#### 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	23/09/2019 17:51
Date Of Accident	22/09/2019 15:30
Exact Location Of Accident	SERVICE RD INSIDE BLK 15 TELOK BLANGAH CRESCENT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMD9600J
Insured/Policyholder	
Name Of Registered Owner	SYLLYS AUTO PTE LTD
Co Reg No	201634359K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96985643
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL-1.5 (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 HIRE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A29131133MCX
Cover Note Number	
Driver	
Name of Driver	YAP SOON MENG

S8008937F NRIC No Date Of Birth 21/03/1980 Occupation **INDOOR Date Of Driving Pass** 14/06/2000

**Driving Experience** 19 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-85106551

Fax Number

**Contact Number** 

**EMail Address NOEMAIL**  Address BLK 82 BEDOK NORTH ROAD #14-326

Postcode 460082

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - PRIVATE HIRE

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

**General Information of the Accident** 

Type Of Accident SIDE SWIPE
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 TAMPINES NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 6 TAMPINES AVE 4, POSTCODE: 529682, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-5871999 - **FAX NO**: 65871699

Was notice of intended Prosecution given?

If Yes, against whom?

NO

#### **Circumstances of Accident**

PLEASE REFER TO POLICE REPORT NO: G/20190923/2010

Attachment(s)

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

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SJR288Z

Vehicle Make/Model/Colour VOLVO V40 T4

**Details Of Properties** 

Vehicle Category PRIVATE CAR
Name of Driver KELVIN CHEONG

NRIC/Passport Number

Contact Number 98772777

Address Postcode

Insurance Company Name

Nature Of Damage

#### No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1** 

Name UNKNOWN / MALE

Approximate Age

Injuries Sustain INJURIES
Injured person in which vehicle? SMD9600J

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

**DETAILS OF INJURED PERSON 2** 

Name UNKNOWN / FEMALE

Approximate Age

Injuries Sustain INJURIES
Injured person in which vehicle? SMD9600J

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

**DETAILS OF INJURED PERSON 3** 

Name UNKNOWN / FEMALE

Approximate Age

Injuries Sustain INJURIES
Injured person in which vehicle? SMD9600J

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

**DETAILS OF INJURED PERSON 4** 

Name YAP SOON MENG

Approximate Age

Injuries Sustain INJURIES
Injured person in which vehicle? SMD9600J

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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:
  - (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.

Policyholder's Signature

Date & Time: 2 3 SEP 2019

01034333

Driver's Signature

(If driver is not the policyholder)

Date & Time:

2 3 SEP 2019

Reporting Centre Personnel's Signature

NRIC/FIN No .:

# SKETCH PLAN BLK 16A MSCP SmD 9600J YEHICLE A -SJR 2882 VEHICLE B BLK 15 TELOK BLANGAM CRESCENT PICKUP PON

ESCRIBE	CIRCU	MSTANCI	ES OF	THE AC	CIDENT							
								3) 2010				
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WOR	KSH	OP.										
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DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Signature 2 3 SEP 2019

Drives Signature (If driver is not the policyholder) Date & Time: 2 3 SEP 2019

Reporting Centre Personnel's Signature

NRIC/FIN No.:





1 of 2

Report No. G/20190923/2010

## POLICE REPORT (NP299)

Police Station Of Origin Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

Date/Time Report Made 23/09/2019 01:58	Vide Re A/20190	port No. 922/0114	тем можеще	Station Diary No 18	
Name Of Informant YAP SOON MENG	Address APT BLK 82 BEDC SINGAPORE 4600		OK NORTH ROAD #14-326		
ID Type / ID No. NRIC NO / S8008937F	Contact No. Home/Office		Mobile 85106551		
Nationality SINGAPORE CITIZEN	Email Address				
Occupation	Sex	Age	Date of Birth	Race	
PRIVATE HIRER	Male	39	21/03/1980	Chinese	
Institution/School Name	Language				
Date/Time Of Incident 22/09/2019 15:30	Location Of Incident APT BLK 15 TELOK BLANGAH CRESCENT MOUNT FABER VIEW SINGAPORE 090015				

#### Brief details.

On 22/09/2019, at about 3.30pm, while I was the above location's roundabout to await for a pick-up. SJR288Z (Kelvin Cheong; 98772777) suddenly drove and parked behind me, and pressed a long 'honk', as such I opened door and look over, and saw the driver shown me a middle finger and gesture to move off. But I ignore, but the driver continued to long honk at me till I got my pick up.

About 2 mins later, I moved off and SJR288Z then move off as well. Upon driving along the service road,

Signature Of Informant:			
Date/Fime: 23/09/2019 01:58			
Classification Of Case:			

SIGNATURE





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20190923/2010

SJR288Z drove and sped up, and encroach into my path and collided to me on front right side. There after, both parties step down, no dispute took place. But the driver called for Police, Police came and advised accordingly. Both parties settled by exchanging particulars, and left.

Prior to Police arrival, there were some witnesses who came to inform, they willing to be witness for our incident and later on, a one of the witnesses; Cassie; 91012211 came forward to provide me with her incar CCTV footage and after watching it, I felt that the SJR288Z had encroach into my path on purpose and resulted it in an accident and injuries.

I wish to state, I also have in-car CCTV; front and back and it should capture the incident. No assault or any verbal threat took place. I wish to state, I will want to pursue the matter.

Signature Of Officer Recording The Report:

G / Sgt 2 GOH JUN KIAT JASON

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
CENTRAL DIVISION
NGIAM SIN WEI
Contact No.: 65575081

Authentication Stampapore
POLICE FORCE

Signature Of Informant:

Date/Time:
23/09/2019 01:58

Classification Of Case:



MSIG Insurance (Singapore) Pte. Ltd. 4 Shenton Way, # 21-01, SQX Centre 2, Singapore 068807 Tel +65 6827 7898, Fax. +65 6827 7800 Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

# Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA), ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (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.

Form M.Z.400

MOTORMAX-COMMERCIAL

Cars for Hire

Comprehensive

Certificate No. A 29131133 MCX

Excess: SGD3,000

Windscreen Excess: SGD100

1. Index Mark and Registration Number of Vehicle

SMD9600J

2. Name of Policyholder

Syllys Auto Pte Ltd

3. Effective Date of the Commencement of Insurance for the purposes of the Act

05/09/2019

4. Date of Expiry of Insurance

23/07/2020

5. Persons or Classes of Persons entitled to drive\*

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 for the carriage of passengers or goods in connection with the

Policyholder's business. Use for social domestic and pleasure purposes.

- The Policy does not cover

  (1) Use for racing pace-making reliability trial or speed-testing.

  (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
- \* 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-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

for Chief Executive Officer























