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Owner / Driver: (Tel:	•)	
Policy No: () Period: ()	Cover Type: ().	
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1) Apply for Transport Allowance ()/ Courtesy	Car()			<u> </u>		
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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.
- aforesaid.

	ACCIDENT STATEMENT
Date Of Report	28/08/2019 19:12
Date Of Accident	26/08/2019 19:00
Exact Location Of Accident	ALONG JLN BUKIT MERAH TOWARDS KG BAHRU ROAD
Country/State of Loss	SINGAPORE
The state of the s	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLD8232G
Insured/Policyholder	
Name Of Registered Owner	WEE TECK HIN
NRIC No	S1431423G
Email Address	WEE3232@GMAIL,COM
Mobile Phone No	(LOCAL) +65-98183745
Alternative Phone No	OTHERS-98183745
Vehicle Particulars	
Manufacturer	MAZDA
Model	6-2.5 4-DOOR SEDAN 2.5L SP.6E (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 29121620 QMX
Cover Note Number	
Driver	
Name of Driver	WEE TECK HIN
NRIC No	S1431423G
Date Of Birth	22/10/1960
Occupation	INDOOR
Date Of Driving Pass	06/05/1982
Driving Experience	37 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98183745
Fax Number	
Contact Number	OTHERS-98183745
EMail Address	WEE3232@GMAIL.COM

Address

32 MAS KUNING TERRACE

Postcode

126874

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

NO COLLISION

Weather Conditions

RAINING

Road Surface

WET

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?

YES

Was any injured conveyed to hospital by

ambulance?

YES

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)

1

Details of Police Action

Was the accident reported to the police?

YES

if Yes, Please state which Police Station

Police Station Name

CLEMENTI NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 427 CLEMENTI AVENUE 3 , POSTCODE: 120427 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-7759999 - FAX NO: 67764246

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190826/2186

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH THE POLICE OFFICER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

FBM4049S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

DETAILS OF INJURED PERSON 1

Name

UNKNOWN RIDER

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBM4049S

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

SKETCH PLAN

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.
- 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)

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

Name:

NRIC/FIN No.1

GAZINE, Sheets Proof ours. V.

SKETCH PLAN Lane Lane Lane No contact with brotorbike SLDP232G motorbike FBM 40495 Jalan Bukit Merah junction of after Junction of Butt Meran View DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Police Report 292 26/8/19 Note: (1) Called MSIG Hotline accident at Pom to report advised necessain as no contact made with advised to abt 4pm, 27/8/19 hows 3 Celler çeek ant Claims make TEPOR DECLARATION I/We declare the foregoing particulars are true in every respect. accudent based call and Reporting Centre Personnel's Policyholder's Signature Driver's Signature Date & Time: (If driver is not the policyholder) Name: Date & Time: NRIC/FIN No.





Police Station Of Origin: Clementi NPP 427 Clementi Avenue 3 #01-456 SINGAPORE 120427 Tel No: 1800-7759999

1 of 3 Report No. T/20190826/2186

REPORT OF A TRAFFIC ACCIDENT

26/08/2	me Report 019 20:42	Made;	Vide Report No.: D/20190826/0087	Station Diary No.
Informa	nt's Partic	ulars		27
Name o	f Informant ECK HIN		Address: 32 MAS KUNING TERRACE	SINGAPORE 126874
NRIC N	/ ID No.: 0 / S14314	23G	Contact No.:	
National SINGAP	ity: ORE CITIZ	EN.	Email:	Mobile: 98183745
Sex: Male	Age: 58	Date of Birth: 22/10/1960	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
	Occupation: T DIRECTOR		Driving Licence Information: Class: 3	Date of Expiry:

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident:	Type of Location Straight Road
JALAN BUKIT KAMPONG B Jalan Bukit M Weather: Drizzling	Traveling Toward Road MERAH AHRU ROAD erah towards Kampong		26/08/2019 19:00	
Traffic Flow: One Way				Traffic Volume: Heavy
Type of Collisi	on:			ricavy

Vehicle No.	Туре	Make	Model	Color	0. "	
FBM4049S	Motorcycle		MOGEL	Colui	Condition	No of Passenge
	0.00				Slightly Damaged	0
SLD8232G	Car	MAZDA	MAZDA6 4- DOOR SEDAN 2.5L SP.6EAT SR LED	Red	No Damage	0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Te i e i
		THOUSAIDE 140	Ellective	Expiry Date





2 of 3 Report No. T/20190826/2186

Police Station Of Origin: Clementi NPP 427 Clementi Avenue 3 #01-456 SINGAPORE 120427 Tel No: 1800-7759999

CONTINUATION OF REPORT

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SLD8232G	MSIG INSURANCE (SINGAPORE) PTE. LTD.	9VPCB1862780	18/05/2019	17/05/2020	

Details of Perso				4.99	45	
Any Pedestrian Ir			Line of De	da ataina	C	Toron BIA
No. of Pedestrian	is injured; NIL		Use of Pe	destnar	Cross	ing: NA
Driver						
Name	WEE TECK HIN			ID No	55	S1431423G
Related Vehicle	SLD8232G (Car)		Conta	ct No.	98183745	
Hospital/Clinic	NIL		Class Drivin Licent Expin	g	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

Brief Details.

On 26/08/2019 at about 1900hrs, I was driving my car (SLD8232G) along the 2nd lane of a 3 lanes traffic. It was drizzling and the road was wet. The traffic volume was heavy.

As the traffic was heavy and my car came to almost to a stop. As the left lane was clear, I wanted to make a lane change to the left most lane, I turned on my left signal light to indicate my intention but I don't think that I did filter out from the 2nd lane. The next thing I realised that a motorcycle has passed my car and skidded. The rider fell on the road. After that, I then slowly moved my car to the left lane to render aid to the rider. There was also passer-bys who came to help. We then called the ambulance and the Police.

The rider could speak to us but was in pain. We did not see any bleeding on the rider. Ambulance came and also the Traffic police officer, SGT Joshua. I related the incident to SGT Joshua and also informed him that I have my in-car camera. I then handed over the SD card to him for him to review.

I wish to state that there was no contact between my car and the motorcycle. According to SGT Joshua, understand that there are minor scratches on the right hand side of the motorcycle. The rider was conveyed to the hospital by the ambulance. I pray that the rider will be okay and no major injuries.





Police Station Of Origin: Clementi NPP 427 Clementi Avenue 3 #01-456 SINGAPORE 120427 Tel No: 1800-7759999

3 of 3 Report No. T/20190826/2186

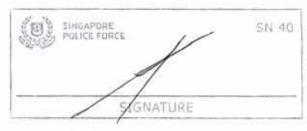
CONTINUATION OF REPORT

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.

Kelle
20:42
of Case:





SINGAPORE POLICE FORCE

ACKNOWLEDGEMENT SLIP Ref: Report No: Ca+(3) TISOUGI JUSTIMA (Recipient's Name, Contact No. / NRIC or Pasaport No. / Rank and No.) (Address / Police Station / NPC / NPP) hereby acknowledge receipt of the below mentioned items of: 4 5 8/43/4236 , wee Teste Hin from (Name, NRIC or Passport No. / Hank and No.) Mas Kuning Terrace of (Address / Police Station / NPC / NPP) (Date) (Time) Witnessed by / * Handed over by: (* Delete if applicable) Received by: (Signature) Signature 547422-3/7/56061 (Name, NRIC or Passport No. / Rank and No.) (Name, Contact No. / NRIC or Passport No. / Rank and No.) Other Remarks: In R+ Nearly > 16 Perline R1

ACCIDENT STATEMENT

ACCIDENT DATE: (26. 108 12619)(DD/MM/YYYY), TIME: (19:34)(HH:MM)
LOCATION: \$ LAW 157 WHICAY TOWASTOS RG RAHERI BOOD.
DETAILS OF VEHICLE a) VEHICLE NUMBER: SLO 8232G b) INSURANCE COMPANY: MSIG c) POLICY NUMBER: A 29121620 Q MX d) POLICY TYPE: (COMPREHENSIVE /) HIRD PARTY / THIRD PARTY FIRE & THEFT) e) MAKE & MODEL: MAZDA 6 25 1) TYPE: (SALOOD / COUPE / MPY / VAN / LORRY / MOTORCYCLE / OTHERS)
I) PURPOSE OF USING AT ACCIDENT TIME: WORK I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
A)NAME: TECK HI NIMALE) FEMALE! D)NRIC/FIN/PASSPORT: SI + 31423 G CONTACT: 908 374 S C)ADDRESS: 32 Mas Kuning Textace
CONTINUE TO 3.d IF DRIVER ALSO POUCY HOLDER CIncluding driver) DINAME: WGE TECK HIN MALE PEMALE! DINRIC/FIN/PASSPORT: SIEZIYZZG CONTACT: 98183745
*d) DATE OF BIRTH: (22/ 10 / 1960 (DD/MM/YYYY) e) OCCUPATION (INDOOR) OUTDOOR) f) DATE OF DRIVING PASS 1986 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
b) ROAD SURFACE: (DRY / (WET) OTHERS 6. WAS ANYBODY INJURED (YES) NO) 7. a) REPORTED TO POUCE (YES) NO) IF YES, PLEASE STATE WHICH POLICE STATION: Clements Pulses
Me of passenger of VEHICLE NUMBER: FBM 40495 MODEL: Maker yelle Milling deliver) b) DRIVER'S NAME: (1) C) NRIC/FIN/PASSPORT:
Mo of passanger d) VEHICLE NUMBER:MODEL:
(-) NRIC/FIN/PASSPORT: CONTACT:

email = wee 3232@gmail.com

REPUBLIC OF SINGAPORE .
IDENTITY CARD NO. \$1431423G





WEE TECK HIN

王徳权

CHINESE Date of horse 22-10-1960

SINGAPORE

· Sim

3894163





wmc su S1431423G

For LKK/NAC Use Only

Oate of lease 20-05-2005

32 MAS KUNING TERRACE SINGAPORE 126874 YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

MAY LATE

Cless 3 Motor Cars and Motor Tractors the weight of which unleden does not ax oed 2500 life grains

06 May 1952

For LKK/NAC Use Only

NF 128A

HIBERT STEEL



MSIG Insurance (Singapore) Pte. Ltd. 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 058807 Tel +65 5827 7888, Fax +65 6827 7800 Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

Certificate of Insurance

THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF 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)
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 29121620 QMX

Excess: SGD1,000

Windscreen Excess: SGD100

1. Index Mark and Registration Number of Vehicle SLD8232G

Name of Policyholder

Wee Teck Hin

- Effective Date of the Commencement of insurance for the purposes of the Act
- Date of Expiry of Insurance

17/05/2020

Persons or Classes of Persons entitled to drive*

Wee Teck Hin

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.

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 (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

MSIG Insurance (Singapore) Pte. Ltd. Approved Insurers

for Chief Executive Officer