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Owner / Driver: ('I'cl:)
Policy No: () Perio	od: ()	Cover Type: (19. 2d. 19.
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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.
- 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

	ACCIDENT STATEMENT
Date Of Report	22/07/2019 16:00
Date Of Accident	19/07/2019 17:30
Exact Location Of Accident	JUNC OF VICTORIA ST & CHENG YAN PLACE
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJA2349H
Insured/Policyholder	
Name Of Registered Owner	TAN YEW PHENG
NRIC No	S7021709J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90029777
Alternative Phone No	OFFICE-90029777
Vehicle Particulars	
Manufacturer	NISSAN
Model	SYLPHY
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	A 27803110 QMX
Cover Note Number	*
Driver	
Name of Driver	TAN YEW PHENG

 Name of Driver
 TAN YEW PHENG

 NRIC No
 \$7021709J

 Date Of Birth
 21/06/1970

 Occupation
 INDOOR

Driving Experience 19 YEARS AND 10 MONTHS

13/09/1999

Gender MALE

Mobile Number (LOCAL) +65-90029777

Fax Number

Date Of Driving Pass

Contact Number OFFICE-90029777

EMail Address NOEMAIL

Address BLK 326 HOUGANG AVE 7 #07-327

Postcode 530326

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

2

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

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?

YES

Was any injured conveyed to hospital by ambulance?

NO

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)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 20 CHAI CHEE DRIVE , POSTCODE: 469045 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 1800-2448999 - FAX NO: 62446558

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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

SLA7497G

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

Page 2 of 20

DETAILS OF INJURED PERSON 1 TAN YEW PHENG Approximate Age BODY Injuries Sustain SJA2349H Injured person in which vehicle? YES Were seat belts worn?

NO

Was this injured conveyed to hospital by

ambulance?

Address Postcode

Name

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.
- 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.
- 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.

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 .:

KETCH PLAN	1 [
eng Yaw PL B	A			A 2349 H A 7497 G
ESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	Victoria	Street	
Please	Refer	to Police	c Repor	+
Ve declare the foregoing part	iculars are true in every	respect.	7	la de la companya de
olicyholder's Signature	Driver's Signatu	re	Reporting Centre	Personnel's Signature

Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

ires but





1 of 3 Report No. T/20190722/2090

Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045

Tel No: 1800-2448999

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 22/07/2019 15:33		Vide Report No.:	Station Diary No.: 73	
Informa	nt's Partic	ulars	The same transfer and the		
Name of Informant: TAN YEW PHENG			Address: APT BLK 326 HOUGANG AVENUE 7 #07-327 SINGAPORE 530326		
ID Type / ID No.: NRIC NO / S7021709J			Contact No.: Home/Office: Mobile: 90029777		
Nationality: SINGAPORE CITIZEN		EN	Email:		
Sex: Male	Age:	Date of Birth: 21/06/1970	Type of Informant: Driver		
Race: Chinese		Language: Chinese	Institution / School Name:		
Occupation: Hawker/Stall holder (prepared food or drinks)		Driving Licence Information Class: 3	Date of Expiry:		

Type of Injury		Drink	Date/Time of	Type of Location:	
Accident:	Others	Drive: No	Accident: 19/07/2019 17:30	T-Junction	
Location: Junction of R VICTORIA S' CHENG YAN Inside the Ye Weather:	PLACE	Road Surface:		Road Speed Limit:	
Traffic Flow: Traf		Traffic Control:		Traffic Volume:	
Type of Collis	sion:			Anyone conveyed by ambulance:	

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJA2349H	Car	NISSAN	SYLPHY 1.5 4AT	Black	Slightly Damaged	0
SLA7497G	Car	MERCEDES BENZ		Black	Slightly Damaged	0

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
SJA2349H	MSIG INSURANCE (SINGAPORE) PTE, LTD.	8VPCB1838550	30/11/2018	29/11/2019		





Police Station Of Origin: Bedok South N.P.C

20 Chai Chee Drive SINGAPORE 469045

Tel No: 1800-2448999

2 of 3

Report No. T/20190722/2090

CONTINUATION OF REPORT

Details of Perso	n Involved			ESTREMENT OF THE PARTY OF THE P		
Any Pedestrian I	nvolved: No					
No. of Pedestria	ns Injured: NIL		Use of F	Pedestria	n Cross	sing: NA
Driver				GGGGGGG	1 0103	oling. NA
Name	TAN YEW PHENG			ID No).	S7021709J
Related Vehicle	SJA2349H (Car)			Conta	act No.	90029777
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class Drivin Licen Expin	ıg	Class: 3 Date of Expiry: NIL
Date Treatment		Date Dis	scharge		7/2019	
No. of Days gran	of Days granted Medical Leave 06			of Injury	Slight	
Driver		No. of Part of the				
Name	Law Chee Cheng			ID No		S1786062C
Related Vehicle	SLA7497G (Car)	- ,*	Conta	ct No.	97987384	
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Dis		NIL	
No. of Days grant	ted Medical Leave	NIL	Degree		NIL	

Brief Details.

On 19/07/2019 at about 1730hrs, I was driving my vehicle along Victoria Street, towards Lavender direction. At the junction of Cheng Yan Place, a vehicle SLA7497G suddenly came out from Cheng Yan Place and the vehicle knocked into the left front bonnet of my vehicle. Both vehicles came to a halt and we assessed the damages and exchanged particulars. When I returned home, I felt pain in my neck and subsequently seek medical treatment at the hospital. I was given 6 days MCs. That is all.





1/20190/22/

Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999

3 of 3 Report No. T/20190722/2090

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: G / SI TAN ZHI QIN, BENJAMIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 22/07/2019 15:33
Officer In Charge Of Case: TP / AEIT / Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172	Classification Of Case:
Authentication Stamp	







MSIG Insurance (Singapore) Pte. Ltd. 4 Shenton Way, # 21-01 SCX Centre 2 Singapore 068807 fel +65 6827 7888, Fax +65 6827 7800 To 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.

Individual Ownership

MOTOR MAX Comprehensive

Certificate No. A 27803110 QMX

Excess: SGD500

Windscreen Excess: SGD100

1. Index Mark and Registration Number of Vehicle

SJA2349H

2. Name of Policyholder

Tan Yew Pheng

3. Effective Date of the Commencement of Insurance for the purposes of the Act 30/11/2018

4. Date of Expiry of Insurance

29/11/2019

5. Persons or Classes of Persons entitled to drive*

Tan Yew Pheng

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 only for social domestic and pleasure purposes and for the Policyholder's business. The Policy does not cover use for hire or reward 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 Motor Trade.

* 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.

PLEASE NOTE ALL CLAIMS RELATED REPAIR MUST BE CARRIED OUT AT ANY MSIG AUTHORISED WORKSHOP LISTED IN THE ATTACHED.

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-Parly 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