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Owner / Driver: (Tel:		
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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.
- 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.
- hiving of this report at the centre and to copies of the report being made available

	ACCIDENT STATEMENT
Date Of Report	27/12/2018 12:28
Date Of Accident	26/12/2018 18:30
Exact Location Of Accident	BOON LAY WAY TURNING LEFT TO JURONG GATEWAY
Country/State of Loss	SINGAPORE
HE STATE OF THE PARTY OF THE PA	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SFW818R
Insured/Policyholder	
Name Of Registered Owner	WEE HWEE PING MICHELLE
NRIC No	S7100628Z
Email Address	MICHW1212@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96221212
Alternative Phone No	OTHERS-91011212
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE-1.6 (A)
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	REPORTING ONLY
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 80462934 QMX
Cover Note Number	
Driver	
	Supplementation of the program through

DI	V	e	r

TEO LAI HEE ANDREW Name of Driver

NRIC No S1818126F 30/12/1967 Date Of Birth INDOOR Occupation Date Of Driving Pass 14/01/1986

32 YEARS AND 11 MONTHS Driving Experience

Gender MALE

Mobile Number (LOCAL) +65-91011212

Fax Number

Contact Number OTHERS-96221212

EMail Address MICHW1212@HOTMAIL.COM

BLK 12 FARRER PARK ROAD Address

#11-17

210012 Postcode

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 NO COLLISION

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO YES

NO

5

NO

2

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

: WIFE

GENDER: : FEMALE

Passenger 2

NAME:

: SON

GENDER:

: MALE

Passenger 3

NAME:

: SON

GENDER:

: MALE

Passenger 4

NAME:

: SON

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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

NOT WORKING

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJP3423R

Vehicle Make/Model/Colour

KIA RIO

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

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 <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.
- 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: 27 1(212018

Ham

Driver's Signature

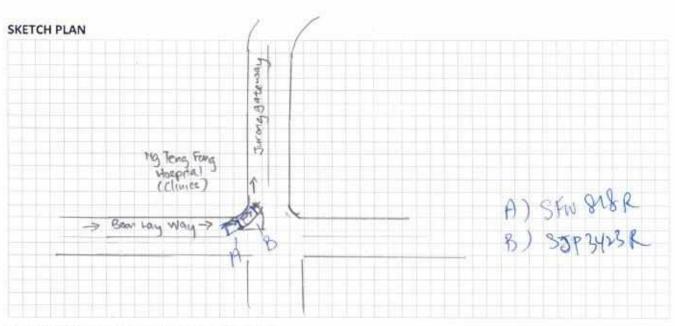
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Date: 26/12/2018 Time: 6-28pm Photos: Yes In Car Camara: Wasn't working
My husband, me and my children was travelling from the direction of Boon Lay Way road, turning left towards Jurong Gorteway (toward Tombah Rd). On the turning left (slip road) a car was infront of us (SJP34JZR). Our car was close to his rar and he suddenly jammed brake. We brake in time
but he stopped his car thinking we may have bong him. We came down to see and elecked both rars, took pictures (of his car) and he agree that his car was not bong and there nothing wrong with his car as shown in the pictures.

DECLARATION

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

Policyholder's Signature Date & Time: 27/12/18

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

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

Timberland®Official Store

Gear Up For The Next Adventure - Shop Iconic Boots, Footwear And Appa shop.timberland.com.sg



18@TradeHub 21, 18 Boon Lay Way 609966

18@TradeHub 21 18 Boon Lay Way (5)609966

Map Dir

Directions

Мар

21

Building Directory

Photos

What's Nearby

Get Tips

Getting Here

5 Things You Shouldnt Do If Hes Cheating On You



av 27/12/2018

July : 24/2/3018.

1/1



an onlin/\$2018



an rapping



en 27/12/1018



au 27/12/2018



gal n/12/2018

ACCIDENT STATEMENT

	ACCIDENT DATE: (36) (C) (36) (DD/MM/YYY	Y). TIME: 1 6 . 38 1/HH:MM
L	OCATION: Boan Lay way Rid turning left to	There of Gode as
		Michigan Lang
	1. DETAILS OF VEHICLE	
	a) VEHICLE NUMBER: SFW 818 R	N DEN 14
	b)INSURANCE COMPANY: MSIG	
	CIPOLICY NUMBER: A 80462934 QMX	
	DIPOLICY TYPE: (COMPREHENSIVE / THIRD PA	RTY / THIPD PARTY FIRE STUEET
	e MAKE & MODEL: HUUNDO I FYORTE I LE GI	
	TYPE: (SALOON / COUPE / MPV /V-AN / LORE	A A MOTORCYCLE A OTHERS
	g) VEHICLE CATEGORY: (PRIVATE / COMMERC	LIAL / MOTORCYCLE
	h) PURPOSE OF USING AT ACCIDENT TIME: LE	LSUVE
	I) ARE YOU CLAIMING UNDER YOUR OWN INSU	IPANCE (VES/NO)
- Sou	IF NO, PLEASE STATE (THIRD PARTY CLAIM / R	EPOPTING ONLY
,	2. INSURED / POLICY HOLDER	ELOKING CIVETY
WIFE	A)NAME: WEE HWEE PING MICHELLE	MANE / FEN / FE
dolla	b) NRIC/FIN/PASSPORT: \$71006082	CONTACT: 4/221212
	CJADDRESS: BIK 12 Farrer Park Rd :	11-17 63140/3
0 0	No.	
	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HO	DIDER
*No of passance	B DRIVER	, cock
Clinduding driv	alname: IEU OHI HEE MODEEN	ALANE / FELLALE
(5)	ONKIC/FIN/PASSPORT: CIGITA 12 CF	(MALE / FEMALE) CONTACT: 91011212
(2)	CLADDRESS: BIE 12 Tower Park Rd # 11-1	1 \$2(00)2
9	*d)DATE OF BIRTH: (30/ 12 / 1967)(DD//	MM/YYYYI -
	e OCCUPATION: (INDOOR / OUTDOOR)	
	DATE OF DRIVING PACE 29 149	14/01/1986
	4. WAS DRIVER AN EMPLOYEE OF THE INSURE	D'S COMPANYS (VEC VINO)
	11 NO, RECATIONSHIP OF THE DRIVER WITH	I INCLIDED. HUSBOARD
	WIN EATHER CONDITION: (CLEAR / RAINING / C	OTHERS
	DIROAD SURFACE: (DRY / WET / OTHERS	
	6. WAS ANYBODY INJURED (YES / NO)	
	7. a) REPORTED TO POLICE PYES / NO)	W 1
	IF YES, PLEASE STATE WHICH POLICE STATION:	** ST
3 0 0	THION BARTY WELL THE	
# No of passenger	a) VEHICLE NUMBER: SJP3422R	MODEL: KIA PIO
Clinduding driver) DRIVER'S NAME:	
$(\underline{1})$	C) NRIC/FIN/PASSPORT:	_CONTACT:
	. THIRD PARTY VEHICLE	
* No of passenge	d) VEHICLE NUMBER:	_MODEL:
(Including drive	e) DRIVER'S NAME:	74: 171
There ding arms	f) NRIC/FIN/PASSPORT:	_CONTACT::-
	127	

email = michalara Chotmail com

REPUBLIC OF SINGAPORE



Name

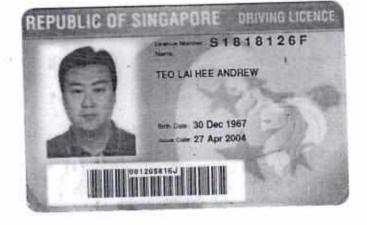
TEO LAI HEE ANDREW



CHINESE Does of birth 30-12-1967 Country of birth

SINGAPORE





WICH 010101265



11-06-2010

-

APT BLK 12 FARRER PARK ROAD #11-17 SINGAPORE 210012 YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

PASSOL

Class 28 Motorcycles not exceeding 200 cc
Class 3 Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms

23 Sep 1985 14 Jan 1986



NP 428A



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 MAX

THE SCHEDULE

Policy Number Period of Insurance		Period of Insurance	Place of Issue	
A 80462934 QMX	16/11	/2018 to 15/11/2019	SINGAPORE	
Name and Address of Insured			Date of Issue	
MICHELLE WEE HWEE PING BLK 12			10/10/2018	
FARRER PARK ROAD #11-17 FARRER PARK VII	EW .		Account Number	
SINGAPORE 210012			156378	
Premium	GST		Total Due	
SGD1,098.49	SGD76.89		SGD1,175.38	

RISK NUMBER

MOTORMAX

OCCUPATION

Indoor Occupation

SCOPE OF COVER Comprehensive

INTEREST INSURED

REGISTRATION NO. SFW818R

REGISTERED OWNER MICHELLE WEE HWEE PING

MAKE/MODEL

Hyundai Avante 1.6 GLS

ENGINE NUMBER CHASSIS NUMBER G4FC9U652020

KMHDU41BR9U757552

YEAR OF MFG

2009

CAPACITY

1,591 C.C.

SEATING CAPACITY 5 (INCL. DRIVER)

WINDSCREEN

UNLIMITED

ACCESSORIES

Aircon, radio/cassette/compact disc player, in-vehicle unit, rust-proofing and other accessories that are factory fitted.

SUM INSURED

INCL. COE/PARF

OFF-PEAK CAR

NCD PROTECTOR

ANNUAL PREMIUM

EXCESS

AUTHORISED DRIVERS

MICHELLE WEE HWEE PING

TEO LAI HEE ANDREW

Any other person provided he is driving on the Insured's order or with the Insured's permission.

XBASKWSY2018101012217989

QMX81802

MARKET VALUE

NOT COVERED

SGD1,098.49

SGD500

YES

NO:

NO CLAIM DISCOUNT 10.00 % (or F/D)