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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 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.
- 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	28/05/2019 19:15
Date Of Accident	14/05/2019 00:10
Exact Location Of Accident	JUNC BUKIT PANJANG RING RD & BANGKIT RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKA493A
Insured/Policyholder	
Name Of Registered Owner	E-KARZ RENTAL PTE LTD
Co Reg No	201608381M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA AXIO 1.5X A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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 HIRE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE, LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	A28927339MKF
Cover Note Number	
Driver	
Name of Driver	QUEK BENG HENG (GUO MINGXING)
NRIC No	S7346096D
Date Of Birth	19/11/1973
Occupation	OUTDOOR
Date Of Driving Pass	31/07/2006
Driving Experience	12 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86668552
Fax Number	
Contact Number	OFFICE-86668552
EMail Address	NOEMAIL

Address

BLK 223A SUMANG LANE

#13-199

OTHER - HIRER

Postcode

821223

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

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

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

3

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 2

Number of Passengers (Including Driver)

GENDER:

Passenger 1

NAME:

: MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

ROCHOR NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 11 KAMPONG KAPOR ROAD, POSTCODE: 208678, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-2949999 - FAX NO: 63918583

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20190514/2182.

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

FBG8607M

Vehicle Make/Model/Colour Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

FD7566X

Vehicle Make/Model/Colour

Details Of Properties

MOTORCYCLE

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 3 of 19

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)

l 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:
 - (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

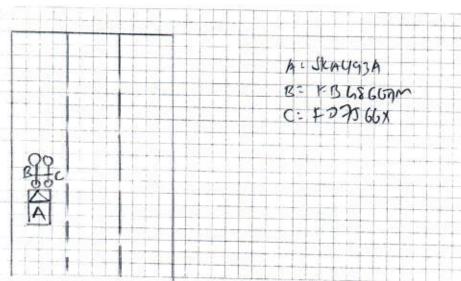
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police	report-Thougosiy12182.	
ARATION		

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 Personner's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 14/3 / 10)(DD/M	(M/YYYY), TIME:(()): /o.)(HH:MM
LOCATION: June Bulat Ringing	ring Rd a thoughist Rd.
1. DETAILS OF VEHICLE	
a) VEHICLE NUMBER: STAY93	n .
b)INSURANCE COMPANY: MUIL	let .
C)POLICY NUMBER:	
d)POLICY TYPE: (COMPREHENSIVE / TH	HPD PARTY / THIRD BARTY FIRE ATHERT
e)MAKE & MODEL:	INDIANT / THIRD PARTY FIRE &THEFT)
f)TYPE: (SALOON / COUPE / MPV /VAN	//OPPY / MOTORCYOLE / OTHERS
g) VEHICLE CATEGORY: (PRIVATE / CON	AMERICAL (MOTORCYCLE / OTHERS)
h) PURPOSE OF USING AT ACCIDENT TIM	MERCIAL / MOTORCYCLE)
I) ARE YOU CLAIMING UNDER YOUR OV	VN INSTRANCE (VES /NO
IF NO, PLEASE STATE (THIRD PARTY CLA	AIM / REPORTING ONLY
2. INSURED / POLICY HOLDER	3011217
A)NAME:	(MALE / FEMALE)
b)NRIC/FIN/PASSPORT:	CONTACT:
c)ADDRESS:	
* CONTINUE TO 2 JUE 220	8 2 1
* CONTINUE TO 3.d IF DRIVER ALSO POL	LICY HOLDER
CINAME BOOK Com he all	
(Including driver) a)NAME: and & Blog Hag (64)	Mi Ching (MALE / FEMALE)
(2) b)NRIC/FIN/PASSPORT: 5734600 C)ADDRESS: DIK 2234 Man 19	DO CONTACT: 1066835V
mal(.	
*d)DATE OF BIRTH: (19/11 / 1933	-HDD/MM/YYYYI
e)OCCUPATION: (INDOOR / OUTDOOR))
f) YEARS OF DRIVING EXPRERIENCE:	7,1717201
4. WAS DRIVER AN EMPLOYEE OF THE I	NSURED'S COMPANY? (YES / NO)
II NO, RELATIONSHIP OF THE DRIVE	R WITH INCLIDED.
5. a) WEATHER CONDITION: (CLEAR / RAINI	ING / OTHERS
b)ROAD SURFACE: (DRY / WET / OTHERS	
6. WAS ANYBODY INJURED (YES / NO) . 7. a) REPORTED TO POLICE (YES) .NO)	
IF YES, PLEASE STATE WHICH POLICE STA	
	ATION:
No of passenger at VEHICLE NUMBER FOLLOWS	MODEL:
Including driver) b) DRIVER'S NAME:	MODEL:
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	CONTACT:
7. THIRD PARTY VEHICLE	-
No of passanger d) VEHICLE NUMBER: + D3166x.	MODEL .
Including deliver e) DRIVER'S NAME:	
No of passanger d) VEHICLE NUMBER: FD3366X. Including driver f) NRIC/FIN/PASSPORT: ()	CONTACT
200000000	
11¢	

email =

fax =

VIDEO =





1 of 4

Report No. T/20190514/2182

Police Station Of Origin: Rochor N.P.C

11 Kampong Kapor Road SINGAPORE 208678

Tel No: 1800-2949999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/05/2019 21:27			Vide Report No.: J/20190514/0001	Station Diary No.:	
Informa	nt's Partic	ulars			
Name of	f Informant: BENG HENG		Address: APT BLK 223A SUMANG LA	NE #13-199 SINGAPORE 821223	
ID Type / ID No.: NRIC NO / S7346096D		96D	Contact No.: Home/Office: Mobile: 86668552		
Nationality: SINGAPORE CITIZEN		ŒN	Email:		
Sex: Age: Date of Birth: Male 45 19/11/1973		Date of Birth: 19/11/1973	Type of Informant:		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: GOJEK DRIVER			Driving Licence Information: Class: 2B,3	Date of Expiry:	

Type of Accident:	Injury Conveyed By Ar	nbulance	Drink Drive: No	Date/Time of Accident: 14/05/2019 00:10		Type of Location T-Junction	
Weather: Clear	Weather: Road				Road 50 K	Speed Limit:	
Traffic Flow: Traffic Control: Traffic Light - Wor			rking	Traffic Volume:			
Dual Carriage Type of Collis					-3111		

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBG8667M	Motorcycle			3000		No or Fassenger
	Wiotorcycle				Slightly	0
ED7500V					Damaged	
FD7566X	Motorcycle				Slightly	0
	A STORY OF THE STORY					U
SKA493A	Car	TOVOTA			Damaged	
OIVA493A	Car	TOYOTA	COROLLA	Beige	Slightly	1
			AXIO 1.5X A		Damaged	1000

Details of Vehicl	e Insurance			
Vehicle No. Ins	urance Company	Insurance No	Effective	Expiry Date





Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678 Tel No: 1800-2949999

2 of 4 Report No. T/20190514/2182

CONTINUATION OF REPORT

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKA493A	MSIG INSURANCE (SINGAPORE) PTE. LTD.	A28927339MKF	04/04/2019	03/04/2020

Details of Perso	n Involved	THE RESERVE OF THE PARTY OF THE		THE RESERVE THE PARTY OF THE PA		
Any Pedestrian I	nvolved: No					
No. of Pedestriar		Use of Pe	Use of Pedestrian Crossing: NA			
Rider	THE PARTY NAMED IN COLUMN	000 0110	destrial Clos	Siriy, NA		
Name	Unknown Rider		ID No.	NIL		
Related Vehicle	FBG8667M (Motorcycle)	Contact No.	NIL			
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL		
Date Treatment	NIL	Date Disc				
No. of Days gran	ted Medical Leave NIL	Degree of		t		
Rider	The second second second	- CARREST LAND	Ma la congri			
Name	Unknown Rider		ID No.	NIL		
Related Vehicle	FD7566X (Motorcycle)		Contact No.	NIL		
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL		
Date Treatment	NIL	Data Diag				
	ted Medical Leave NIL		Date Discharge NIL Degree of Injury Slight			
Driver	The same of the same of the same of	Dogice of	mjury Slight			
Name	QUEK BENG HENG		ID No.	S7346096D		
Related Vehicle	SKA493A (Car)		Contact No.	86668552		
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL		
Date Treatment	NIL	Date Disc				
No. of Days grant	ed Medical Leave NIL	Degree of				





T/20190514/2182

3 of 4

Report No. T/20190514/2182

Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678

Tel No: 1800-2949999

CONTINUATION OF REPORT

Brief Details.

On the above date time and place I was travelling in my Gojek car SKA493A along Bt Panjang Road towards Jelebu Road on the Jeft most lane of a 3 lane road. There were two motorcycles FBG8667M and FD7566X which was travelling about 10 meters in front of me. Upon approaching the junction of Bt Panjang Road, I momentarily close my eyes and doze off. I felt an impact and opened my eyes. I then realized that I had hit onto the rear of motorcycles FBG8667M and FD7566X. The two motorcycles fell down. I did not realized that the two motorcycles was slowing down towards the traffic junction of Bt Panjang Road and Bangkit Road as the traffic had already turn red.

I was not injured and my car have no in-car camera. My car front bumper was dented. The friends of the two rider had called the ambulance. I did not obtain and exchange particulars with the other two motorcyclist. I was scared as they had called their friends to come down to the RTA scene. The damages on the rear seat and body.

The rider of FBG8667M had some abrasion on the left thigh. The rider of FD7566X had no injuries. Ambulance came and conveyed both the motorcyclist to NTFGH. However both motorcyclist were conveyed to NTFH.





Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678 Tel No: 1800-2949999

4 of 4 Report No. T/20190514/2182

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: A / Sr Staff Sgt MUNAWIR BIN MOHAMMAD TAHIR	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 14/05/2019 21:27
Officer In Charge Of Case: TP / GIT / Sgt 3 MARIAH BINTE ZAKARIA Contact No.: 65476433	Classification Of Case:
Authentication Stamp	

FOICE

REPUBLIC OF SINGAPORE IDÉNTITY CARD NO. S7346096D.



QUEK BENG HENG (GUO MINGXING)







Date of birth 19-11-1973

SINGAPORE







VOCATIONAL LICENCE

Licence No: S7346096D

Name : QUEK BENG HENG

Issue Date : 25/11/2016

Please visit www.lta.gov.sg to check the status of this vocational licence





27-03-2018

APT BLK 223A SUMANG LANE #13-199 SINGAPORE 821223

NRIC No: \$73460960

Date: 14/07/2018

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

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Туре Description

02 03 04

TAXI VL BUS VL BUS ATTENDANT

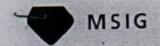
Issue Date

16/08/2012 21/05/2012 21/05/2012

5915035



NP 428A



MSIG Insurance (Singapore) Pte. Ltd. 4 Shenton May, # 21-01, SGX Centre 2, Singapore 068807 Tel +65 6827 7888, Fax +65 5827 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

COMMERCIAL VEHICLE - FLEET Third Party

Certificate No. A 28927339 MKF

Excess: SGD2,000

- 1. Index Mark and Registration Number of Vehicle SKA493A
- 2. Name of Policyholder

E-Karz Rental Pte Ltd

- 3. Effective Date of the Commencement of Insurance for the purposes of the Act 04/04/2019
- 4. Date of Expiry of Insurance 03/04/2020
- 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.

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

^{*} 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.