Date In: (3) 11/18 -13:55	Jeb description	Date & Time Completed	Don			
Re[No: Na MJ6 18020557/44	SAS e-filing					
Veh No: 60 4133E	E-mail (within Shrs, AIC 2hrs)					
D.O.A : 12/1/16 21:45	i-Motor Claim Form					
D. C. 10 1 1/16 N. 42	i-Motor W/O (Within: OD 2	O (Within: OD 2hrs, TP 4hrs)				
OD Peporting Only	i-Photo Uploaded					
	Assessment/Survey Report					
TP Insurer:	Ass't Report by Fax / Han					
Preferred Wksp / INC Assign Wksp / QW: (ıx;			
TP Particulars: Veh No: YN	lane Inc	()/Non-INC().				
Owner / Driver: (V147=	Tel:)			
1 2002/00/2175 00/00/25 00/00/00/00	Period: () Cover Type: ()			
Confirmed by : (Date:	Time:)			
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Year of Registration: ()	Warranty: YES ()/NO ()				
	1,000 ()/\$2,000 ()			50		
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Remarks:- (INC hotline: 6788 6616)		Date & Timb Completed	Done by			
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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 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. 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	13/11/2018 13:55
Date Of Accident	12/11/2018 21:45
Exact Location Of Accident	PIE (TUAS) BEFORE STEVEN RD EXIT
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GU4133E
Insured/Policyholder	
Name Of Registered Owner	KST AUTO RENTAL PTE LTD
Co Reg No	200806860W
Email Address	NOEMAIL
Mobile Phone No.	(LOCAL) +65-96355542
Alternative Phone No	OFFICE-96355542
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE DIESEL
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO

Policy Number 8VCT1774200

Cover Note Number

Driver

Name of Driver MOHAMAD SHAFFI BIN ISMAIL

NRIC No. S7213832E Date Of Birth 29/04/1972 Occupation OUTDOOR Date Of Driving Pass 22/04/2000

Driving Experience 18 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97207510

Fax Number

Contact Number OFFICE-97207510

EMail Address NOEMAIL

BLK 910 JURONG WEST STREET 91 Address

#10-283

Postcode 640910

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

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions DRIZZLING Road Surface WET

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?

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) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name JURONG WEST NEIGHBOURHOOD POLICE CENTRE

NO

YES

NO

ROAD: 700 CORPORATION ROAD, POSTCODE: 649818, COUNTRY: Police Station Address

DETAILS OF OTHER VEHICLE PROPERTY 1

SINGAPORE

Police Station Contact TEL NO: 1800-2689999 - FAX NO: 62672438

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20181112/2176.

Attachment(s)

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

Was there any audio recorded?

YN8773E

NO

Vehicle Registration Number Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver **UDDIN NIZAM** NRIC/Passport Number G2306528U

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

YN5285S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver SUBRAMANIAN TAMILVENTHAN

NRIC/Passport Number G8018760U

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

SKETCH PLAN

IMPORTANT NOTICE

- 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 withholding of material
 facts may allow insurance companies to repudiate policy liability.
- 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:
 - 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 .:

VIAS				A: GU4133 E B: YN8773E
150 1420	(N)			C: YN 3083S
4	1	1	1	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to	Police	report	- 7/201	81113/2	176.			
	· ·	I.						
						39 WY		
-								
			_ /					

DECLARATION ENTITION 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.:





1 of 4

Report No. T/20181112/2176

Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 18 23:41	lade:	Vide Report No.: G/20181112/0181	Station Diary No.: 170		
Informa	nt's Particu	ulars				
Name of Informant: MOHAMAD SHAFFI BIN ISMAIL			Address: APT BLK 910 JURONG WEST STREET 91 #10-283 SINGAPORE 640910			
ID Type / ID No.: NRIC NO / S7213832E			Contact No.: Home/Office: Mobile: 97207510			
Nationality: SINGAPORE CITIZEN		ΈN	Email:			
Sex: Age: Date of Birth: Male 46 29/04/1972		10-10-10-10-10-10-10-10-10-10-10-10-10-1	Type of Informant: Driver			
Race: Malay			Language: English	Institution / School Name:		
Occupation: Van driver			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:			

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/11/2018 21:45	Type of Location: Straight Road
	EXPRESSWAY	Road Surface:		Dood Coood Limits
				Road Speed Limit:
Weather: Drizzling Traffic Flow:		Wet Traffic Control:		Traffic Volume:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
GU4133E	Van				Slightly Damaged	0
YN5285S	Lorry				Slightly Damaged	0
YN8773E	Lorry				Slightly Damaged	0





Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

2 of 4 Report No. T/20181112/2176

CONTINUATION OF REPORT

Any Pedestrian I	nvolved: No	- III		E Lines		A Continue of the Continue of	
No. of Pedestria			Hee of D				
Driver	TO MIJURGO, TVIE	-2000	Use of Pe	Use of Pedestrian Crossing: NA			
Name	MOHAMAD SHAFFI BIN ISMAIL			ID No).	S7213832E	
Related Vehicle	GU4133E (Van)			Contact No.		97207510	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 2B,2A,3 Date of Expiry: NIL	
Date Treatment	NIL Date Dis			charge	NIL		
No. of Days gran	ted Medical Leave	NIL	Degree o				
Driver		ALLEGA !	- 33.000	. mjury	TVIL	GOVERNMENT TO THE REAL PROPERTY.	
Name	SUBRAMANIAN TAMILVENTHAN			ID No.		G8018760U	
Related Vehicle	YN5285S (Lorry)			Contact No.		NIL	
Hospital/Clinic	NIL			Class Drivin Licend	g	Class: NIL Date of Expiry: 10/03/2021	
Date Treatment	NIL		Date Disc				
No. of Days grant	ed Medical Leave	NIL					
Driver	the state of	I Design	Degree of	injury	NIL		
Name	UDDIN NIZAM			ID No.		G2306528U	
Related Vehicle	YN8773E (Lorry)			Conta	ct No.	NIL	
Hospital/Clinic	NIL				of e &	Class: NIL Date of Expiry: 11/11/2019	
	NIL		Date Disch	Expiry			
	ed Medical Leave	NIL	Degree of		NIL NIL		

Brief Details.

On 12/11/18, around 2144hrs, I was driving along PIE in V1) GU4133E in the left most lane. Subsequently, I witnessed an accident between a motorcycle and a lorry ref E/20181112/0177. The said motorcycle was travelling on the left most lane, and the said lorry was travelling in the second lane. The said lorry then abruptly cut into the said motorcycle's lane, and collided into the said motorcycle. V1 was also travelling on the same lane and I managed to apply emergency brake to avoid running over the rider of the said motorcycle. V2) YN8773E which was travelling behind me also managed to stop in time however, V3) YN5285S, was not able to do so and collided into V2 which then collided into V1. I was attended to by TP and was advised to lodge a traffic accident report.





Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999 3 of 4 Report No. T/20181112/2176

CONTINUATION OF REPORT





4 of 4

Report No. T/20181112/2176

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999 CONTINUATION OF REPORT

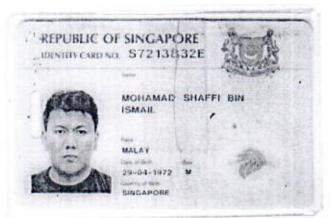
Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: J / Staff Sgt MUHAMMAD ZHARIF BIN ZAINUDIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 12/11/2018 23:41
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt RAZIZ BIN TAHAR Contact No.: 65476200	Classification Of Case:

Authentication Stamp NP168











MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G) 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807 Tel +65 6827 7888, Fax +65 6827 7800 www.msig.com.sg

CERTIFICATE OF INSURANCE

Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) Motor Vehicles (Third Party Risks and Compensation) Rules, 1960 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

> 23-Jan-2018 Third Party

A0633 - 001

Certificate No

1. Index Mark and Registration Number of Vehicle

2. Chassis Number of Vehicle

3. Name of Policyholder

4. Effective date of the Commencement of Insurance for the purposes of the Act

5. Date of Expiry of Insurance

Person or Classes of Persons entitled to drive*

8VCT1774200

: GU4133E

: LH1621000978

: KST Auto Rental Pte Ltd

13 MAR 2018 00:00 AM

12 MAR 2019

Any person provided he is in the Policyholder's or their named Lessee's employ and is driving on their order or with their permission.

Named Lessee: AS PER LIST PROVIDED TO MSIG

Provided that the person driving is permitted in accordance with the licensing or other 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.

And provided further that the Motor Vehicle is registered and licensed under the Road Traffic Act and its registration and licensing under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

Limitations as to Use*

Use in connection with the Policyholder's or the specified Lessees' business

Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's or the specified Lessees'

Use for social domestic and pleasure purposes.

The Policy does not cover

(i) Use for hire or reward, leasing other than to specified Lessees or for racing pace-making reliability trial or speed testing

(ii) 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.

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Moto Vehicles (Third Party Risks & Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).

For MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurer

Not valid unless countersigned by Authorised Person

IMPORTANT NOTICE

This Certificate is not transferable to a new owner of the vehicle

If for any reason the Insurance is terminated during its currency, the Certificate must be returned to the Insurer, 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 compulsory Insurance Legislation. This Certificate must be returned it the insurance is suspended during its currency.

If you are involved in an accident, full details must be forwarded immediately to the Company

FORM MZ 400 (Commercial Vehicle)

(For the Issuance of Motor Certificate of Insurance only)