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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number 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

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and the state of the second state of the secon	ACCIDENT STATEMENT			
Date Of Report	17/04/2019 12:08			
Date Of Accident	17/04/2019 11:50			
Exact Location Of Accident	53 UBI AVE 1 PAYA UBI INDUSTRIAL PARK #01-25			
Country/State of Loss	SINGAPORE			
With the second second second	DETAILS OF OWN VEHICLE			
Vehicle Registration Number	YN574R			
Insured/Policyholder				
Name Of Registered Owner	APT FREIGHT AND WAREHOUSING			
Co Reg No	-			
Email Address	NOEMAIL			
Mobile Phone No				
Alternative Phone No	OFFICE-96867543			
Vehicle Particulars				
Manufacturer	MITSUBISHI			
Model				
Exact Purpose for which vehicle was being used at time of accident	WORKING			
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	DEFECTACIONES DE LA COMPANSIONE DEL COMPANSIONE DE LA COMPANSIONE			
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE, LTD,			
Type Of Coverage	COMPREHENSIVE			
Fleet Policy	NO			
Policy Number	A 28627241 MKC			
Cover Note Number	enter de section de la company			
Driver				
Name of Driver	LEE LIAN LEONG (LI XIANLONG)			
NRIC No	S1549247C			
Date Of Birth	20/10/1962			
Occupation	OUTDOOR			
Date Of Driving Pass	24/01/1991			
Driving Experience	28 YEARS AND 2 MONTHS			
Gender	MALE			
Mobile Number	(LOCAL) +65-88660748			

NOEMAIL

Address

BLK 45 CIRCUIT RD #06-643

Postcode

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

General Information of the Accident

Type Of Accident

COLLIDED INTO PARKED VEHICLE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

NO

involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

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)

NO 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

I WAS TRAVELLING ALONG THE DRIVE WAY AT THE 53 UBI AVE 1 PAYA UBI INDUSTRIAL PARK, THE ROAD WAS OCCUPY BY MANY PARK VEH AND THE ROAD WAS NARROW, WHILE APPROACHING UNIT NO #01-25, MY LORRY RIGHT HAND SIDE ACCIDENTALLY GRAZED ONTO A PARKED VEH FRONT 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

SCL4694S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
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 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

Driver's Signature

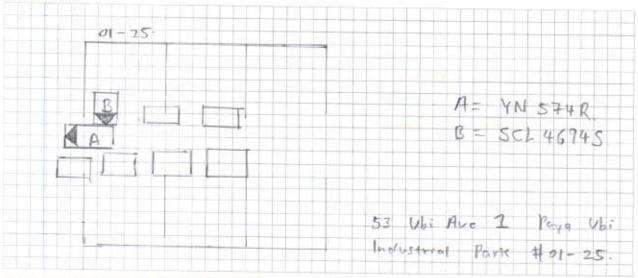
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pleuse Refer to Statement	Please	Rec.		C4	
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DECLARATION

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

Policyholder's Signature Date & Time:

YNSTAR

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:





. 01349247

LEE LIAN LEONG (LI XIANLONG)

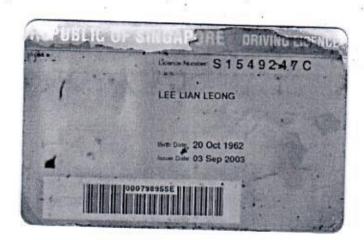
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CHINESE

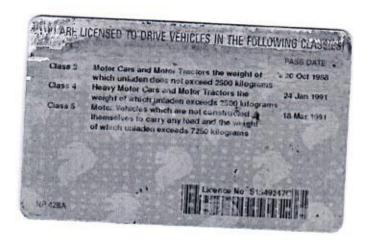
20-10-1962

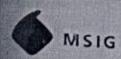
Country/Place of ble SINGAPORE











MSIG Insurance (Singapore) Pte. Ltd. 4 Shenton Way, # 21 G1, SGX Centre 2 Singapore 068807 Tet +65 6827 7888 Fax +65 6827 7800 Co. Reg. No. 2004122126 G51 Reg. No. 20-04122126 respore 068807

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.300 Goods Carrying Vehicle - Sch 1

COMMERCIAL VEHICLE Comprehensive

Certificate No. A 28627241 MKC

1. Index Mark and Registration Number of Vehicle YN574R

2. Name of Policyholder APT Freight And Warehousing

3. Effective Date of the Commencement of Insurance for the purposes of the Act

4. Date of Expiry of Insurance 09/11/2019

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 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

(1) Use for hire or reward or for racing pace-making reliability trial or speed-testing.

(2) Use whilst drawing a trailer except the towing 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.

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. Statutory Declaration to that effect must be made Failure to comply with this obligation is an offence under the Motor Vehicle (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 Vehicl-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd. Approved insurers

Excess: SGD1,000

HUA LIAN AGENCIES PTE LTD 2 JURONO EAST ST 21 FORTE MAN BUILDING ocutive Officer SINGAPORE ROSEDT for Chief Exec TEL: +85 6581 2722 FAX: +65 6582 8768

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