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Preferred Wksp / INC Assign Wksp / QW; (Tel:	Fa	G)
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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.
- 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.

Date Of Accident 09/03/2019 16:10 Exact Location Of Accident BLK 206 SERANGOON CENTRAL CARPARK SINGAPORE Vehicle Registration Number YN8689R Insured/Policyholder Name Of Registered Owner Music EXPRESS PTE LTD Co Reg No 19800070C Email Address NOEMAIL Mobile Phone No OFFICE-67424122 Vehicle Particulars Manufacturer MITSUBISHI CANTER FEB71ER4SDEC (CBU) Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No. Please state action to be taken THIRD PARTY Vehicle Category COMMERCIAL VEHICLE Insurance Company Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE. LTD. COMPREHENSIVE Fleet Policy NO NOPORE HENSIVE Fleet Policy NO SOCO4066H Date Of Driver POH SENG POH SONG OFFICE-65-81120716 John Sumber Direct Specience 45 YEARS AND 4 MONTHS Gender MOME (LOCAL) +65-81120716	Life and the party and the same	ACCIDENT STATEMENT		
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Mobile Number (LOCAL) +65-81120716 Fax Number	Driving Experience	45 YEARS AND 4 MONTHS		
Fax Number	Gender	MALE		
Fax Number	Mobile Number	(LOCAL) +65-81120716		
Contact Number OFFICE-81120716	Fax Number	The state of the s		
	Contact Number	OFFICE-81120716		

NOEMAIL

Address BLK 131 BEDOK NORTH AVENUE 3

#09-108

Postcode 460131

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

.

Insurance Company of Driver's Own Vehicle

-

NO

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 (including own vehicle) involved in the accident 2

Was any body injured in the Accident? Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO
Number of Passengers (Including Driver) 5

Passenger 1

NAME: : -

GENDER: : MALE

Passenger 2 NAME: : .

GENDER: : MALE

Passenger 3 NAME: : -

GENDER: : MALE

Passenger 4 NAME: : -

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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZE THAT VEHICLE B WAS AT REAR OF MY VEHICLE AND HE WAS SPEEDING. AS A RESULT, VEHICLE B HIT ONTO MY VEHICLE FRONT RIGHT PORTION.

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

SJY3240D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

PRIVATE CAR PASRICHA ARVIND

NRIC/Passport Number

G5888882L

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

2

NAME:

GENDER: :

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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:
 - 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:

Singapora 486349

Driver's Signature

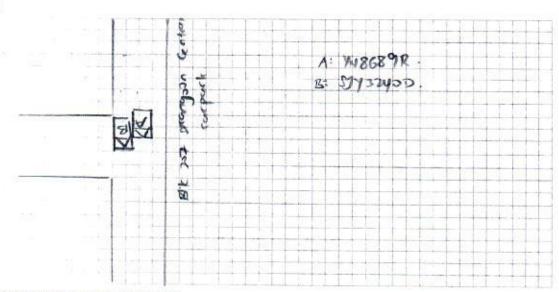
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to statement.		
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We declare the foregoing particulars are true in every respect.
Changi Sauth Street 2 W01-01
Xilin Districentre Building D

Singapore 486349
Tel: 6742 4122
Policyholder's Signature

Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

DRIVING LICENCE

Licence Parinter: S 0 0 5 4 0 6 6 H

Name

POH SENG POH

But Date: 24 Apr 1952

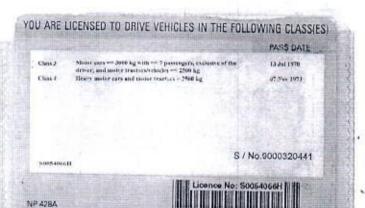
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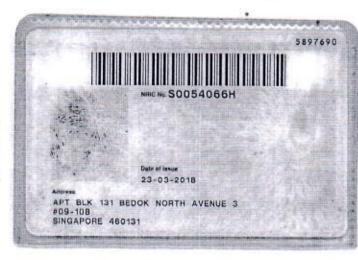
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MSIG Insurance (Singapore) Pte. Ltd. (Co Prg. (go. Rest) 1. 17%) 4 Shenton Way # 21 01, SGX Centre 2, Singapore 068807 Tel +65 6827 7885, Fax +65 6827 7800 www.msig.com.sg

CERTIFICATE OF INSURANCE

Motor Vehicles (Third Party Risks And Compensation) Act (Chapter 189) Motor Vehicles (Third Party Risks And Compensation) Rules, 1960 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

21 Aug 2018

Comprehensive

CERTIFICATE No.

: 8VCC1820940

Insured Own Damage Excess:\$300

1. Index Mark and Registration Number of Vehicle

: YN8689R

Chassis Number of Vehicle

FEB71EA10042

3. Name of Policyholder

MUSIC EXPRESS PTE LTD

4. Effective date of the Commencement of Insurance for the purposes of the Act

24 Aug 2018 00:01AM

Date of Expiry of Insurance

23 Aug 2019

- 6. Persons or Classes of Persons entitled to drive*
 - (a) Any person who is driving on the Policyholder's order or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other 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.

And provided further that the Motor Vehicle is registered and licensed under the Road Traffic Act and its registration and licensing under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

7.Limitations as to Use*

Use in connection with the Policyholder's business.

Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. Use for social domestic and pleasure purposes.

The Policy does not cover

(i) Use for hire or reward or for racing pace-making reliability trail or speed-testing.

(ii) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

"Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

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 & Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).

For MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurer

IMPORTANT NOTICE

This Certificate is not transferable to a new owner of the vehicle.

If for any reason the Insurance is terminated during its currency, the Certificate must be returned to the Insurer, 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

This Certificate must be returned if the insurance is suspended during its currency

If you are involved in an accident, full details must be forwarded immediately to the Company.

FORM MZ.300

7VCC1733920