### 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.
- 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	14/01/2019 17:26
Date Of Accident	11/01/2019 17:30
Exact Location Of Accident	AYE TOWARDS TUAS
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLZ214X
Insured/Policyholder	
Name Of Registered Owner	JCDDECAUX OUT OF HOME ADVERTISING PTE. LTD.
Co Reg No	-
Email Address	GUILLAUME.THIVEND@JCDECAUX.COM
Mobile Phone No	(LOCAL) +65-97962106
Alternative Phone No	OFFICE-81221490
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	TIGUAN
Exact Purpose for which vehicle was being used at time of accident	VISITING SUPPLIER
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B 29089603 MCY
Cover Note Number	
Driver	
Name of Driver	THIVEND GUILLAUME MICHEL JACQUES

Passport No/FIN G5257645N
Date Of Birth 04/02/1983
Occupation INDOOR
Date Of Driving Pass 03/04/2012

Driving Experience 6 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97962106

Fax Number

Contact Number OTHERS-81221490

EMail Address GUILLAUME.THIVEND@JCDECAUX.COM

Address 8 TEMASEK BLVD

#33-02 SUNTEC CITY TOWER 3

Postcode 038988

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle Registration Number of Briver's Own

Insurance Company of Driver's Own Vehicle

**General Information of the Accident** 

Type Of Accident CHAIN 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

3

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.

NO 1

NO

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

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 SGR8779G

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR
Name of Driver LEE MUN HOH
NRIC/Passport Number S1684540Z
Contact Number 98376219

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2** 

Vehicle Registration Number

SJQ1020C

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver TONG TIEN TECH

NRIC/Passport Number S9412881A Contact Number 96653471

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2

Passenger 1

NAME: :

GENDER: :

#### Accident Sketch Plan

### SKETCH PLAN

### IMPORTANT NOTICE

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- 6. 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.
- 7. 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)
  - (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.
- (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: 14-01-2019

NRIC/FIN No.:

### **Accident Sketch Plan**

SKETCH PLAN	4 ZUAROS FIRONER
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A) SLZ 214X	IS IN INC.
B) SGR 8779 G	A
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DECLARATION	
	rticulars are true in every respect.
	av 14/01/800
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder)  Date & Time: 14-01-19  NRIC/FIN No.:

# **JCDecaux**

04 Oct 2018

Out of Home Media

To Whom It May Concern

Algens
Angels
Agentins
Agentins
Austrolia
Austrolia
Austrolia
Austrolia
Austrolia
Belguzni
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Brazil
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Dear Sir/Madam,

This is to certify that Mr. Thivend Guillaume Michel Jacques of Employment Pass No. G5257645N is under our employment as a Director of Operations. He is provided with a company vehicle, car plate no: SLZ214X since his employment on 23 July 2018.

Kindly contact Audrey Soh at Tel: 6331 9328 or <a href="mailto:audrey.soh@jcdecaux.com">audrey.soh@jcdecaux.com</a> should you have any further enquiries.

Thank you.

Yours sincerely,

Sheena Chung

General Manager - Finance & Admin

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bizSAFE

### LETTER

# Volkswagen Centre Singapore

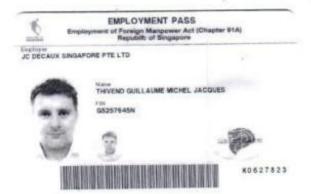
NOTE: THIS IS NOT AN OFFICIAL RECEIPT



# Service Order Confirmation

Biz Reg. No. 53103069E

									GS	T No. M20098505-2
SERVICE ORG	DER NO:	19P11253								
CUSTOMER N	VO.: 0	V036218								
CUSTOMER N	NAME: A	NG KOK HAI								
TELEPHONE	NO.:									
ADDRESS:	1	S TOH YI DRIVE #04-	53							
	5	ingapore								
VEH N	0.:	SLZ214X								
Order Date:	12/01/	19								
Reg Date:	10/01/1	7	KM:	35,277						
VIN NO.:	WVGZ	ZZSNZGW071440	ENGINE N	0:						SA: Naveen Chamunny
MODEL	Tiguani	3P 1 4 TSI 118 DSG6	VNA MODEL NO	D.: 5N22QY						
No.		DESCRIP	TION			YID	NOM	UNIT PRICE	DISC %	AMGUNT
	038598	SENSO	R - Rear Lh			1	PCS			Warranty
Remarks: * Ab	s / Esp And	Multiple Warning Ligh	rés con							
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Remarks										
* Front Licience	e plate dam	age								
> Recommends	ed to replac	e front / Rear Licience	plate							
Housing and	Licience p	late front - Customer F	0v							
* Front passent	ger door de	nted								
> Quoted - for r	repair / resp	sary - Customer Kiv								
							TOT	AL		0.00
							GST AMOUNT			0.00
							TOT	AL AMOUNT		0.00
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VISIT PASS 26-07-2016 Nems THIVEND GUILLAUME MICHEL JACQUES

MULTIPLE JOURNEY VISA ISSUED YOU ARE TO SUBBRINGED THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A MEW CARD IS ISSUED TO YOU. YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES) EFFECTIVE DATE

NP 425A



















