEW FERN

古秀芬

Race: CHINESE

Date of Birth: 21-02-1967

Sex: F

Country of Birth: SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

Class	Description	PASS DATE
Class 3	Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg	19 Aug 1994

NP 428A

Licence No: S1816605D

0907764

NRIC No. S1816605D

Blood Group: O+

Date of Issue: 21-04-1993

80 WEST COAST ROAD #05-13
SINGAPORE 126816

NRIC No: S1816605D Date: 20/12/2012 No: 7196985

VEHICLE CONDITION REPORT FORM / JOB RECORD



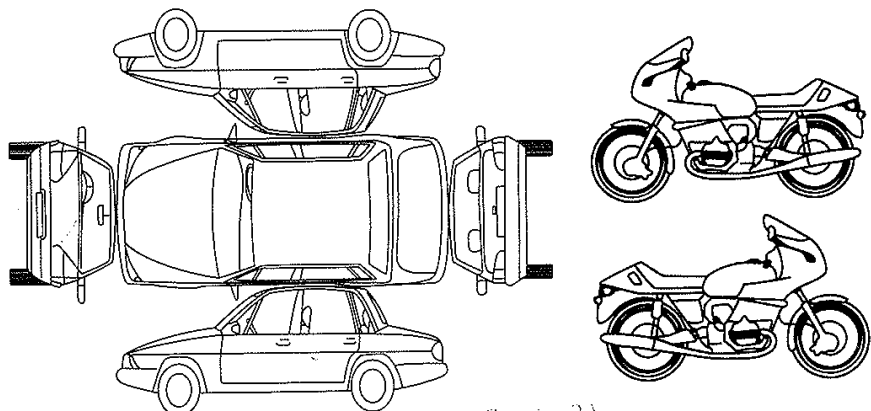
Date: 21/1/14 Time: 08:00 AM Customer Name: Mr. A. S. S. S.
 Technician Name: Mr. A. S. S. S. Customer Telephone: 9451 1234
 Reg. No: Y-1234 Job No: Y-1234 Make/Model: VW Golf
 Odometer Reading (Customer Vehicle): 130512 Location: 1234 St.
 KM Travelled by Assistance Vehicle: (1 way) Time on Scene: 20 min
 Fault Reported: Engine Time Job Completed: 9:45 AM
 Fault Found: Repaired at Breakdown Scene: Y/N
 How was vehicle repaired? NO VIN No:

Hubcaps Y/N
 Spare Wheel Y/N
 Tools Y/N
 Audio System Y/N
 Keys + Remote Y/N
 Aerial Y/N
 Cashcard (RM) Y/N
 Fuel

E		F
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 Interior Condition :
 Front Seats
 Rear Seats
 Floor Covering
 Headlining

Day/Night Wet/Dry Clean/Soiled
 Please circle the above as appropriate
 Place X on damaged area for scratch and Y for dent



Delivery to Dealership / Date and Time: 21/1/14 11:30 7:45 AM
 Vehicle received in the above condition YES/NO
 If not stated as above specify difference:

CUSTOMER DECLARATION

- I am entitled to the service requested. In the event of this subsequently not being the case I shall be responsible for the cost of any assistance provided.
- I accept that any roadside repairs will be of a temporary nature and that advice of a franchised dealer should be sought by me as soon as possible.
- In the case of forced entry, I confirm that I specifically requested that the operator forcefully enter the vehicle and that all damages occasioned thereby is and shall be my sole responsibility.
- I accept that any removable items left in the vehicle will be the responsibility of the emergency service or their agents.

Customers Signature (white copy)	Dealer/Workshop Signature (pink copy)	 81030002	Operators Signature (yellow copy)	
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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



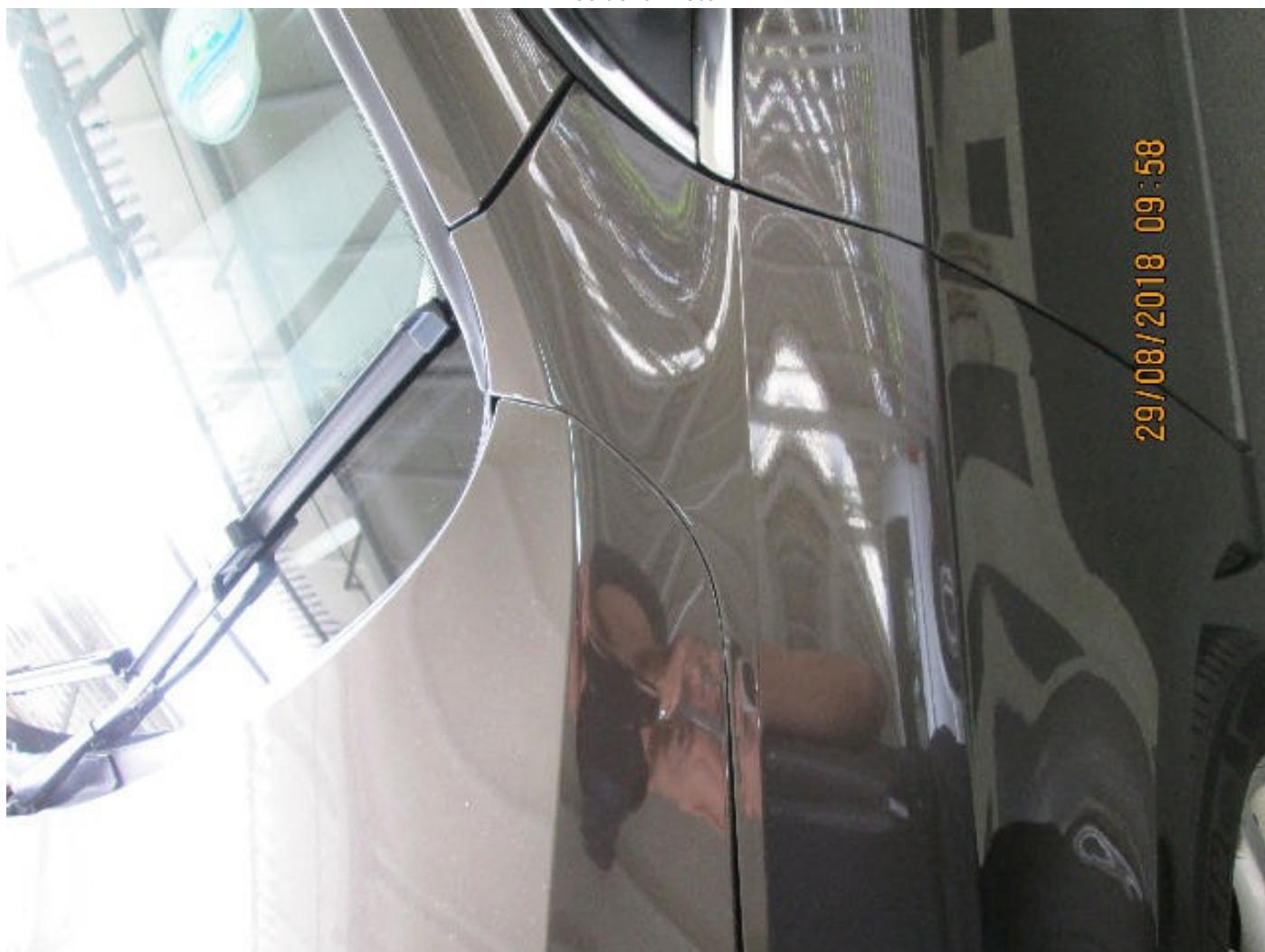
Accident Photo



Accident Photo



Accident Photo



Accident Photo





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: 566S00206 / 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.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MVHS1811727-01 Vehicle Registration No: SKD 5167T
Name (as shown in NRIC) : Steven Tan Joo Hai NRIC/FIN/Passport No : S 1806858C
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 96911727
Email Address : doricekoo@hufmark.com
Date of Accident : 29/8/18 Time of Accident : 7:20 Hrs.
Place of Accident : Cross Junc of Jln Perminpin h Perminpin drive.
Insurance Company: M816.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I would want to revert to 3rd party claim.

[Signature]
Policyholder / Driver's Signature
Date: 3 September 2018

VOLKSWAGEN GROUP SINGAPORE
[Signature] 3/9/18.
Reporting Centre Personnel's Signature
Name: _____
NRIC: 811030002
Date: _____