

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 withholding 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 aforesaid.

ACCIDENT STATEMENT

Date Of Report	10/12/2018 13:02
Date Of Accident	27/11/2018 09:50
Exact Location Of Accident	KIM SENG ROAD TRAFFIC LIGHT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP3513R
Insured/Policyholder	
Name Of Registered Owner	SIME DARBY SERVICES PTE LTD
Co Reg No	197501065W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85337214
Alternative Phone No	OFFICE-64473888

Vehicle Particulars

Manufacturer	KIA
Model	FORTE K3-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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 HIRE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B 29100055
Cover Note Number	

Driver

Name of Driver	KENETTE LENON
NRIC No	G5328961X
Date Of Birth	26/04/1990
Occupation	INDOOR
Date Of Driving Pass	26/06/2014
Driving Experience	4 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98365814
Fax Number	
Contact Number	
Email Address	LENONKENTTE@YAHOO.COM

Address	21 FERNVALE CLOSE #08-02
Postcode	797460
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - PRIVATE HIRE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	YES
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : UNKNOW 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

Refer to accident report .

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	SDR388P
Vehicle Make/Model/Colour	PORSCHE SILVER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE KIM SHIN
NRIC/Passport Number	
Contact Number	96300023
Address	ONE MARINA BLVD #28-00
Postcode	018989
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: :
GENDER: :

SKETCH PLAN

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 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.
 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 :
 - (i) 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.



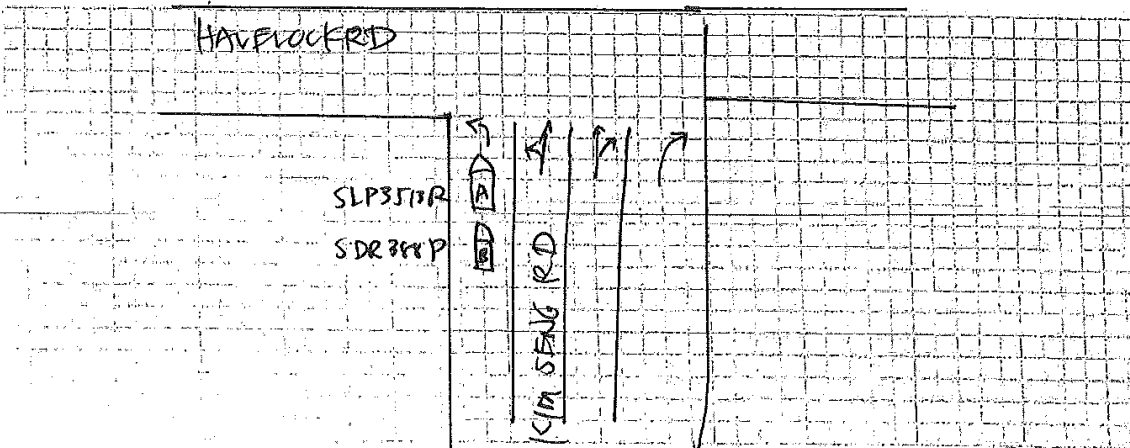
Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

07/12/18

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

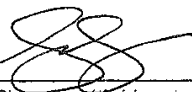
(SLP2473)
On the 27th Nov. 2018 @ 0948 hrs, I was at Kimberg Rd traffic light turning left onto Havelock Road. When the traffic light turned green, my car & other cars in front of me were cautiously & slowly turning left due to pedestrians crossing. Suddenly, I was hit from the rear ~~at~~ by motor car SDR388P. No serious injuries from both parties. He provided his contact details & mentioned to call him for any damage rectification.

Declaration

(We declare the foregoing particulars are true in every respect.

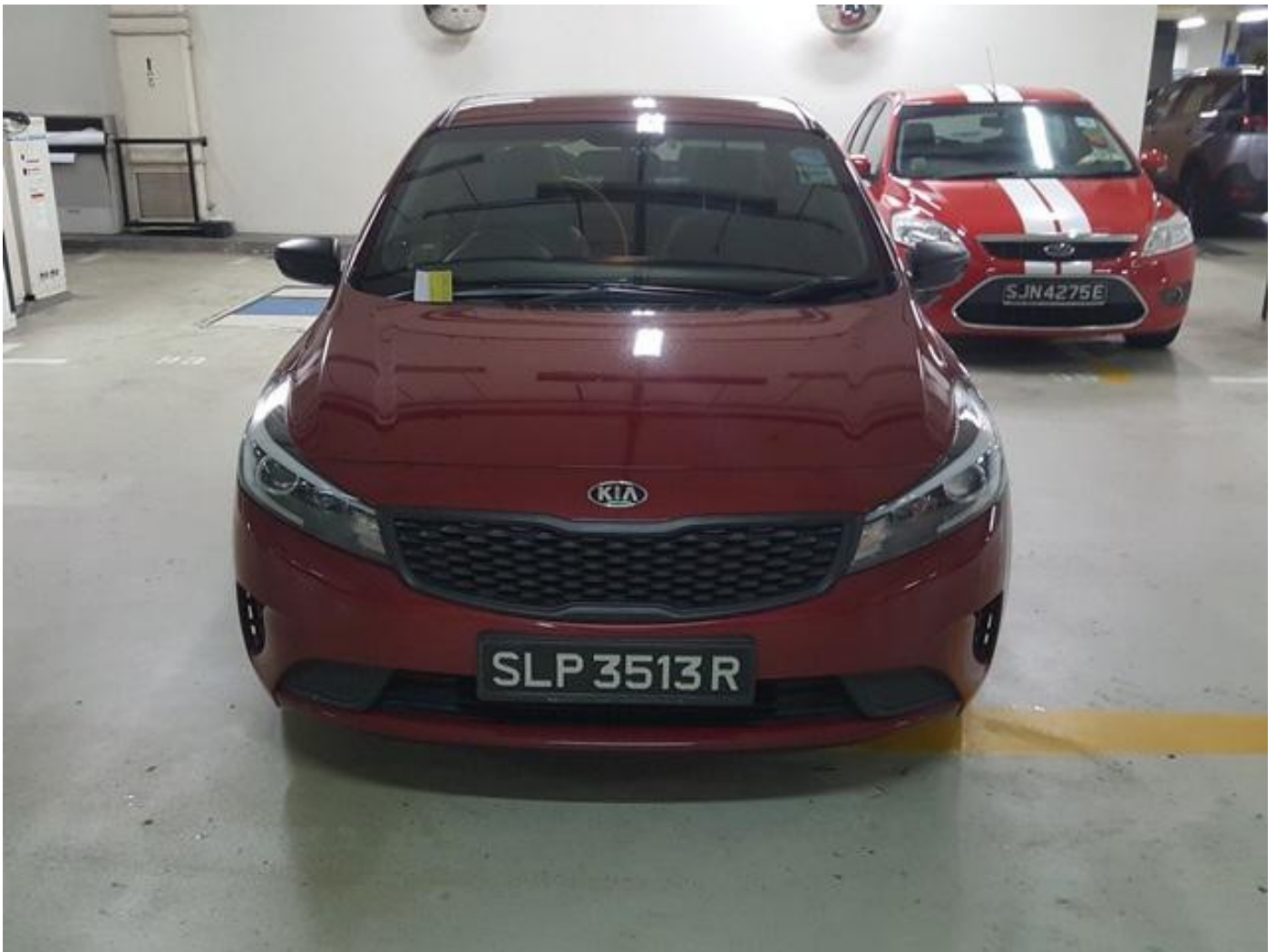


Policyholder's Signature / Date & Time

 07/12/18
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License and s pass

S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
SENTRA INTAL SINGAPORE PRIVATE LIMITED

Section: **SERVICE**

Name:
LEON KENETTE KRISTOFER MEDINA

Occupation:
MECHANIC/JOIST

S Pass No.
S 20090494

Date of Application:
14-05-2017

Date of Issue:
09-05-2017

Date of Entry:
10-05-2016

L7674377

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

License Number: **G5328961X**

Name:
LEON KENETTE KRISTOFER MEDINA

Date of Birth: **29 Apr 1990**

Issue Date: **10 Jun 2014**

Valid Till: **09 Jun 2019**

VISIT PASS
Immigration Regulations

Holder:
LEON KENETTE KRISTOFER MEDINA

Date of Birth: **29-04-1990** Sex: **M** Nationality: **PHILIPPINO**

Pin: **G5328961X** Date of Issue: **09-05-2017** Date of Entry: **10-05-2016**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

EXPIRING DATE: 10 Jun 2019

Class 1: Motor Cars - 3500kg with +2 passengers, exclusive of the driver, and other motor vehicles - 3500kg.

License No: G5328961X

NP 438A

CERTIFICATE OF INSURANCE



MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way, # 21-01, SCS Centre 2, Singapore 068807
Tel: +65 6827 7888, Fax: +65 6827 7800
Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

2984

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 H.E. 400
Cars for Hire

MOTORMAX PLUS-COMMERCIAL
Comprehensive

Certificate No. B: 29100055 MCY

Excess: SGD1,000
Windscreen Excess: SGD100

1. Index Mark and Registration Number of Vehicle
SLP3513R

2. Name of Policyholder
Sime Darby Services Pte Ltd

3. Effective Date of the Commencement of Insurance for the purposes of the Act
01/10/2018

4. Date of Expiry of Insurance
30/09/2019

5. Persons or Classes of Persons entitled to drive*

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.

6. Limitations as to use*

Use 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

- (1) 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 Signatures

for Chief Executive Officer

MOT2018/0291546

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MVAAB159148 Vehicle Registration No: SLP3513R
Name(as shown in NRIC) : SIME DARBY SERVICES PTE LTD NRIC/FIN/Passport No : 197501065W
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 305 ALEXANDRA ROAD #03-01 SINGAPORE Singapore(159142)
Contact (Tel) : 6447 3888 Mobile No.: 8533 7214
Email Address : NO EMAIL
Date of Accident : 27/11/2018 Time of Accident : 09.50 AM
Place of Accident : KIM SENG ROAD TRAFFIC LIGHT
Insurance Company: MSIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TO AMEND REGISTERED OWNER'S DETAILS TO "SIME DARBY SERVICES PTE LTD"
& COMPANY REGISTRATION NUMBER "197501065W".
CONTACT NUMBER "6447 3888" MOBILE NUMBER "8533 7214"
EMAIL ADDRESS "NO EMAIL"



Policyholder / Driver's Signature
Date:

30 APR 2019



Reporting Centre Personnel's Signature
Name: KATHERINE CHONG
NRIC/FIN No.: 45088470R
Date: 30/4/19