### 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 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.
- 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.

district the second of the second second	ACCIDENT STATEMENT				
Date Of Report	22/04/2019 12:02				
Date Of Accident	12/04/2019 11:45				
Exact Location Of Accident	BLK 121 HOUGANG AVE 1 OPEN CARPARK				
Country/State of Loss	SINGAPORE				
State of the second second	DETAILS OF OWN VEHICLE				
Vehicle Registration Number	SMH9965K				
Insured/Policyholder					
Name Of Registered Owner	LEE WAI SAN				
NRIC No	S1619293G				
Email Address	NOEMAIL				
Mobile Phone No	(LOCAL) +65-97606048				
Alternative Phone No	OFFICE-97606048				
Vehicle Particulars					
Manufacturer	KIA				
Model	SPORTAGE2.0A				
Exact Purpose for which vehicle was being used a time of accident					
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	PRIVATE CAR				
Insurance Company					
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.				
Type Of Coverage	COMPREHENSIVE				
Fleet Policy	NO				
Policy Number	A 80467753 QMX				
Cover Note Number	*				
Driver					
Name of Driver	FOO SECK LIAN				
NRIC No	S1298202Z				
Date Of Birth	15/07/1958				
Occupation	INDOOR				
Date Of Driving Pass	14/01/1985				
Driving Experience	34 YEARS AND 2 MONTHS				
Gender	MALE				
Mobile Number	(LOCAL) +65-97606048				
ax Number					
Contact Number					
EMail Address	NOEMAIL				

Address BLK 204 CLEMENTI AVE 6 #15-07

Postcode 120204

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

\*

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident NO 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

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.

NO

soliciting/offering accident claims assistance.

2

Number of Passengers (Including Driver) Passenger 1

NAME:

: MISS CHIA

GENDER:

: FEMALE

**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

PLEASE REFER TO 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

SKN2534J

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)

eBaoTech

Hello, NAC\_PAYA\_UBI\_800601

GeneralClaim

My Desktop

Notice of Loss

· Change Language · Change Password · Log Out **Policy Query** Policy No. Date of Accident 21/04/2019 18:20 Vehicle No.(For Motor) FBH1225X Certificate Number Search Certificate Policyholder Name Policyholder NRIC Vehicle No. Select Policy No. Insured Object Commence Date Product Cover Type Number Expiry Date DESMOND NEO JIA WEI 5103089877 S9321535D GMC Third Party FBH1225X FBH1225X 16/08/2018 10/09/2019

Continue

## SKETCH PLAN

## 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 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
- 5. 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 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:

- 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:
  - (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
- 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 (c) 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.

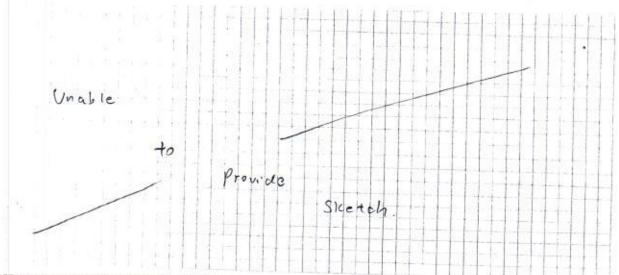
Policyholder's Signature Date & Time:

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

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				dull-12						

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

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.:

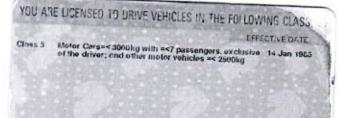
# ACCIDENT STATEMENT

ACCIDEN	T DATE: 12 / 4/ 19 )(DD/MM/YYYY), TIME: ( 11: 45)(HH:MM)
LOCATION	1: BIK 121 Hougang Ave I open carpark tox
1. DE	TAILS OF VEHICLE
611	VEHICLE NUMBER: SMH 9 965 K
CIF	NSURANCE COMPANY: MSIG
7.55	OLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
h)Pi I)AR IF h	PE:(SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS) EHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  JRPOSE OF USING AT ACCIDENT TIME: Private / L/SQ E YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
	TOUR THOUSER
	AME: Lee wai San (MALE / FEMALE)
b)NF	RIC/FIN/PASSPORT: SIGIPLES G. CONTINUE
CIAL	DDRESS:CONTACT:
THE OF DEED 3 DRIV	NTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
1 137611 11361 0111	
(Including driver) aINA	ME: FOO SECK LIGH, (MALE / FEMALE)
( ) ) DINK	
/ CIAD	DRESS: BIK 206 clement: Ave 6 #15-07 (5) 120204.
f) YEAR	CUPATION: (INDOOR / OUTDOOR)  SS OF DRIVING EXPRERIENCE:
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IF NO	DELATION OF THE STATE OF THE ST
	RELATIONSHIP OF THE DRIVER WITH INSURED.
5. a)WEA	THER CONDITION: (CLEAR / PAINING / OTHERS
5. aJWEA bJROA	THER CONDITION: (CLEAR / RAINING / OTHERS)  D SURFACE: (DRY / WET / OTHERS)
5. GJWEA bJROA 6. WAS A	THER CONDITION: (CLEAR / RAINING / OTHERS)  D SURFACE: (DRY / WET / OTHERS)  NYBODY INJURED (YES / NO)
5. aJWEA bJROA 6. WAS A 7. aJREPO	THER CONDITION: (CLEAR / RAINING / OTHERS)  D SURFACE: (DRY / WET / OTHERS)  NYBODY INJURED (YES / NO)  ORTED TO POLICE (YES / NO)
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5. a) WEA b) ROA 6. WAS A 7. a) REPC IF YES 8. THIRD P 4 He of passenger a) VE L histording christer) b) DR C) NR	THER CONDITION: (CLEAR / RAINING / OTHERS  D SURFACE: (DRY / WET / OTHERS  NYBODY INJURED (YES / NO)  PRIED TO POLICE (YES / NO)  PLEASE STATE WHICH POLICE STATION:  ARTY VEHICLE  HICLE NUMBER: SKN 25 34 J. MODEL:  IVER'S NAME:  C/FIN/PASSPORT:
5. a) WEA b) ROA 6. WAS A 7. a) REPC IF YES 8. THIRD P  Lincluding driver) b) DR ( ) NR 9. THIRD P	THER CONDITION: (CLEAR / RAINING / OTHERS  D SURFACE: (DRY / WET / OTHERS  NYBODY INJURED (YES / NO)  PRIED TO POLICE (YES / NO)  PLEASE STATE WHICH POLICE STATION:  ARTY VEHICLE  HICLE NUMBER: SKN 25 34 J. MODEL:  IVER'S NAME:  IC/FIN/PASSPORT: CONTACT:
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5. a) WEA b) ROA 6. WAS A 7. a) REPO IF YES 8. THIRD P 1. Including driver b) DR 1. Including driver b) DR 1. Including driver d) VEH 1. Including driver d) VEH 1. Including driver d) VEH 1. Including driver e) DRI 1. Include e)	THER CONDITION: (CLEAR / RAINING / OTHERS  D SURFACE: (DRY / WET / OTHERS  NYBODY INJURED (YES / NO)  PLEASE STATE WHICH POLICE STATION:  ARTY VEHICLE  HICLE NUMBER: SKN 25 34 J. MODEL:  IVER'S NAME:  C/FIN/PASSPORT: CONTACT:  HICLE NUMBER: HICLE  HICLE NUMBER: MARTY VEHICLE  HICLE NUMBER: MARTY VEHICLE

email = slfoo-peteræyahoo.com. 38. fax = genhelen@hofmail.com.

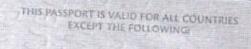
VIDEO - No.



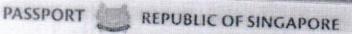


NP 428A









PA SGP

K0648664B

FOO SECK LIAN

27 MAY 2024 SEE PAGE 2 S1298202Z



SINGAPORE CITIZEN

15 JUL 1958 SINGAPORE

MINISTRY OF HOME AFFAIRS 27 AUG 2018



PASGPF00<<SECK<LIAN<<<<<<<<< K0648664B9SGP5807156M2405274S1298202Z<<<<16



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

ORIGINAL

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 Comprehensive

Certificate No. A 80467753 QMX

Excess: SGD600 Windscreen Excess: SGD100

1. Index Mark and Registration Number of Vehicle

SMH9965K

2. Name of Policyholder

LEE WAI SAN

3. Effective Date of the Commencement of Insurance for the purposes of the Act 06/03/2019

4. Date of Expiry of Insurance

05/03/2020

5. Persons or Classes of Persons entitled to drive\*

LEE WAI SAN

FOO SECK LIAN

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 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 MUST BE CARRIED OUT 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.

Signature / Date

Counter-Signatory

Instrade Management Pte Ltd

MSIG Insurance (Singapore) Pte. Ltd. Approved Insurers Cathun

Amy Ler

Senior Vice President, Agencies

This certificate is not valid unless it is signed for & on behalf of the Company and Counter-Signed by a duly authorised representative of the Counter-Signatory.

XINSTRKPLH2019030509324598



MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G) 4 Shenton Way, #21-01 SGX Centre 2. Singapore 068807 Tel +65 6827 7888, Fax +65 6827 7800 www.msig.com.sg

Your Ref Our Ref SMH9965K

590521 (Please quote our reference when replying)

15 Apr 2019

URGENT

LEE WAI SAN BLK 204 CLEMENTI AVE 6 #15-07 SINGAPORE 120204

Dear Sir/Madam

Accident involving SMH9965K and SKN2534J along BLK 121 HOUGANG AVE 1 OPEN CARPK LOT 497

Policy No

80467753QMX

Date of Accident

12 Apr 2019

We have received a property damage claim from workshop acting on behalf of the owner of SKN2534J. However, we have yet to receive your report on the accident.

Under the Motor Claims Framework, motorists are required to report any traffic accident involving their insured vehicles to their insurers within 24 hours of the accident or by the next working day. Any non-reporting may affect the motorist's No Claim Discount and their rights to seek indemnity under their policy.

We urge you to make a report immediately at any of our authorized workshops or IDAC centres. The list is enclosed for your reference. Please bring your vehicle and the following documents with you:

- Driving license
- Identity card
- 3. Police report, if any

If you have already filed an accident report, please accept our thanks and ignore this reminder.

Thank you.

Yours sincerely

Chhia Nyuk Pui Senior Executive Claims Services (Motor)

Tel

6594 2521

Fax

+65 6827 7800

Email

nyukpui\_chhia@sg.msig-asia.com

cc Instrade Management Pte Ltd 25 Ang Mo Kio Avenue 9 #13-18

Singapore 569788

A Member of MS & AD INSURANCE GROUP