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Insured/Driver Liability: (	Policy No: ( ) Perio	nd: (	)	Cover Type: (		)	
Year of Registration: (	Confirmed by : (		Date:	Tline:	WHITE GENERAL SERVICE	)	
Loading: \$1,000 ( ) / \$2,000 ( )	Insured/Driver Liability: ( %) [No	ote-Est. Status (	WO): N: 0-20	%; P: 21-79%. P:	80-1009	<b>(6)</b>	
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Walk-In Customer's Customer's Information strictly Confidential & Strictly NO refer of repairer.   Total Loss Case   to e-mail Insurer URGENTLY.   Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co; ( )	Excess: (\$ ) Loading: \$1,000	) ( ) / \$2,000	)( )				-
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2) DA: Damego Assessment (\$100); INC (\$50)  VCr/Owner:  3) TF: Towing Fee \$40545  4) PT: Follow-Through Survey \$120  5) PT: Follow-Through Survey \$30  For claiming againgt UNC Only (well 0 Jan 200)  6) TR: Re-impedion \$75  7) NI: Idao DA + SMRT Survey \$160  8) NTUC Additional Services:-  OR*  *NS: Courtesy Car / Tpt Allowance \$55  *NG: Repair Co-ordination \$10  *NF: Post Repair Inspection \$25  *NG: Repair Inspection \$30		19065 57	1) AR 1 Accident R	T. F. St. 1112 Court of St. 1 Chief Lines (St. 1)	And it street or		10
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Involve dated Fee Charged PRESING	(A)					THE TEXT	

### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

**EMail Address** 

- 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 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.

atoresaid,	
Supplied to the American State of the State	ACCIDENT STATEMENT
Date Of Report	02/09/2019 16:40
Date Of Accident	01/09/2019 12:55
Exact Location Of Accident	PAYA LEBAR RD
Country/State of Loss	SINGAPORE
Sandy - Sand College of the College	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGS8225H
Insured/Policyholder	
Name Of Registered Owner	CHER KUM HOONG
NRIC No	S1458901E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97883062
Alternative Phone No	OFFICE-97883062
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE
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	D 300099657 QMY
Cover Note Number	
Driver	
Name of Driver	CHER SHI HAO JAMES
NRIC No	S9234352I
Date Of Birth	23/09/1992
Occupation	INDOOR
Date Of Driving Pass	08/02/2013
Driving Experience	6 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91500851
Fax Number	
Contact Number	

NOEMAIL

Address BLK 338 UBI AVE 1 #04-863

Postcode 400338

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

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

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)

Passenger 1

NAME: : YAN JI PING

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT T/20190901/7004

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

FBN2520E

Vehicle Make/Model/Colour

**Details Of Properties** 

MOTORCYCLE

Vehicle Category Name of Driver

MOHAMAD AZLAN BIN MOHD MOKHTAR

NRIC/Passport Number

S7000441J

Contact Number

Address

Postcode Insurance Company Name Nature Of Damage

No. Of Passenger (Including Driver)

## 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's Signature

Name:

NRIC/FIN No .:

A		A:	565 C22511
A B I		//-	2012 8223H
1531		B÷	SGS 82254 FBN 2520E
	Paya Lebar	nd	
SCRIBE CIRCUMSTANCES OF THE ACCIDENT			
Refer Police Repo	-t T/2019	1090117	004
150			
	-1		
	- 1		
ECLARATION			
ECLARATION We declare the foregoing particulars are true in every re	spect.		
	spect.		H

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.:





1 of 4 Report No. T/20190901/7004

# REPORT OF A TRAFFIC ACCIDENT

Date/Tin 01/09/20	ate/Time Report Made: 1/09/2019 15:44		Vide Report No.:	Station Diary No.:
Informa	nt's Partic	ulars		<b>可以投放了其份。他是是</b>
Name of Informant: CHER SHI HAO, JAMES			Address: APT BLK 338 UBI AVENUE 1	1 #04-863 SINGAPORE 400338
ID Type NRIC NO	/ ID No.: D / S92343	521	Contact No.: Home/Office:	Mobile: 91500851
National SINGAP	Nationality: SINGAPORE CITIZEN		Email: james_cher@hotmail.com	3
Sex: Male	Age: 26	Date of Birth: 23/09/1992	Type of Informant: Driver	
Race: Chinese		71	Language: English	Institution / School Name:
Occupation: Physiotherapist			Driving Licence Information: Class:	Date of Expiry:

Type of Accident:	Non-Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 01/09/2019 12:55	Type of Location Straight Road
Location: PAYA LEBAR Weather: Clear	ROAD	Road Surface:		Road Speed Limit:
		Traffic Control:		Traffic Volume:
Traffic Flow: One Way		Traffic Light - Wo	rking	Moderate

Details of V	ehicle Involve	d	Harris Marie		Library Control	
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBN2520E	Motorcycle	SUZUKI		Black		0
SGS8225H	Car	HYUNDAI	Avante	Blue	Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 4 Report No. T/20190901/7004

## CONTINUATION OF REPORT

Cyclist	GASE/ALL	Allian Vin	HETENYARES OF	11197		
Name	MOHAMAD AZLAN BIN MOHD MOKHTAR			ID No	).	S7000441J
Related Vehicle	FBN2520E (Motorc	ycle)		Contact No.		88170736
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	
Driver		A STATE OF THE PARTY OF THE PAR	a antercura.	281670	TANK	N/F=
Name	CHER SHI HAO, JA	AMES		ID No		S9234352I
Related Vehicle	SGS8225H (Car)		Contact No.		91500851	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disch	narge	NIL	
No. of Days grant	ed Medical Leave	NIL	Degree of		NIL	
Passenger	100000	AL PAIN	COLUMN ACCUACION	Carrier.	254	
Name	YAN JI PING			ID No		S2592433I
Related Vehicle	SGS8225H (Car)		Contact No.		91859590	
Hospital/Clinic	NIL		Class Driving Licent Expiry	e &	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	-	Date Disch	arge	NIL	
	ed Medical Leave	NIL	Date Disti	ange	I WITE	

# Brief Details.

Traffic accident happened on 01 September 2019, around 1256hrs

Vehicle SGS8225H was stationary at the junction of paya lebar toward PIE (mapped out on the following slides) while awaiting for the traffic light to turn green with Driver James Cher Shi Hao and Passenger Yan Ji Ping

Motorbike of FBN2520E hit and impacted vehicle SGS 8225H from behind

Dented and scratch onto vehicle SGS8225H
Rider of FBN2520E (Mr Mohamad Azlan Bin Mohd Mokhtar S7000441J) agreed that he is at fault and did apologies on the accident scene





3 of 4

Report No. T/20190901/7004

CONTINUATION OF REPORT





4 of 4 Report No. T/20190901/7004

CONTINUATION OF REPORT

Ske	tch	Plan	١
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Informant is not able to provide sketch plan

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 01/09/2019 15:44
Classification Of Case:

Authentication Stamp NP168



(Singapore) Pte. Ltd. #21-01, 5GX Centre 2, Singapore 068807 88, Fex +63 6827 7800 12222G GST Reg. No. 20-0412212G MY OF MISSAR INSURANCE GROUP

# 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 RISKS AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)

OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

#### MOTORMAX PLUS Comprehensive

Certificate No.

D 300099657 QMY

Excess : SGDSOO

Windscreen Excess: SGD100

Index Mark and Registration Number of Vehicle 5GS8225H

- 2. Name of Policyholder Cher Kum Hoong
- Effective Date of the Commencement of Insurance for the purposes of the Act 3.
- Date of Expiry of Insurance 25/03/2020
- 5. Persons or Classes of Persons entitled to drive\*

Cher Kum Hoong, Yan Ji Ping

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 Risk and Compensation) Act (Chapter 189) and Chapter 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

PLEASE NOTE ALL CLAIMS RELATED REPAIR CAN BE CARRIED OUT AT ANY WORKSHOP OF YOUR CHOICE OR AT ANY MSIG AUTHORISED WORKSHOP LISTED

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 Z 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 offense 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

ael W Gourlay Chief Executive Officer