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OD : (P) Reporting Only	I-Motor W/O	(Within: OD 2hr	s, TP 4hrs)		
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TP Insurer:  Ass't Report b		Fax/Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:			Tel:	Fax:	
TP Particulars: Veh No: 1	R3019R	. INC(	)/Non-INC( )		
Owner / Driver: (			Tel:	)	-
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Confirmed by : (		Date:	Time:	)	
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Apply for Transport Allowance (     QC Check / Post Repair Inspection	/ Courtesy Car ( )	)	Date&Tanie Gomple!ad	Done	by
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1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost:  Injury:  Date/Time: Actions  NA 80 6935	/ Courtesy Car ( )	1) AR : Acciden	paration Checklist.	Ant (5)	Ami
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1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost:  Injury:  Date/Time Actions  NA 80 6935  Claimant's Particulars:  Oriver/Owner:  Contact No:  Damaged Portion:  C Checked by (Engr-In-Charge):  Auditors! Comments::	/ Courtesy Car ( )	1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-1 5) FT: Follow-1 For claiming: 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi OD: *N5: Courtes *N6: Repair ( *N7: Fost Re; *N8: DV / Ge	paration Checklist.  It Reporting (\$30); Assessment (\$100); INC ( Fee S Through Survey (Resurvey) Against INC Only (wef 10 Jan 20) cotion + SMRT Survey ional Services; y Car / Tpt Allowanue Co-ordination pair Inspection plicet Excess Coordination P (Non INC) against INC	\$30 \$150 \$150 \$150 \$120 \$30 \$25 \$10 \$25 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30	Ami

# 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 <u>truthful and accurate</u> 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.
- 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.

Date Of Accident 25/10/2018 16:30 Exact Location Of Accident JUNC YIO CHU KANG RD & SELETAR RD Country/State of Loss SINGAPORE  DETAILS OF OWN VEHICLE  Vehicle Registration Number SKE3286R  Insured/Policyholder  Name Of Registered Owner CHU CHEUW MEI NRIC No S8782746A NOEMAIL Mobile Phone No (LOCAL) +65-96337988  Vehicle Particulars  Manufacturer SUBARU Model IMPREZA 5D 1.5R AWD AT Exact Purpose for which vehicle was being used at ime of accident Province of repair to your vehicle?  If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE CAR  Insurance Company Name of Insurance Company Type Of Coverage THIRD PARTY No Policy Number Cover Note Number  Diriver Name of Driver Name of Driving Pass Driving Experience OYEAR AND 3 MONTH EEMALE Mobile Number Corlocation Number OYEAR AND 3 MONTH EEMALE Mobile Number OYEAR AND 3 MONTH EEMALE Mobile Number OFFICE-94576217		ACCIDENT STATEMENT
Exact Location Of Accident Country/State of Loss SINGAPORE DETAILS OF OWN VEHICLE  Vehicle Registration Number SKE3286R  Insured/Policyholder  Name Of Registered Owner NRIC No S8782746A Email Address Mobile Phone No (LOCAL) +65-96337988  OFFICE-96337988  Vehicle Particulars  Manufacturer Manufacturer SUBARU Model IMPREZA 5D 1.5R AWD AT Exact Purpose for which vehicle was being used at time of accident If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE CAR  Insurance Company Name of Insurance Company Type Of Coverage THIRD PARTY Pilet Policy NO Policy Number Cover Note Number Septiment	Date Of Report	26/10/2018 09:30
Country/State of Loss  DETAILS OF OWN VEHICLE  Vehicle Registration Number  SKE3286R  Insured/Policyholder  Name Of Registered Owner  NRIC No  S8782746A  NOEMAIL  (LOCAL) +65-96337988  OFFICE-96337988  Alternative Phone No  (LOCAL) +65-96337988  Alternative Phone No  Vehicle Particulars  Manufacturer  Model  IMPREZA 5D 1.5R AWD AT  Exact Purpose for which vehicle was being used at lime of accident Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken  THIRD PARTY  Vehicle Category  PRIVATE CAR  Insurance Company  Name of Insurance Company  Type Of Coverage  THIRD PARTY  Fleet Policy  NO  MSIG INSURANCE (SINGAPORE) PTE. LTD.  THIRD PARTY  Fleet Policy  NO  Policy Number  Cover Note Number  Driver  Name of Driver  CHU CHEOW YEET  S7475890H  Date Of Birth  3009/1974  Occupation  INDOOR  Date Of Driving Pass  Driving Experience  0 YEAR AND 3 MONTH  FEMALE  Gender  FEMALE  Glocal Humber  Contact Number  OfFICE-94576217	Date Of Accident	25/10/2018 16:30
Vehicle Registration Number SKE3286R  Insured/Policyholder  Name Of Registered Owner CHU CHEUW MEI NRIC No S8782746A Nobile Phone No (LOCAL) +65-96337988  Mobile Phone No (LOCAL) +65-96337988  Vehicle Particulars  Manufacturer SUBARU Model IMPREZA 5D 1.5R AWD AT  Exact Purpose for which vehicle was being used at lime of accident Ime of accident Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE CAR  Insurance Company  Name of Insurance Company  Name of Insurance Company  Name of Insurance Company  No  Cover Note Number  Cover Note Number  Service Child Check Service  Cover Note Duriner  Cover Note Duriner  Cover Note Duriner  OFFICE-94576217  Fax Number  Contact Number  Chalc CHEUW MEI  AND CACA AND A  CATURE CHACH  COCAL) +65-945762	Exact Location Of Accident	JUNC YIO CHU KANG RD & SELETAR RD
Vehicle Registration Number  Insured/Policyholder  Name Of Registered Owner  NRIC No  S8782746A  NOEMAIL  Mobile Phone No  (LOCAL) +65-96337988  Vehicle Particulars  Manufacturer  Manufacturer  SUBARU  Model  IMPREZA 5D 1.5R AWD AT  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?  If No, Please state action to be taken  THIRD PARTY  Vehicle Category  Insurance Company  Name of Insurance Company  Name of Insurance Company  Name of Insurance Company  No  SIG INSURANCE (SINGAPORE) PTE. LTD.  TIPRO PARTY  Policy Number  Cover Note Number  S9000015  Driver  NEIC No  S7475890H  Date Of Birth  3009/1974  Occupation  Diving Experience  O YEAR AND 3 MONTH  EMALE  (LOCAL) +65-94576217	Country/State of Loss	SINGAPORE
Insured/Policyholder Name Of Registered Owner NRIC No S8782746A NOEMAIL Mobile Phone No (LOCAL) +65-96337988 Alternative Phone No OFFICE-96337988  Vehicle Particulars Manufacturer Model Model MMPREZA 5D 1.5R AWD AT Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy re repair to your vehicle? If No, Please state action to be taken THIRD PARTY Vehicle Category RIVATE CAR Insurance Company Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE. LTD. Type Of Coverage THIRD PARTY Fleet Policy No Policy Number Cover Note Number S9000015 Driver Name of	District Control of the Control of t	ETAILS OF OWN VEHICLE
Name Of Registered Owner  NRIC No  S8782746A  NOEMAIL  Mobile Phone No  (LOCAL) +65-96337988  Alternative Phone No  OFFICE-96337988  Alternative Phone No  Vohicle Particulars  Manufacturer  Model  M	Vehicle Registration Number	SKE3286R
NRIC No         \$8782746A           Email Address         NOEMAIL           Mobile Phone No         (LOCAL) +65-96337988           Vehicle Particulars         Vehicle Particulars           Manufacturer         SUBARU           Impreza 5D 1.5R AWD AT         IMPREZA 5D 1.5R AWD AT           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?         NO           If No, Please state action to be taken         THIRD PARTY           Vehicle Category         PRIVATE CAR           Insurance Company         MSIG INSURANCE (SINGAPORE) PTE, LTD.           Type Of Coverage         THIRD PARTY           Fleet Policy         NO           Policy Number         NO           Cover Note Number         59000015           Driver         CHU CHEOW YEET           NRIC No         \$7475890H           Date Of Birth         30/09/1974           Occupation         INDOOR           Date Of Driving Pass         05/07/2018           Oriving Experience         0 YEAR AND 3 MONTH           Gender         FEMALE           Mobile Number         (LOCAL) +65-94576217	Insured/Policyholder	
Email Address         NOEMAIL           Mobile Phone No         (LOCAL) +65-96337988           Alternative Phone No         OFFICE-96337988           Validity Phone No           Volice Particulars           Manufacturer           SUBARU           Model         IMPREZA 5D 1.5R AWD AT           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?         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         THIRD PARTY           Fleet Policy         NO           Policy Number         Cover Note Number           Cover Note Number         59000015           Driver           Name of Driver         CHU CHEOW YEET           NRIC No         \$7475890H           Date Of Birth         30/09/1974           Occupation         INDOOR           Date Of Driving Pass         05/07/2018           Driving Experience         0 YEAR AN	Name Of Registered Owner	CHU CHEUW MEI
Mobile Phone No Alternative Phone No OFFICE-96337988  Vehicle Particulars  Manufacturer Model IMPREZA 5D 1.5R AWD AT 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? If No, Please state action to be taken Vehicle Category PRIVATE CAR  Insurance Company Name of Insurance Company No Sig Insurance (SINGAPORE) PTE. LTD. ThiRD PARTY No Policy Number Cover Note Number Sp000015  Driver Name of Driver NRIC No S7475890H Date Of Birth 30/09/1974 Occupation Date Of Driving Pass Driving Experience Gender Mobile Number (LOCAL) +65-94576217  Fax Number Corlact Number OFFICE-94576217	NRIC No	S8782746A
Alternative Phone No OFFICE-96337988  Vehicle Particulars  Manufacturer  Model  IMPREZA 5D 1.5R AWD AT  Exact Purpose for which vehicle was being used at itine of accident  Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken  THIRD PARTY  Vehicle Category  Insurance Company  MSIG INSURANCE (SINGAPORE) PTE. LTD.  Type Of Coverage  THIRD PARTY  NO  Policy Number  Cover Note Number  Sequence of Birth  Occupation  Date Of Birth  Occupation  Driving Experience  Gender  Mobile Number  Contact Number  Corlocation  OFFICE-94576217	Email Address	NOEMAIL
Wehicle Particulars  Manufacturer  Model  Manufacturer  Model  MPREZA 5D 1.5R AWD AT  Exact Purpose for which vehicle was being used at time of accident  Face you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken  THIRD PARTY  Vehicle Category  RIVATE CAR  Insurance Company  MSIG INSURANCE (SINGAPORE) PTE, LTD,  Type Of Coverage  THIRD PARTY  NO  Policy Number  Cover Note Number  September  Cover Note Number  Driver  NAME of Birth  September  CHU CHEOW YEET  NRIC No  S7475890H  Date Of Birth  S0/09/1974  Occupation  INDOOR  Driving Experience  O YEAR AND 3 MONTH  Gender  Mobile Number  Corlact Number  OFFICE-94576217	Mobile Phone No	(LOCAL) +65-96337988
Manufacturer  Model  IMPREZA 5D 1.5R AWD AT  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?  If No, Please state action to be taken  THIRD PARTY  Vehicle Category  PRIVATE CAR  Insurance Company  Name of Insurance Company  No  MSIG INSURANCE (SINGAPORE) PTE, LTD.  THIRD PARTY  THIRD PARTY  NO  Policy No  Policy No  Policy No  Policy No  Policy No  No  Policy Note Number  Cover Note Number  Cover Note Number  Chu CHEOW YEET  NAME of Birth  30/09/1974  Occupation  Date Of Birth  Occupation  Date Of Driving Pass  Driving Experience  Gender  FEMALE  Mobile Number  Corliact Number  OFFICE-94576217	Alternative Phone No	OFFICE-96337988
Model IMPREZA 5D 1.5R AWD AT  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?  If No, Please state action to be taken  THIRD PARTY Vehicle Category  PRIVATE CAR  Insurance Company  Name of Insurance Company  Name of Insurance Company  Type Of Coverage  THIRD PARTY  NO  Policy NO  Policy NO  Policy No  Policy No  South Service Servi	Vehicle Particulars	
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?  If No, Please state action to be taken Vehicle Category PRIVATE CAR  Insurance Company Name of Insurance Company Type Of Coverage THIRD PARTY THIRD P	Manufacturer	SUBARU
time of accident Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken Vehicle Category PRIVATE CAR Insurance Company Name of Insurance Company No Sig Insurance (Singapore) Third Party Type Of Coverage Third Party	Model	IMPREZA 5D 1.5R AWD AT
for repair to your vehicle?  If No, Please state action to be taken  Vehicle Category  Insurance Company  Name of Insurance Company  Name of Insurance Company  No  THIRD PARTY  Type Of Coverage  THIRD PARTY  NO  Policy Number  Cover Note Number  Sepondo15  Driver  Name of Driver  NRIC No  Date Of Birth  Occupation  Date Of Driving Pass  Driving Experience  O YEAR AND 3 MONTH  Gender  Mobille Number  Cortact Number  Coffice-94576217	Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Vehicle Category         PRIVATE CAR           Insurance Company         MSIG INSURANCE (SINGAPORE) PTE. LTD.           Type Of Coverage         THIRD PARTY           Fleet Policy         NO           Policy Number         59000015           Cover Note Number         59000015           Driver         CHU CHEOW YEET           NRIC No         \$7475890H           Date Of Birth         30/09/1974           Occupation         INDOOR           Date Of Driving Pass         05/07/2018           Driving Experience         0 YEAR AND 3 MONTH           Gender         FEMALE           Mobile Number         (LOCAL) +65-94576217           Fax Number         OFFICE-94576217	Are you claiming under your own insurance policy for repair to your vehicle?	NO
Insurance Company  Name of Insurance Company  MSIG INSURANCE (SINGAPORE) PTE. LTD.  Type Of Coverage  THIRD PARTY  Fleet Policy  NO  Policy Number  Cover Note Number  59000015  Driver  Name of Driver  NRIC No  S7475890H  Date Of Birth  30/09/1974  Occupation  Date Of Driving Pass  Driving Experience  0 YEAR AND 3 MONTH  FEMALE  Mobile Number  Contact Number  OFFICE-94576217	If No, Please state action to be taken	THIRD PARTY
Name of Insurance Company         MSIG INSURANCE (SINGAPORE) PTE. LTD.           Type Of Coverage         THIRD PARTY           Fleet Policy         NO           Policy Number         59000015           Cover Note Number         59000015           Driver         CHU CHEOW YEET           NRIC No         \$7475890H           Date Of Birth         30/09/1974           Occupation         INDOOR           Date Of Driving Pass         05/07/2018           Driving Experience         0 YEAR AND 3 MONTH           Gender         FEMALE           Mobile Number         (LOCAL) +65-94576217           Fax Number         OFFICE-94576217	Vehicle Category	PRIVATE CAR
Type Of Coverage         THIRD PARTY           Fleet Policy         NO           Policy Number         59000015           Cover Note Number         59000015           Driver         CHU CHEOW YEET           NRIC No         \$7475890H           Date Of Birth         30/09/1974           Occupation         INDOOR           Date Of Driving Pass         05/07/2018           Driving Experience         0 YEAR AND 3 MONTH           Gender         FEMALE           Mobile Number         (LOCAL) +65-94576217           Fax Number         OFFICE-94576217	Insurance Company	
Fleet Policy         NO           Policy Number         59000015           Cover Note Number         59000015           Driver           Name of Driver         CHU CHEOW YEET           NRIC No         \$7475890H           Date Of Birth         30/09/1974           Occupation         INDOOR           Date Of Driving Pass         05/07/2018           Driving Experience         0 YEAR AND 3 MONTH           Gender         FEMALE           Mobile Number         (LOCAL) +65-94576217           Fax Number         OFFICE-94576217	Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Policy Number         59000015           Driver         CHU CHEOW YEET           Name of Driver         CHU CHEOW YEET           NRIC No         \$7475890H           Date Of Birth         30/09/1974           Occupation         INDOOR           Date Of Driving Pass         05/07/2018           Driving Experience         0 YEAR AND 3 MONTH           Gender         FEMALE           Mobile Number         (LOCAL) +65-94576217           Fax Number         OFFICE-94576217	Type Of Coverage	THIRD PARTY
Cover Note Number         59000015           Driver         CHU CHEOW YEET           NRIC No         \$7475890H           Date Of Birth         30/09/1974           Occupation         INDOOR           Date Of Driving Pass         05/07/2018           Driving Experience         0 YEAR AND 3 MONTH           Gender         FEMALE           Mobile Number         (LOCAL) +65-94576217           Fax Number         OFFICE-94576217	Fleet Policy	NO
Driver         CHU CHEOW YEET           NRIC No         \$7475890H           Date Of Birth         30/09/1974           Occupation         INDOOR           Date Of Driving Pass         05/07/2018           Driving Experience         0 YEAR AND 3 MONTH           Gender         FEMALE           Mobile Number         (LOCAL) +65-94576217           Fax Number         OFFICE-94576217	Policy Number	
Name of Driver         CHU CHEOW YEET           NRIC No         \$7475890H           Date Of Birth         \$30/09/1974           Occupation         INDOOR           Date Of Driving Pass         \$05/07/2018           Driving Experience         \$0 YEAR AND \$3 MONTH           Gender         FEMALE           Mobile Number         \$(LOCAL) +65-94576217           Fax Number         OFFICE-94576217	Cover Note Number	59000015
NRIC No         S7475890H           Date Of Birth         30/09/1974           Occupation         INDOOR           Date Of Driving Pass         05/07/2018           Driving Experience         0 YEAR AND 3 MONTH           Gender         FEMALE           Mobile Number         (LOCAL) +65-94576217           Fax Number         OFFICE-94576217	Driver	
Date Of Birth         30/09/1974           Occupation         INDOOR           Date Of Driving Pass         05/07/2018           Driving Experience         0 YEAR AND 3 MONTH           Gender         FEMALE           Mobile Number         (LOCAL) +65-94576217           Fax Number         OFFICE-94576217	Name of Driver	CHU CHEOW YEET
Occupation         INDOOR           Date Of Driving Pass         05/07/2018           Driving Experience         0 YEAR AND 3 MONTH           Gender         FEMALE           Mobile Number         (LOCAL) +65-94576217           Fax Number         OFFICE-94576217	NRIC No	S7475890H
Date Of Driving Pass         05/07/2018           Driving Experience         0 YEAR AND 3 MONTH           Gender         FEMALE           Mobile Number         (LOCAL) +65-94576217           Fax Number         OFFICE-94576217	Date Of Birth	30/09/1974
Driving Experience         0 YEAR AND 3 MONTH           Gender         FEMALE           Mobile Number         (LOCAL) +65-94576217           Fax Number         OFFICE-94576217	Occupation	INDOOR
Gender         FEMALE           Mobile Number         (LOCAL) +65-94576217           Fax Number         OFFICE-94576217	Date Of Driving Pass	05/07/2018
Mobile Number         (LOCAL) +65-94576217           Fax Number         OFFICE-94576217	Driving Experience	0 YEAR AND 3 MONTH
Fax Number Contact Number OFFICE-94576217	Gender	FEMALE
Contact Number OFFICE-94576217	Mobile Number	(LOCAL) +65-94576217
	Fax Number	
EMail Address NOEMAIL	Contact Number	OFFICE-94576217
	EMail Address	NOEMAIL

Address

BLK 448A SENGKANG WEST WAY

#23-305

Postcode

791448

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

SIBLING

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

114

#### General Information of the Accident

Type Of Accident

COLLISION - CHANGE/CROSS LANE

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.

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

ON STATED DATE AND TIME, AS I WANTED TO CHANGE FROM LANE 3 TO LANE 2, I TURN ON MY VEHICLE INDICATOR LIGHT AND CHECK MY BLINDSPOT BEFORE I CAN PROCEED. WHEN I PROCEED, SUDDENLY VEHICLE B TRAVELLING ALONG LANE 2 HIT ONTO MY VEHICLE RIGHT PORTION.

# 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

**SLR3019R** 

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

TAN KANG WEI, SAMUEL (CHEN KEWEI, SAMUEL)

NRIC/Passport Number

S8116005H

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

#### 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
- (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.

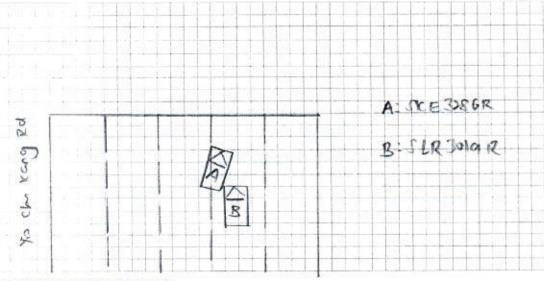
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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Refer to Hatement.	
PROCESSOR MADE SOME STREET, SECURITIES SECUR	
8	
90	

# 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.:





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

NP 428A

Motor cars with unladen weight =< 3000kg with =< 7 05 Jul 2018 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

4588236 CN. S7475890H 14-06-2010 APT BLK 448A SENGKANG WEST WAY #23-305 SINGAPORE 791448 NRIC No: \$7475890H Date:23/10/2011 Date:23/10/2018



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

# MOTOR INSURANCE COVER NOTE Cover Note No. 59000015

The Insured named in the Schedule below having proposed for insurance in respect of the Motor Vehicle described in the Schedule below the risk is hereby HELD COVERED in the terms of the Company's usual form of Policy applicable thereto for the period as stated below unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

# SCHEDULE

Agent No.

: 156470

Name of Insured

: Chu Cheuw Mei

Make and Description of Vehicle: SUBARU IMPREZA 5DR 1.5R AWD AT

Vehicle Registration No.

: SKE3286R

Year of Manufacture

: 2008

Engine No.

: EL15D462225

Chassis No.

: JF1GH3KS58G020068

Capacity

: 1,498 Cubic Capacity

Cover Type

: Third Party

Sum Insured (SGD)

: Market Value

Period of Insurance

: 08/10/2018 to 07/10/2019

Excess (SGD)

: As Agreed

I/We hereby certify that this Cover Note is issued in accordance with the Provisions of the Motor Vehicles (Third Party Risks & Compensation) Act (Cap. 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

Not valid unless countersigned by the Company's Authorised Representative

MSIG Insurance (Singapore) Pte. Ltd.

Authorised Insurers

Insuremycar.com.sg

Amy Ler

Senior Vice President, Agencies

Date of Issue: 08/10/2018

This Cover Note is valid for 30 days from the date of issue.