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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
- 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

AND WISCONS AND THE PARTY OF TH	ACCIDENT STATEMENT
Date Of Report	11/06/2019 10:55
Date Of Accident	09/06/2019 17:00
Exact Location Of Accident	SPC 41 BUKIT PANJANG RING RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJQ8028K
Insured/Policyholder	
Name Of Registered Owner	TOH XUEQI
NRIC No	S8425053H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97336696
Alternative Phone No	OFFICE-97336696
Vehicle Particulars	
Manufacturer	TOYOTA
Model	RUSH
Exact Purpose for which vehicle was being used at time of accident	A NACESTAL I A
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	9VPCB1874141
Driver	
Name of Driver	TOH HSUEH LI (ZHOU XUELI)
NRIC No	S8116898I
Date Of Birth	12/06/1981
Occupation	INDOOR
Note Of Delules Deser	12/12/2008
Driving Experience	10 YEARS AND 5 MONTHS
San des	FEMALE
A-Mills All I	(LOCAL) +65-91879499
ax Number	aliculo curre que Presidente de Transfera Para Para Para Para Para Para Para P
contact Number	
Mail Address	NOEMAIL

Address BLK 248 BANGKIT RD #11-274

Postcode 670248

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SIBLING

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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

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) NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

0

2

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

MY VEH WAS STATIONARY INSIDE THE SPC ALONG 41 BUKIT PANJANG RING RD TO DO DISINFECTING, VEH B WAS INFRONT OF ME. SUDDENLY VEH B REVERSING HIS VEH WITHOUT CHECKING BEHIND AND COLLIDED ONTO MY VEH FRONT PORTION. WHEN THE POINT OF TIME, MY SISTER IS THE DRIVER, I WAS MAKING THIS REPORT ON BEHALF FOR MY SISTER DUE TO MY SISTER WAS OVERSEA AFTER THE INCIDENT.

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 SKX7765Z

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

IMPORTANT NOTICE

- 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. 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:

- (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.
- (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.

ignature

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

Reporting Centre Personnel's Signature

Name:

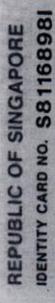
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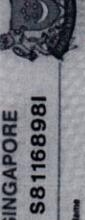
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CLARATION	/		
Ve declare the foregoing par	rticulars are true in every respec	t.	1
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icyholder's signature	Driver's Signature	Ponenting	Centre Personnel's Signature

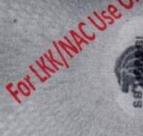
Date & Time:

Name:

NRIC/FIN No .:









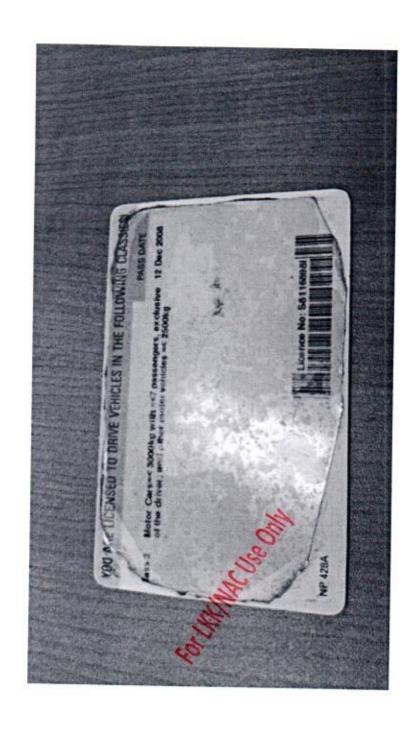






5066110 * NRIC No. S81168981 FOT UNITALIN Date: 14/03/2016 Date of issue 248 BANGKIT ROAD #11-274 SINGAPORE 670248 NRIC No: S81168981





REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8425053H



Name

TOH XUEQI (ZHUO XUEQI)





CHINESE Date of hirth

Country Place of birth SINGAPORE Sex

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE



S8425053H

TOH XUEQI (ZHUO XUEQI)

Della Cale 03 Aug 1984

902187311K

5476491



BICH SOADEOESU

Date of lesses

20-10-2015

APT BLK 248 BANGKIT ROAD #11-274 SINGAPORE 670248

NRIC No. \$8425053H

Date: 09/12/2015 (R)

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIC

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 03 Jun 2013 of the driver; and other motor vehicles =< 2500kg

For LKK/NAC Use Only

P 428A

Ucence No: S8425053H



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 msig.com.sg

MOTOR VEHICLE COVER NOTE

Motor Vehicles (Third Party Risks And Compensation) Act (Chapter 189)
Motor Vehicles (Third Party Risks And Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

07 Jun 2019

1A0402

MOTORMAX

COVER NOTE No.

: 9VPCB1874141

1. Index Mark and Registration Number of Vehicle

: SJQ8028K

2. Chassis Number of Vehicle

: J200E0024833

3. Name of Policyholder

: TOH XUEQI

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

08 Jun 2019

00:01AM

5. Date of Expiry of Insurance

07 Jun 2020

6. Persons or Classes of Persons entitled to drive*

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his permission.

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.

7. Limitations as to Use*

Use only for social, domestic & pleasure purposes and for the Policyholder's business.

The Policy does not cover use for hire or reward, tuition, driving test, 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

Finance Company: Abovin Pte Ltd

*Limitations reader 2 moperative by Section 8 of the Motor Vehicle (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 & Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).

ONE-STOP INSURANCE AGENCY

163 GEYLANG ROAD #02-03

THE GRANDPLUS SINGAPORE 389240

TEL: 6747 5667 FAX: 6747 6586

Not valid unless countersigned by Authorized Person

For MSIG Insurance (Singapore) Pte. Ltd.

Approved Insure

IMPORTANT NOTICE

This temporary Cover Note is valid for a maximum of 14 days only.

You must exchange the Cover Note for the Certificate of Insurance from the insurer within 14 days from the date of this Cover Note. If you are involved in an accident, full details must be forwarded immediately to the Company.

FORM M.X.1 (001)

9VPCB1874140

(For the Issuance of Motor Cover Note only)