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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.
- 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.
- 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

2000 日本公司中国的基本的基本的	ACCIDENT STATEMENT	
Date Of Report	15/11/2018 15:55	
Date Of Accident	14/11/2018 21:45	
Exact Location Of Accident	ALONG TANJONG PAGAR ROAD TOWARDS MAXWELL ROAD	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKE7088U	
Insured/Policyholder		
Name Of Registered Owner	ABUL HASSAN ABDUL JABBAR	
NRIC No	S2669070F	
Email Address	JSMF1963@GMAIL.COM	
Mobile Phone No	(LOCAL) +65-97813223	
Alternative Phone No	OTHERS-97813223	
Vehicle Particulars		
Manufacturer	HYUNDAI	
Model	ELANTRA	
Exact Purpose for which vehicle was being used at time of accident	GOING BACK HOME	
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	B 27775509 QMX	
Cover Note Number		
Driver		
Name of Driver	ABUL HASSAN ABDUL JABBAR	
NRIC No	S2669070F	
Date Of Birth	24/10/1963	
Occupation	INDOOR	
Date Of Driving Pass	10/05/2011	
Driving Experience	7 YEARS AND 6 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-97813223	
Fax Number		

OTHERS-97813223 JSMF1963@GMAIL.COM Address

**BLK 8 CANTONMENT ROAD** 

#03-91

Postcode

081008

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

SIDE SWIPE

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

NO

ambulance?

YES

Was any other material or property damaged?

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

PLEASE REFER TO 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

SHC2260S

Vehicle Make/Model/Colour

Vehicle Category

Details Of Properties

TAXI

Name of Driver

TEH BOON SENG

MERCEDES BENZ

NRIC/Passport Number

S6849918F

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### SKETCH PLAN

## IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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:

Time: (1 15 -11 - 1018 D

Driver's Signature

(If driver is not the policyholder)

Date & Time:

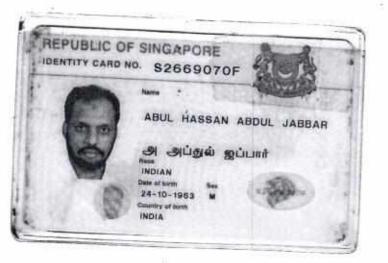
Reporting Centre Personnel's Signature

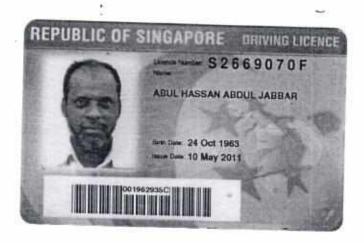
Name:

NRIC/EIN No :

	. ASCIDENT SIA	(0)
ACCID	ENT DATE: 14/14/2018/100/MM	MYYY), TIME: (
LOCAT	ION: Plong 16 HOGOSL	LOAD -
190.00		
1.	DETAILS OF VEHICLE	0.4
	OVEHICLE NUMBER! SKE TO	0880
	BINSURANCE COMPANY: MICIG	
88	OPOLICY NUMBER: B 2777	5509
	d)POLICY TYPE: (COMPREHENSIVE / THIR	O PARTY / THIRD PARTY FIRE & THEFT)
	BIMAKE & MODEL! HANNEN	CLANTER
	I)TYPE: (SALOON / COUPE / MPY /VAN /	LORRY / MOTORCYCLE. / OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE / COM	MERCIAL / MOTORCYCLE)
	h) PURPOSE OF USING AT ACCIDENT TIM	E GOING BACK HOME
	I) ARE YOU CLAIMING UNDER YOUR OW	NINSURANCE (YESTNO)
Sali	IF NO, PLEASE STATE (THIRD PARTY CLA	IM / REPORTING ONLY)
2.,	ANAME: ARUL HASSAN AB	DOC JABBAIL IMALE/ FEMALE
	DINRIC/FIN/PASSPORT: 2 6690]	OF CONTACT: 978(3)
	CIADDRESS: ALF & CANTON	MENT CLOSE
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	+ CONTINUE TO 3.4 IF DRIVER ALSO POL	ICY HOLDER
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(1)	c ADDRESS:	
5	*d) DATE OF BIRTH! (24 /10/196)	SUDDIMM/YYYY)
82	-LOCALIBATIONS SINDOOR / OUTDOOR	3/ c c c c c/
	USAGE OF DOLVING PARC	3 2011
4.	WAS DRIVED AN EMPLOYER OF THE	INSURED'S COMPANY? (YES / NUL
	IF NO. RELATIONSHIP OF THE DRIVE	EK WITH INSUREDI
5,	a) WEATHER CONDITION: (CLEAR / RAIN	NING / OTHERS
	BIROAD SURFACE! (DRY / WET / OTHER	
6.	WAS ANYBODY INJURED (YES / NO)	
60	IF YES, PLEASE STATE WHICH POLICE S	TATION:
8.	YURE BARY VALICIA	
io of passenger	O) VEHICLE NUMBER: SHC 22	MODEL!
nduding driver)	HI DRIVER'S NAME: 1 EH BOY	04 3EUC
Wanted privated	· c) NRIC/FIN/PASSPORTI S 6 8.45	AGISE CONTACT
(1) 9.	THIRD PARTY VEHICLE	F14,7-52150 (#
Le Manager	d) VEHICLE NUMBER:	MODEL!
lso of passinger Including driver	) DRIVER'S NAME:	CONTACTIL
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email = Jeme 1963@ GMANL COM fax = V1080











MSIG Insurance (Singapore) Pte. Ltd. 4 Shenton Way, N 21-01, SGX Centre 2, Singapore 068867 Tel -65 6927 7899, Fax +65 6827 7800 Fa. 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

MOTOR MAX Comprehensive

Certificate No. 8 27775509 QMX

Excess: SGD500

Windscreen Excess: SGD100

 Index Mark and Registration Number of Vehicle SEE 708 ert

2. Name of Policyholder

Abul Hassan Abdul Jabbar

- Effective Date of the Commencement of Insurance for the purposes of the Act 28/09/2018
- Date of Expiry of Insurance

27/09/2019

5. Persons or Classes of Persons entitled to drive\*

Abul Hassan Abdul Jabbar 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.
- 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 hite 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 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 or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.
Approved Insurers

for Chief Executive Officer