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 <u>truthful and accurate</u> 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.
- 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	01/07/2019 11:18
Date Of Accident	01/07/2019 06:50
Exact Location Of Accident	PIE EXIT TPE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLR9781H
Insured/Policyholder	
Name Of Registered Owner	POH CHIN HIN
NRIC No	S1593796C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97921266
Alternative Phone No	OFFICE-97921266
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	C-HR HYBRID-1.8 S CVT (A)
Exact Purpose for which vehicle was being used at 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	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 **Driver**

Name of Driver POH CHIN HIN
NRIC No S1593796C
Date Of Birth 28/02/1963
Occupation INDOOR
Date Of Driving Pass 26/07/1980

Driving Experience 38 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97921266

Fax Number

Contact Number OFFICE-97921266

EMail Address NOEMAIL

515C TAMPINES CENTRAL 7 #16-28 Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **OWNER**

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?

NO Was any other material or property damaged? I have been approached by unknown person(s) NO

soliciting/offering accident claims assistance.

2 Number of Passengers (Including Driver)

Passenger 1

NAME: : NOT MENTION IN THE REPORT

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes.Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

Circumstances of Accident

REFER TO SKETCH PLAN.

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

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category **GOODS VEHICLE**

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 11

Sketch Plan

SKETCH PLAN

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- 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 "losurers"), 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.

licyholder's Signature te & Time:

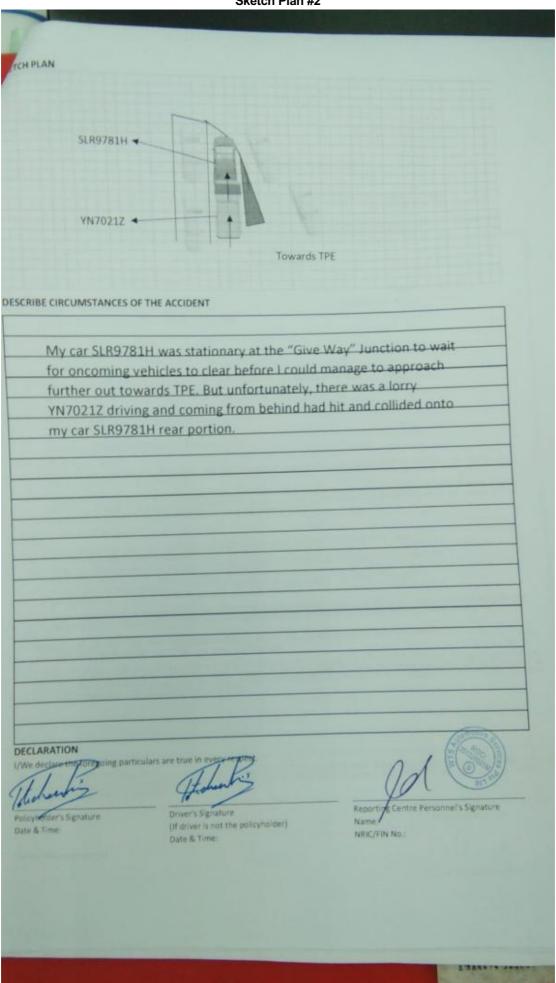
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.

Sketch Plan #2



Identification Card



Accident Photo





Accident Photo



Odometer



Chasis





Certificate of Insurance

THE WOTOR VEHICLES (THRO-PARTY RISKS AND COMPENSATION OF MALAYSIA)
THE MOTOR VEHICLES (THRO-PARTY RISKS AND COMPENSATION ACT (CAP. 169 OF THE REVISED EDITION)
THE MOTOR VEHICLES (THRO-PARTY RISKS AND COMPENSATION ACT (CAP. 169 OF THE REVISED EDITION)
THE MOTOR VEHICLES (THRO-PARTY RISK AND COMPENSATION) BUILDS. THIS EDITION (RISPUBLIC OF ENGANCIAR)
OR ANY AMENDMENT ACT OR ACTE PASSED IN SUBSTITUTION THEREOF

Part M.K.L. Schlichter Describigs

MICCION MAK Comprehensive

Certificate No. A 29092277 QRX

Named | 600500 Windscreen Course L 9000100

- 1. Tedax Mark and Registration Number of Yollikin BLR97033
- 2. Name of PolicyNoister

Pob Chin His

- 2. Struck is Date of the Commencement of measures for the gorgeons of the Add 31/10/2018
- a. Date of Expery of beautifules 20/06/2019
- E. Pursent or Classes of Pursons erroled to drive

Any other person provided to is driving on the Policyholder's neset of with the Policyholder's personal.

- * Provided that the person driving is promitted in apportune with the operating or other laws or have or by reasons of any time. More vertically or the boar set operated and is not detected by order of a Court of Law or by reasons of any operations of the properties of the following the followin
- 6. Limitations as to saw.

the unity for social domestic and pleasure purposes and for the followholder's business. The bolicy does not cover use for him or seward racing pure making the bolicy does not cover use for him or seward racing star when reliability total specification the bolicities of quote other when reliability total specification the bolicities of quote other when samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

Contained to the ed temperation or Section 8 of the Motor Voluções (Third-Party Risks and Compensation) Act (Creater 190) and Section 30 of the Road Transport Act, 1997 (Malagnes), are not to be included under these headings

PLEASE NOTE ALL CLAIMS ESCATED REPAIR HOST BE CARRIED OUT AT ANY MELO AUTHORISED WORKSHOP LISTED IN THE ATTACHED.

This Cartificate is not repreferable to a new older of the network of for any respect the Policy is bernanded during its outlierby, the Cartificate must be referred to the insurer while 7 days of the extraord or if the Cartificate has been fast or destinated, a facultary must be referred to the insurer while 7 days of the extraord to it the Cartificate has been fast or destinated. It is conjugated in the offers insured to made. Policies to comply with this originate, is an effective under the Mother Vehicles (Insurer refer these and Comparessors) Act (Cop. 189).

WE HEREBY CERTIFY that the Policy to which the Certificate relates is result in accompanies with the provinces of the Motor West Third Party Risks and Companieston) Act (Chapter 180), and hart IV of the Raid Transport Act, 1967 (Maleysia) or any Americana's or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pts. Ltd.

Approved insuriers

for Chief Executive Officer

ACC091688151543