

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 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 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 aforesaid.

ACCIDENT STATEMENT

Date Of Report	03/06/2019 16:50
Date Of Accident	01/06/2019 13:35
Exact Location Of Accident	ALONG WOODLANDS AVE 12
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF6285G
Insured/Policyholder	
Name Of Registered Owner	SIME DARBY SERVICES PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81013102
Alternative Phone No	OFFICE-98630098

Vehicle Particulars

Manufacturer	MAZDA
Model	-
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	THIRD PARTY
Fleet Policy	NO
Policy Number	B 29100025 TMC
Cover Note Number	-

Driver

Name of Driver	FAUZANI BINTE KAMSANI
NRIC No	S8602289C
Date Of Birth	13/01/1986
Occupation	INDOOR
Date Of Driving Pass	28/12/2010
Driving Experience	8 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81013102
Fax Number	
Contact Number	OTHERS-98630098
Email Address	NOEMAIL

Address	BLK 339 TAMPINES ST 33 #10-228
Postcode	520339
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : UNKNOWN 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	GR6392B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	HO GUAN HUAT
NRIC/Passport Number	S1806118Z
Contact Number	98750032
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.
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:
(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 "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.

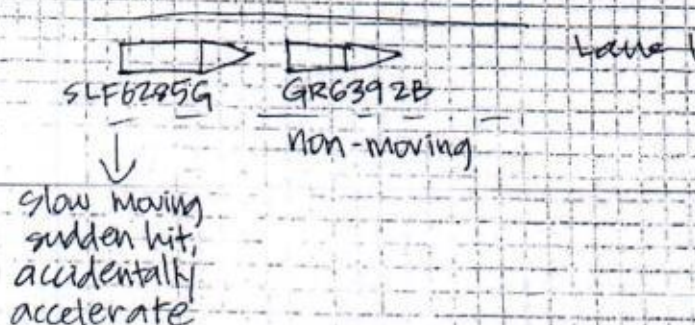


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



At around 1:35pm on 1 June 2019, I ~~as~~ hit the rear of a non-moving van. My car was moving at a slow motion and suddenly hit the rear of the van. The accident occurred along the main road of Woodlands Ave 12, going towards SLE/TRE. There were no injuries to ~~the~~ both drivers and passenger or any other persons. No other parties were involved. ~~Off~~ 3rd party took photos of the driver's driving license and both vehicles involved. He informed that claim will be made through his company and the insurance company. The vehicle belongs to the company he is working for.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature] 1/6/19

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

[Signature]

Witnessed by Reporting Centre Personnel

Date of Accident: 11/6/19	Time: 1:35 pm	Exact Location of Accident: Along Woodlands Ave 12
DETAILS OF INSURED/POLICYHOLDER (OWN VEHICLE)		
Vehicles Registration Number: SLF6285G	Name of Registered Owner: SIME DARBY SERVICES	
NRIC / Passport No. / FIN: —	Co. Reg. No. (for Co. Vehicle Only): 19750106SW	
*Own Insured Email Address: —	*Mobile Phone No.:	*Alternative Phone No.:
VEHICLE PARTICULARS (OWN VEHICLE)		
Manufacturer: MAZDA	Model: 3 1.5	
Exact purpose of vehicle being used at time of accident:	Normal usage <input checked="" type="checkbox"/>	Other <input type="checkbox"/> (please state):
Are you claiming your own insurance policy for repair to your vehicle?	Yes <input type="checkbox"/>	Claiming Against 3 rd Party <input type="checkbox"/> For Reporting Only <input checked="" type="checkbox"/>
Vehicle Category: Private Car		
INSURANCE COMPANY (OWN VEHICLE)		
Name of My Insurance Company: MSIA		
Type of Coverage: Comprehensive <input type="checkbox"/> Third Party <input checked="" type="checkbox"/>		
Fleet Policy (Multiple vehicles coverage): Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Policy / Cover Note Number: —	
DRIVER PARTICULARS <input type="checkbox"/> Same as Insured Above		
Name of Driver: Fauzani Binte Kamsani	NRIC / Passport No. / FIN: S8602289C	
Date of Birth: 13/1/1986	Occupation: Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>	
Date of Driving Pass: 28/12/2010	Gender: Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	
Mobile Phone No.: 81013102	Alternative Phone No.: 98630098	
Address as stated in NRIC: Blk 33A Tampines St 33 #10-228	(Post Code: 520331)	
Email Address: inazuaf@gmail.com		
Was driver an employee of the Insured's Company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	State relationship of the driver with the insured:
Does the Driver Own Any Other Vehicle?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Vehicle Reg. Number of Driver's Own Vehicle (if applicable):		
Insurance Company of Driver's Own Vehicle (if applicable):		
INFORMATION OF THE ACCIDENT		
Weather Conditions	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/> (please state condition):	
Road Surface	Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/> (please state condition):	
Was anybody injured in the accident?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
Was any foreign vehicle involved in this accident?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
Foreign Vehicle Registration Number		
Foreign Vehicle Category	Private Car/Commercial Vehicle/Motorcycle/Taxi/Bus	Others <input type="checkbox"/> *Please indicate
Was any other vehicle or property involved?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	
Was there any video captured by Car Camera?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
Was the accident reported to the Police?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If Yes, which Police Station?	
Was notice of intended Prosecution given?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If Yes, against whom?	
I have been approached by unknown person(s) soliciting / offering accident claims assistance.	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
*Number of Passengers (Including Driver)	2	
DETAILS OF OTHER VEHICLE (Please complete Annex A Form if more vehicles involved)		
Vehicles Registration No.: GR 6392 B	Vehicle Make / Model / Colour: Van Toyota Hiace Silver	
Details of Property Damaged in Accident (other than 3 rd -Party vehicle): —		
Name of Driver: HO GUAN HUAT	NRIC/Passport Number: S18061182	
Contact Number: 98750032		
Address:	(Post Code:)	
Insurance Company Name:		
Nature of Damage: Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/>	No. of Passengers (Including Driver):	
Details of Witness - Name:		
Details of Witness - Contact Number:		
Details of Witness - Email Address:		
DETAILS OF INJURED PERSON (Please complete Annex A Form if more person injured)		
Name:	Approximate Age:	
Address:	(Post Code:)	
Injuries Sustained:	Injured person in which vehicle (vehicle reg. no.):	
Were seat belts worn? No <input type="checkbox"/> Yes <input type="checkbox"/>	Were injured conveyed to hospital by ambulance? No <input type="checkbox"/> Yes <input type="checkbox"/>	
Type of Accident (Please tick the appropriate type on flipside of this form)		

* Mandatory information required by GIARC Accident Reporting System for accidents occurring from 2 January 2015 onwards.

TYPE OF ACCIDENT (Please tick the appropriate type)

- | | |
|---|--|
| <input checked="" type="checkbox"/> Collision – Head to Rear (Insured Hit 3 rd -Party) | <input type="checkbox"/> Hit and Run |
| <input type="checkbox"/> Collision – Head to Rear (3 rd -Party Hit Insured) | <input type="checkbox"/> Hit by Tree |
| <input type="checkbox"/> Collision – Head on collision (Head-to-Head) | <input type="checkbox"/> Hit by Unknown Object |
| <input type="checkbox"/> Collision – Head to Side | <input type="checkbox"/> Hit Ins Rear When Turning Right |
| <input type="checkbox"/> Collision – Side Road to Major Road | <input type="checkbox"/> Intoxicating Liquor or Drugs |
| <input type="checkbox"/> Collision – Traffic Light Junction | <input type="checkbox"/> Lost control - Hit Third Party property |
| <input type="checkbox"/> Collision – Turning into Minor Road | <input type="checkbox"/> Lost control - Hit Third party vehicle |
| <input type="checkbox"/> Collision – Turning Out of Minor Road | <input type="checkbox"/> Lost control - Overturned |
| <input type="checkbox"/> Collision – U-Turn | <input type="checkbox"/> Malicious Damage |
| <input type="checkbox"/> Collision – Chain Collision | <input type="checkbox"/> Mechanical Defect |
| <input type="checkbox"/> Collision – Change / Cross Lane | <input type="checkbox"/> Negotiating Roundabout |
| <input type="checkbox"/> Collision – Cross Junction | <input type="checkbox"/> Opening Door of Vehicle |
| <input type="checkbox"/> Boarding or Alighting | <input type="checkbox"/> Overloading or Strain |
| <input type="checkbox"/> Collided into animal | <input type="checkbox"/> Overtaking Third Party from Left/Right |
| <input type="checkbox"/> Collided into bicyclist | <input type="checkbox"/> Overtaking Turning Vehicle |
| <input type="checkbox"/> Collided into lamp post | <input type="checkbox"/> Overturned - Hit Third Party Property |
| <input type="checkbox"/> Collided into motorcyclist | <input type="checkbox"/> Overturned - Hit Third Party Vehicle |
| <input type="checkbox"/> Collided into motorcyclist with pillion | <input type="checkbox"/> Overturned - Slippery Road |
| <input type="checkbox"/> Collided into parked vehicle | <input type="checkbox"/> Self Ignition - Unknown Cause |
| <input type="checkbox"/> Collided into pedestrian | <input type="checkbox"/> Side Swipe - Opposite Direction |
| <input type="checkbox"/> Collided into road divider | <input type="checkbox"/> Side Swipe - Same Direction |
| <input type="checkbox"/> Collided into side kerb | <input type="checkbox"/> Stolen due to Violence |
| <input type="checkbox"/> Collided into stationary objects | <input type="checkbox"/> Stolen Whilst Parked |
| <input type="checkbox"/> Damaged whilst parked | <input type="checkbox"/> Stolen Whilst Test Drive |
| <input type="checkbox"/> Fell asleep while Driving | <input type="checkbox"/> Theft of parts and/or accessories |
| <input type="checkbox"/> Fell into a Ravine | <input type="checkbox"/> Tyre bursting |
| <input type="checkbox"/> Fire, explosion or lightning | <input type="checkbox"/> Unknown |

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8602289C



Name

FAUZANI BINTE KAMSANI



فوزاني بنت كساني

Race

MALAY

Date of Birth

13-01-1986

Sex

F

Country of Birth

SINGAPORE



3243976



NRIC No. S8602289C



Blood Group Date of issue

A+

19-01-2001

Address

APT BLK 339 TAMPINES STREET 33

#10-228

SINGAPORE 520339

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S 8602289C**

Name:

FAUZANI BINTE KAMSANI



Birth Date: **13 Jan 1986**

Issue Date: **28 Dec 2010**

001923881B



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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) \leq 3000kg
with \leq 7 passengers, exclusive of the driver; and
other motor vehicles without clutch pedals \leq 2500kg

28 Dec 2010

Licence No: S8602289C



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**MSIG**

2786

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

MOTOR CAR - COMMERCIAL TP Third Party

Certificate No. B 29100025 TMC

1. Index Mark and Registration Number of Vehicle

SLF6285G

2. Name of Policyholder

Sime Darby Services Pte Ltd

3. 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.

* 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, 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

MOT201810281718