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 15:03
Date Of Accident	12/01/2019 18:15
Exact Location Of Accident	TEMASEK BOULEVARD TOWARDS SUNTEC CITY CARPARK
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJC1399J
Insured/Policyholder	
Name Of Registered Owner	LIM ZHI HONG SHAWN
NRIC No	S8829902G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97880345
Alternative Phone No	OTHERS-97880345
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D 29076555 QMY
Cover Note Number	
Driver	
	. = 0.10 0.11.11.11

Name of Driver

NRIC No

S9539251B

Date Of Birth

Occupation

Date Of Driving Pass

LEONG SHI YUN

S9539251B

03/11/1995

INDOOR

19/11/2015

Driving Experience 3 YEARS AND 1 MONTH

Gender FEMALE

Mobile Number (LOCAL) +65-97950933

Fax Number

Contact Number

EMail Address LEONGSY.EM@GMAIL.COM

85 PASIR RIS HEIGHTS Address

#12-08

Postcode 519284

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - GIRLFRIEND

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - CHANGE/CROSS LANE Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

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?

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

NO

NO

2

YES

NO

NAME:

2

: LIM ZHI HONG SHAWN

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes.Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

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 SJP6994P Vehicle Make/Model/Colour **TOYOTA**

Details Of Properties

Vehicle Category PRIVATE CAR TAN YOKE THEE Name of Driver NRIC/Passport Number S1209125G **Contact Number** 96699113

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

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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)
 - 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.
- 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:

14 JAN 2019

14 Jan 19.

Driver's S

the policyholder) (If driver is Date & Time:

Reporting Centre Personnel's Signature
Name: Pon Kwee Choo Name:

NRIC/FIN No.: \$6840583A

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Sketch Plan Pg. 2

SKETCH PLAN	Vehicle A: 8	JC1399J 1	Vehicle B: S	JP6994	.р		
			 		 		
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DESCRIBE CIRCU	MSTANCES OF T	HE ACCIDENT					
Date of Accid	ent: 13/01/3	9019 Tir	me of Accide	nt: 6:1	БРт		
On 13 01	punoup P106	6:15pm, I	was trai	relling	along T	emasek	Blvd towards
Suntec Cit	y Tower 4	carpark.	I drove on	extrem	<u>ie left l</u>	ane ot	the
roundabout	which follo	ow the whit	e line. U	pon rec	aching Te	emasek	Ave,
I checked	on my side	mirror and	noticed v	ehicle t	b eaw E	riving c	loser
to my rear	right . N	tter about b	seconds, vi	ehicle E	3 front 1	eft porti	on crashed
onto rear	right portion	of my veh	icle,				
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DECLARATION	-daing n-+11	nro teua in auce	spect				
y vve declare the fo	regoing particulars	are true in every re	speci.				
gry	14 JAN 19	JA.	jul ilia			4	
Policyholder's Signat		Driver's Signature	1)		Reporting Co	entre Personn	el's Signature
Date & Time 4 JA		(If driver is not the	policyholder)		Name:	/ Poh Kwee	Choo
		Date & Time:	4 140 VAI2		NRIC/FIN No	S684058	3A

GIARMC SketchPlanForm_V3

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CERTIFICATE OF INSURANCE Pg. 1



M SIGInsurance (Singapore) Pte. Ltd. Shenton Way, # 21-01, SGX Centre 2, Singapore 068807 el +65 6827 7888, Fax +65 6827 7800 CO. 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 PLUS Comprehensive

Certificate No. D 29076555 QMY

Windscreen Excess: SGD100

1. Index Mark and Registration Number of Vehicle SJC1399J

2. Name of Policyholder

Lim Zhi Hong Shawn

3. Effective Date of the Commencement of Insurance for the purposes of the Act 21/03/2018

4. Date of Expiry of Insurance

20/03/2019

5. Persons or Classes of Persons entitled to drive*

Lim Zhi Hong Shawn

Lim Ah Tee

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 only for social domestic and pleasure purposes and for the $\operatorname{Policyholder}$'s business. The Policy does not cover use for hire 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 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 Insurers

for Chief Executive Officer

FCYZ201803271710

OWNER'S NRIC Pg. 1





DRIVER'S NRIC + DRIVING LICENCE Pg. 1









Accident Photo



Accident Photo



Accident Photo



CHASSIS NUMBER

