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OD / TP-/ Reporting Only	I-Photo Uploaded		
	Assessment/Survey Repor	ı	
TP Insurer:	Ass't Report by Pax / Har		
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	SHC1472D. INC	C( )/Non-INC(	), , ,
Owner/Driver: (	21101010	Tel:	. )
Policy No: ( ) Po	erlod: (	) Cover Type: (	),
Confirmed by ; (	· Dater.	Timei	)
Insured/Driver Liability: (%) [	Note-Est Status (WO): N:	0-20%; P: 21-79%. P:	: 80-100%]
	Warranty: YES( )/NO(		
Excess: (\$ ' ) Loading: \$1,0	000()/\$2,000()		· ·
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( ) Walk-In Customer : Customers Info	ormation strictly Confidential &	Strictly NO refer of rep.	alter.
( ) Total Loss Case : to e-mail Insur		5	
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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
- 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 ladgement 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.	insent to the archiving of this report at the centre and to copies of the report being made available
Date Of Report Date Of Accident Exact Location Of Accident Country/State of Loss	22/03/2019 13:12 22/03/2019 09:15 SOUTH BUONA VISTA ROAD SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number Insured/Policyholder	SKU1087C
Name Of Registered Owner Co Reg No	SIME DARBY SERVICES PTE LTD
Email Address Mobile Phone No	SONIAELICIAD@GMAIL.COM
Alternative Phone No Vehicle Particulars	(LOCAL) +65-94873196 OFFICE-94873196
Manufacturer Model	вми
xact Purpose for which vehicle was being used at me of accident	WORK
re you claiming under your own insurance policy or repair to your vehicle?	NO
No, Please state action to be taken ehicle Category	THIRD PARTY
surance Company	PRIVATE CAR
ame of Insurance Company /pe Of Coverage eet Policy	MSIG INSURANCE (SINGAPORE) PTE. LTD. COMPREHENSIVE

NO

Policy Number

B 29100055 MCY

Cover Note Number

#### Driver

Name of Driver

D'SILVA SONIA ELICIA

NRIC No.

S9114696G

Date Of Birth

29/04/1991

Occupation

INDOOR

Date Of Driving Pass

07/04/2014

**Driving Experience** 

4 YEARS AND 11 MONTHS

Gender

FEMALE

Mobile Number

(LOCAL) +65-94873196

Fax Number

Contact Number

OTHERS-94873196

EMail Address

SONIAELICIAD@GMAIL.COM

Address

BLK 206 CHOA CHU KANG CENTRAL #02-24

Postcode

680206

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

# General Information of the Accident

Type Of Accident

COLLISION - CHANGE/CROSS LANE

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?

I have been approached by unknown person(s)

YES

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

### **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

PLS REFER TO THE ATTACHED STATEMENT.

#### 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

SHC1472D

Vehicle Make/Model/Colour Details Of Properties

TAXI

Vehicle Category Name of Driver

SEET ONN CHUEN

NRIC/Passport Number

S0050309F

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### 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.
- 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
- Any false reporting may be referred to the Police for investigation.
- 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
- 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
- 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
- (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
- 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.

Date & Time:

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

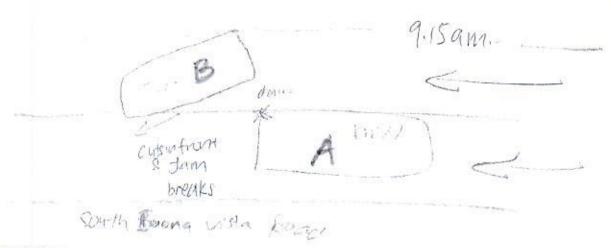
Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

Policyholder's Signature

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A-SKU1087C B-SHC1472D



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

OF THE ACCIDENT	
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TO FOR THE STATE OF THE PARTY O	,
I jam breaked as well but couldn't stopped my car skidded but did not hit any other ear.	11110.
1/51 idea front - blamaged &	
Brunaged &	
CLARATION	

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

Policyhölder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:









Bukit Merah).

	22 3 Paig 39.15AM	5.
	DENT DATE: 22 3 2019 (DD/MM/YYY), TIME: 09: 15AM	10
LOCA	JION: South Buona Vista Road	2 11 8
-	DETAILS ON LOUIS	
(4)	DETAILS OF VEHICLE	
	a) VEHICLE NUMBER: SKU1087C	
20	DINSURANCE COMPANY:	
	d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)	
	1) TYPE: (SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)	415
	,9/YEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)	
	NIPURPOSE OF USING AT ACCIDENT TIME:	*
	ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)	
2	IF NO, PLEASE STATE (THIRD BARTY CLAIM / REPORTING ONLY)	
۷۰.	A) NAME:	38
	PINIBLE / FEMALE	
	c)ADDRESS:CONTACT:CONTACT:	
5 10 10	· ·	
0	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER	
to of passanger	DRIVER	
including driver)	a) NAME: (MALE / FEMALE)	
(1)	b)NRIC/FIN/PASSPORT: CONTACT: 94873	146
	c)ADDRESS:	90
20	*d) DATE OF BIRTH: [	
	e)OCCUPATION: WIDOOR / OUTDOOR)	
	1) DATE OF DRIVING PASC	- 37
4,	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / (10))	HIREI
5	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:	
٥.	DIROAD SURFACE OND TION: (CLEAR / RAINING / OTHERS	
6.	WAS ANYBODY INJURED (YES (NO))	
7.	a) REPORTED TO POLICE (YES / NO)	
	IF YES, PLEASE STATE WHICH POLICE STATION:	
of harrenger	a) VEHICLE NUMBER: SHC1472D MODEL:	
diagram district	b) DRIVER'S NAME: SEET ONN CHUEN 3	
( )	c) NRIC/FIN/PASSPORT: SOOSO309 F & CONTACT	1
	THIRD, P'ARTY VEHICLE	T
o of passunger	d) VEHICLE NUMBER:MODEL:	100
eluding driver)	e) DRIVER'S NAME:	
" Server)	f) NRIC/FIN/PASSPORT:CONTACT:	
()		
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SY	and a la	3.5
	email = Soniaeliciad@gmail.com.	
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& Skelol Alin' Chip?

Driver

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9114696G





D'SILVA SONIA ELICIA

EURASIAN

29-04-1991

SINGAPORE





REPUBLIC OF SINGAPORE BRIVING LICENC

Leence Number S9114696G

D'SILVA SONIA ELICIA

Birth Date 29 Apr 1991 Isnue Date 07 Apr 2014

4734469



S9114696G

30-05-2011

APT BLK 206 CHOA CHU KANG CENTRAL #02-24 SINGAPORE 680206

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3A. Motor cars without clutch podals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg 07 Apr. 2014

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

# 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.Z.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

SKU1087C

2. Name of Policyholder

Sime Darby Services Pte Ltd

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.

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

<sup>\*</sup> 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.



# 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: S66SS0020G / GST Reg. No.: M400017735

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

# with whom you submitted the Original Report. ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: MNA 419037785 \_Vehicle Registration No: SKU | 087C Name(as shown in NRIC): D'STLVA SONIA ELICIA NRIC/FIN/Passport No: S9114696G (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate : BLK 206 CHOA CHU KANG, CENTRAL, Singaporel Address Contact (Tel) \_\_\_\_Mobile No.:\_\_\_ 94873196 SON JAELICIAD Q. GMAIL - COM **Email Address** 22/03/2019 Date of Accident \_Time of Accident: 09:15 Place of Accident : SouTH BUONA VISTA Insurance MSIG Insurance Company: \_\_\_\_ (B) ADDITIONALINFORMATION/AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Number.

Policyholder / Driver's Signature Date:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Date: