# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

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.
- 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.

	ACCIDENT STATEMENT
Date Of Report	10/05/2019 16:31
Date Of Accident	02/05/2019 16:45
Exact Location Of Accident	SCOTTS RD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FY6405Z
Insured/Policyholder	
Name Of Registered Owner	YEW HENG CREDIT ENTERPRISE PTE LTD
Co Reg No	*
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67437030
Vehicle Particulars	
Manufacturer	SYM
Model	JOYRIDE 200
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MSD/VMT/19-396540-CA
Cover Note Number	## Decided the control of the contro
Driver	
Name of Driver	NAWAWI BIN SUBRI
NRIC No	S7118992I
Date Of Birth	15/06/1971
Occupation	OUTDOOR
Date Of Driving Pass	15/10/1993
Driving Experience	25 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94524140
Fax Number	
AND THE CONTRACT OF STREET	

NOEMAIL

Address

BLK 235 AMK AVE 3 #12-1118

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

COLLISION - HEAD TO REAR

Weather Conditions

AFTER RAINED

Road Surface

WET

#### Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

2

involved in the accident

NO

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

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

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

SKR9868D

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### 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.
- 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.

S A AEM CONTRACTOR OF THE PARTY OF THE PARTY

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

Reporting Centre Personnel's Signature

Name: NRIC/FIN No :

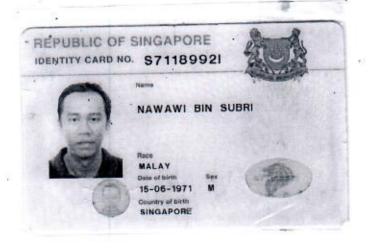
Policyholder's Signature Date & Time:

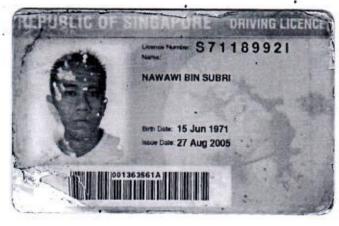
and the second

I WAS RIDING ALONG SCOTTS RD, I WAS MOVING SLOWLY AND KEPT A SAFE DISTANCE BEHIND VEH B (BEARING NO SKR9868D). ALL OF A SUDDEN, VEH B JAMMED BRAKE WITHOUT ANY REASON, I MANAGE TO STOP BUT CANNOT STOP IN TIME AND HIT ONTO THE VEH REAR RIGHT PORTION. AFTER THE INCIDENT, I ASK THE DRIVER WHY SUDDENLY JAMMED BRAKE, HE MENTIONED THE TAXI INFRONT OF HIM JAMMED BRAKE DUE TO ANOTHER VEH INFRONT OF THE TAXI SUDDENLY TURN INTO THE CONDO, I REQUEST THE DRIVER TO PROVIDE HIS VEH FOOTAGE BUT HE REFUSE. I MANAGE TO DO PRIVATE SETTLEMENT WITH THE DRIVER AND HE AGREE, I PROVIDE HIM ALL MY CONTACT DETAIL AND MY WORSHOP ADDRESS. AT THE END, HE REFUSE TO COME TO MY WORKSHOP AND HE MAKE A CLAIMS ON MY INSURANCE.

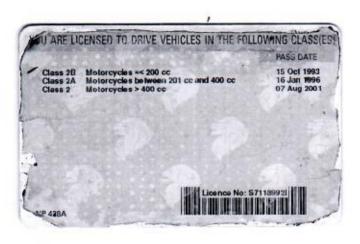
# ACCIDENT STATEMENT

ACCIDENT DATE: 1 2 / 5 / 19 )(DD/M)	M/YYYYI TIME! 16 . 4 C. WILLIAM
LOCATION: Sent Rd.	(HH:MM)
C)POLICY NUMBER:	052
d)POLICY TYPE: (COMPREHENSIVE / THI  B)MAKE & MODEL: SYIM 200  f)TYPE: (SALOON / COUPE / MPV /V AN.  G)VEHICLE CATEGORY: (PRIVATE / COM  h)PURPOSE OF USING AT ACCIDENT TIM  I) ARE YOU CLAIMING UNDER YOUR OW  IF NO, PLEASE STATE (THIPD BARTY OF	LORRY / MOTORCYCLE / OTHERS) MERCIAL / MOTORCYCLE) E: Warking
IF NO, PLEASE STATE (THIRD PARTY CLA  2. INSURED / POLICY HOLDER	IM / REPORTING ONLY)
A)NAME: Yew Hens Credet  D)NRIC/FIN/PASSPORT:  C)ADDRESS:	Enterprise (MALE / FEMALE)  CONTACT: 67437530.
CONTINUE TO 3.d IF DRIVER ALSO POLICE	CY HOLDER
(Including driver) DINAME: Ma wawi Bin. Subn	
ONRIC/FIN/PASSPORT:	(MINICE / I CIVIALE)
c)ADDRESS:	CONTACT: 9452 4140
TO DATE OF PIPEL	
eloccupation: ///	(DD/MM/YYYY)
6) OCCUPATION: (INDOOR / OUTDOOR)	
4. WAS DRIVER AN EMPLOYEE OF THE THE	
4. WAS DRIVER AN EMPLOYEE OF THE IN: IF NO, RELATIONSHIP OF THE DRIVER 5. GIWEATHER CONDITION (OF THE DRIVER)	SURED'S COMPANY? (YES / NO)
5. a) WEATHER CONDITION: (CLEAR A RANGE	WITH INSURED:
b)ROAD SURFACE: (DRY / WET / OTHERS_	G/OTHERS After Rovined
ANTIBODY IN HIRED IVEC INC.	
GIREPORTED TO POLICE (YES / NO.)	•
IF TES, PLEASE STATE WHICH POLICE STATE	ION
White of the second sec	
Chicherter de Denverse NUMBER: SKR 9868	D_MODEL:
DRIVER'S NAME:	MODEL:
C) NRIC/FIN/PASSPORT:	CONTACT:
The state of the s	
The of passanger d) VEHICLE NUMBER: DRIVER'S NAME:	MODEL:
( ) NRIC/FIN/PASSPORT:	CONTACT:
	District Control of the Control of t
# <sub></sub>	.21
raiting chop. & email email = 51_	motoring @ yahoo.com.sa
The state of the s	motoring & yohoo.com.sa
fax =	12 20 20 20 20 20 20 20 20 20 20 20 20 20
VIDEO =	- Careto
VIDE	









# CA 521832



MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G) 4 Shenton Way, # 21-01, SGX Centre2, Singapore 068807 Tel +65 6827 7888, Fax +65 6827 7800 mslg.com.sg

# 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 Restood Edition) (Republic of Singapore)

The Motor Vehicles (Third Party Risks and Compensation) Rules, 1996 Edition (Republic of Singapore)

Or any Amendment, Act or Acts passed in substitution thereof.

CERTIFICATE NO :

MSD/VMT/19-396540-CA

A0074-001/10100

SUM INSURED :

TPL

EXCESS

NIL

1. Index mark and Registration Number of Vehicle

Any motorcycle in the

property of the Insured or in their custody or control.

Name of Policyholder

YEW HENG CREDIT ENTERPRISE PTE LTD

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

4. Date of Expiry of Insurance

1201AM 23/04/2019

22/04/2020

5. Persons or Classes of Persons entitled to drive

a. NAWAWAI BIN SUBRI ONLY

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.

6. Limitation as to Use

Use solely for Breakdown purposes is not deemed to be used for hire or reward.

- 7. The Policy does not cover
  - 1. Use for hire or reward.
  - 2. Use for racing, pace-making, reliability trial or speed-testing.
  - Use for the carriage of goods (other than samples) in connection with any trade or business.

\* 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.

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 the Road Transport Act, 1987 (Malaysia).

COMMERCIAL AGENCY PTE. LTD.

14/03/2019 (JL) CA/CI-03 (05/13) Underwriting Agent For MSIG Insurance (Singapore) Pte. Ltd.