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Date In: 25/0/18 - 18:09	Jeb description	Date &Time Completed	Done by
Res No: 44/m 418019472/24	SAS e-filing		
Veh No: SLM66824	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 20/10/18-17:15	i-Motor Claim Form		
	i-Motor W/O (Within: OD 2)	nrs, TP 4hrs)	
OD : TP : Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
ir ilisutet.	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:	(Tel: Fa	C:
TP Particulars: Veh No: 6	0789 v37 . INC	()/Non-INC()	T)
Owner / Driver: (Tel:)
Policy No: (Period: ()	Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%	(Note-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 80-10	0%]
Year of Registration: ()	Warranty: YES ()/NO ()	
	\$1,000()/\$2,000()	<u> </u>	
General Remarks:-	1300 (), 12,000 ()	44 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 -	85 W. 12 1 1 1 1
General Remarks:		b Mand Parish Indian Congress Actions	or 3. · · · ·
() Walk-In Customer: Customer's	information strictly Confidential & S	trictly NO refer of repairer.	
() Total Loss Case : to e-mail Ins	surer URGENTLY.	the state of the state of	
Drive-In ()/ Towed-In (); Inve	oice: YES() / NO();	Towing Co: (.)
Powersky and the control of the cont			TANK BOLLDE
		Section 1774 to the Publisher Land Land Land Land Land Land Land Land	
		Date&Time Completed:	est abone by
Apply for Transport Allowance ()) / Courtesy Car ()	Date&Tame Completed:	Done by
Remarks: (INC hotline: 6788 6616 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection		Date&Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()	Date&Time Completed	Done by
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >) / Courtesy Car ()	Date&Time Completed	Done by
Apply for Transport Allowance (QC Check / Post Repair Inspection) / Courtesy Car ()	Date&Time Completed	Done by
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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.
- 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 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.
- 5. 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.
- 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.

A Secretary Comments of the Co	ACCIDENT STATEMENT	
Date Of Report	25/10/2018 18:09	
Date Of Accident	20/10/2018 12:15	
Exact Location Of Accident	SLIP RD PAYA LEBAR RD TWDS PIE (CHANGI)	
Country/State of Loss	SINGAPORE	
D	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLM6682G	
Insured/Policyholder		
Name Of Registered Owner	SIME DARBY SERVICES PTE LTD	
Co Reg No	197501065W	
Email Address	NOEMAIL	
Mobile Phone No		
Alternative Phone No	OFFICE-89999999	
Vehicle Particulars		
Manufacturer	PEUGEOT	
Model	308 SW ALLURE PURETECH 1.2 A/T 2WD	
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	REPORTING ONLY	
Vehicle Category	COMMERCIAL VEHICLE	
Insurance Company		
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	B29077055MCY	
Cover Note Number		
Driver		
Name of Driver	BUTTERWICK WILLIAM TOBY	
Passport No/FIN	G5167811M	
Date Of Birth	08/06/1965	
Occupation	OUTDOOR	
Date Of Driving Pass	04/07/2012	
Driving Experience	6 YEARS AND 3 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-91178387	
Fax Number		

OFFICE-91178387

NOEMAIL

Address 16 JALAN LIMAU NIPIS

Postcode 468269

Was driver an employee of the Insured's Company, NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

NO

1

NO

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 2 Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

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

REFER TO STATEMENT.

Attachment(s)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver TAN THIAN HUAT

NRIC/Passport Number S1360035Z Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

86712533

1

GBZ8923J

Page 2 of 17

SKETCH PLAN

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.
- 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.
- 5. 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
- 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.:

	PIE(chargi)	A: SLM 66826
	B= LBZ8923	
	/AI	

refer to	studement.		
		*	
		/	
Mary Company			

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.:

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG SLIP RD PAYA LEBAR RD TWDS THE SLIP ROAD OF PIE (CHANGI) AS I WAS CHECKING THE INCOMING VEHICLES ALONG SLIP RD PIE (CHANGI). I WAS BEHIND VEHICLE B, WHICH STARTED TO MOVE ONTO THE SLIP ROAD. I THEN LOOKED TO MY RIGHT FOR CLEAR TRAFFIC SO I COULD PROCEED ACCORDINGLY. HOWEVER, I DID NOT NOTICE THAT VEHICLE B HAD STOPPED AND WAS IN A STATIONARY POSITION. AS A RESULT, MY VEHICLE BUMPED INTO VEHICLE B REAR PORTION.

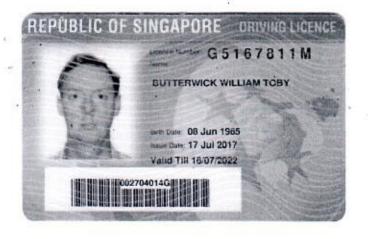
ACCIDENT STATEMENT

ACCIDENT DATE: 20/ 10/ 18 1(DD/MM	(A/YYYY), TIME:(
LOCATION: JI:7 Hd Paya Lolar	nd foods PE Change
1. DETAILS OF VEHICLE	
a) VEHICLE NUMBER: JUM 66824	
b)INSURANCE COMPANY: MILL	
C)POLICY NUMBER: 13-29-37250 N	ncy
d)POLICY TYPE: (COMPREHENSIVE / THIF	
e)MAKE & MODEL:	
f)TYPE:(SALOON / COUPE / MPV /VAN /	LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COM	[2] 이렇게 하지 않는 다른 보다는 사람들이 있다면 보고 있다면 하는 것이 없는 것이 없는 것이다. 그런 그렇게 되었다면 보다는 것이다면 보다면 보다 하다.
h) PURPOSE OF USING AT ACCIDENT TIM	
I) ARE YOU CLAIMING UNDER YOUR OW	
IF NO, PLEASE STATE (THIRD PARTY CLA	
2. INSURED / POLICY HOLDER	
Alname: Sime Durby Lervices	Ptc Ufd. (MALE / FEMALE)
b)NRIC/FIN/PASSPORT:	CONTACT:
c)ADDRESS:	
H H 97 0000	3 T
* CONTINUE TO 3.d IF DRIVER ALSO POLI	ICY HOLDER
The of passengs DRIVER	
(Including disease) a) NAME: DUTTE WICE WILLIAM 703	
DINKIC/FIN/FASSPORT: USI6+XTIM	CONTACT: 9178347
(1) GIADDRESS: 16 John Limen Nipir (468 267)
*d) DATE OF BIRTH: (\$ / 6 / 1965	(DD/MM/YYYY)
e)OCCUPATION: (INDOOR / OUTDOOR)	J(DD/MM//TTT)
f) YEARS OF DRIVING EXPRERIENCE:	
4. WAS DRIVER AN EMPLOYEE OF THE I	
IF NO, RELATIONSHIP OF THE DRIVER	
5. a) WEATHER CONDITION: (CLEAR / RAINI	
b)ROAD SURFACE: (DRY / WET / OTHERS	
6. WAS ANYBODY INJURED (YES / NO)	
7. a) REPORTED TO POLICE (YES / NO)	*)
IF YES, PLEASE STATE WHICH POLICE STA	ATION:
8. THIRD PARTY VEHICLE	
We of passanger a) VEHICLE NUMBER: GBZ 8973]	MODEL:
Indudias driver b) DRIVER'S NAME: 190 Thinh HI	May
() NRIC/FIN/PASSPORT: S13(00)377	CONTACT: 867/1432
9. THIRD PARTY VEHICLE	
	MODEL:
Induding driver & DRIVER'S NAME:	
Including driver f) NRIC/FIN/PASSPORT:	CONTACT:
200	

email =

fax =

VIDEO =





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

Class 2B Class 2A Class 2 Class 3

Motorcycles =< 200 cc Motorcycles between 201 cc and 400 cc Motorcycles > 400 cc Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

EFFECTIVE DATE

NP 428A







MSIG Insurance (Singapore) Pte. Ltd. 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807 T.: +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.400

MOTORMAX PLUS-COMMERCIAL Comprehensive

Cars for Hire Certificate No.

B 29077055 MCY

Excess: SGD1,500

Windscreen Excess: SGD100

1. Index Mark and Registration Number of Vehicle SLM6682G

2. Name of Policyholder

Sime Darby Services Pte Ltd

Effective Date of the Commencement of Insurance for the purposes of the Act 05/04/2018

4. Date of Expiry of Insurance

04/04/2019

Persons or Classes of Persons entitled to drive

Butterwick William Toby, Burgess-Allen Samantha Kathleen Any other person provided he is driving on the Policyholder's order or with the

- * Provided that the person driving is permitted in accordance with the licensing or other laws or laws or regulations to drive the littoriar Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any exactment or regulation in that behalf from driving the Motor Vehicle.
- Limitations as to use*

Tse for the carriage of passengers or goods in connection with the Policyholder's business.

Use for social domestic and pleasure purposes.

The Policy does not cover

Use for racing pace-making reliability trial or speed-testing.

(2) Use whilst drawing a trailer except the towing (other than for reward) 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.

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