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* 88%

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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.
- 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.

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Date Of Report	14/10/2019 09:59
Date Of Accident	10/10/2019 17:15
Exact Location Of Accident	AYE TOWARDS MCE NEAR ALEXANDRA EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMA7372X
Insured/Policyholder	
Name Of Registered Owner	CHANG WAY LIE
NRIC No	S1240425E
Email Address	WEICHUAN,QUEK@OUTLOOK,COM
Mobile Phone No	(LOCAL) +65-97813310
Alternative Phone No	OTHERS-96553305
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	ELANTRA
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	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	B 29121376 QMY
Cover Note Number	
Driver	
Name of Driver	QUEK WEI CHUAN
NRIC No	S9725579B
Date Of Birth	03/08/1997
Occupation	INDOOR
Date Of Driving Pass	23/11/2018
Driving Experience	0 YEAR AND 10 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96553305
Fax Number	
Contact Number	OTHERS-97813310

Address

BLK 338 CLEMENTI AVENUE 2

#24-44

Postcode

120338

CHILDREN

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

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

YES

Was any other material or property damaged?

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?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE 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

SLB5549Z

Vehicle Make/Model/Colour

TOYOTA VIOS

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

ROSLAN BIN KEMAT

NRIC/Passport Number

S1566183F

Contact Number

96960183

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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 withholding 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.
- Any false reporting may be referred to the Police for investigation.
- 6. 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.
- 7. 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:

- 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)
 - (i) 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
- 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 4/10 1 , 1001 Ln.

Beporting Centre Personners Signature
Name:
NRIC/FIN No.:

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DECLARATION

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

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 1 4/10/19 _ 1005 km.

Reporting Centre Personnel's Signature Williams
Name:
NRIC/FIN No.:

ACCIDENT'STATEMENT

LOCATION: ATE, NOW CLEARING AND CALL 1. DETAILS OF VEHICLE CIVEHICLE NUMBER: SMATBLX DINSURANCE COMPANY: MILE CIPOLICY NUMBER: B 27236 CIPOLICY NUMBER: B 27236 CIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE EITHER O)MAKE & MODEL: HYMPAL ELANTEA (I)TYPE: (SALOON) COUPE / MEX. VAN / LORRY / MOTORCYCLE, OTHERS) O)VEHICLE CATEGORY: (RRIVATE) COMMERCIAL / MOTORCYCLE) II) PURPOSE OF USING A TACCIDENT TIME: LONGON IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: Chang L/Ay (100 C) ADDRESS: BIK 138 CLEMEN AND 2 HEAVY STROTIS C) ADDRESS: BIK 138 CLEMEN AND 2 HEAVY STROTIS CONTINUE TO 3 dIF DRIVER ALSO POUCY HOLDER DININC/FIN/P ASSPORT: S12352490 CONTACT: 94553222 CONTINUE TO 3 dIF DRIVER ALSO POUCY HOLDER DININC/FIN/P ASSPORT: S12352490 CONTACT: 94553222 CONTINUE TO 3 dIF DRIVER ALSO POUCY HOLDER DININC/FIN/P ASSPORT: S12352490 CONTACT: 94553222 CONTINUE TO 3 dIF DRIVER ALSO POUCY HOLDER DININC/FIN/P ASSPORT: S12352490 CONTACT: 94553222 CONTINUE TO 3 dIF DRIVER ALSO POUCY HOLDER DININC/FIN/P ASSPORT: S1256490 CONTACT: 94553222 CONTINUE TO 3 dIF DRIVER ALSO POUCY HOLDER CINCHIN/P DATE OF DRIVING PACE ALSO POUCY HOLDER DININC/FIN/P ASSPORT: S1256490 CONTACT: 96553222 CONTACT: S166490 CONTACT: 9676 093 IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE O) WEHCHE NUMBER: SCAND GRA KEMAT OI NRIC/FIN/P ASSPORT: S156490 CONTACT: 9676 093 CINCHIN/P ASSPORT: S156490 CONTACT: 9676 093 CINCHIN/P ASSPORT: S156490 CONTACT: 9676 093 CINCHIN/P ASSPORT: CONTACT: 9676 093 CINCHIN/P ASSPORT: S156490 CONTACT: 9676 093 CINCHIN/P ASSPORT: CONTACT: CONTACT: 9676 093	ACCIE	DENT DATE: 10 10 10 10 19 10	DD/MM/YYY), TIME:(/=	7. : /S_)(HH:MM)
DIVEHICLE NUMBER: SMATAZX DINSURANCE COMPANY: MILE CIPOLICY NUMBER: B 25121316 DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THÎRD PARTY FIRE ETHER DIMAKE & MODEL: "HYMPPIL ELPHTEA (ITYPE: (SALOON) COUPE / MEY, IVAN / LORRY / MOTORCYCLE, OTHERS) DIMAKE & MODEL: "HYMPPIL ELPHTEA (ITYPE: (SALOON) COUPE / MEY, IVAN / LORRY / MOTORCYCLE, OTHERS) DIVEHICLE CATEGORY: (RIVATE / COMMERCIAL / MOTORCYCLE) HIPURPOSE OF USING AT ACCIDENT TIME: "Leight" IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) CONTINUE TO 3. d IF DRIVER ALSO POUCY HOLDER DINRIC/FIN/PASSPORT: (12404256 CONTACT: 9751370.) CONTINUE TO 3. d IF DRIVER ALSO POUCY HOLDER DINRIC/FIN/PASSPORT: \$14752445 CONTACT: 9655422 CONTINUE TO 3. d IF DRIVER ALSO POUCY HOLDER DINRIC/FIN/PASSPORT: \$14752445 CONTACT: 9655422 CINCLUDIAN DINRIC/FIN/PASSPORT: \$14752445 CONTACT: 9655422 CINCLUDIAN DINRIC/FIN/PASSPORT: \$14752445 CONTACT: 9655422 CINCLUDIAN DINRICH PARTY PAR	LOCAT	TION: ATE, now alexandra	nd exit	28°
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IF NO, PLEASE STATE (THIRD PARTY CLAIM / RÉPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: Chan L/Ay (10 (MALE / PEMALE)) DINRIC/FIN/PASSPORT: (12404280 CONTACT: 9771370) C) ADDRESS: BIL 733 CLEMENT AND 2 #144-44 STROTTS CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER DINRIC/FIN/PASSPORT: S17257795 CONTACT: 9655732 CONTACT: 9676 CONTACT:) G	O MAKE & MODEL: "HYUNDAL I) TYPE: (SALOON) COUPE / MPY B) VEHICLE CATEGORY: (PRIVATE In) PURPOSE OF USING AT ACCIDE	VAN/LORRY/MOTORY/OMMERCIAL/MOTO	CYCLE./OTHERS).
CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER DRIVER CINCLUDING diver) CINCLUDING diver) CINCLUDING DIRECTION CONTACT: 965 533 2 CINCLUDING OF BIRTH: [OI] 08/1994 [CDD/MM/YYYY] e) OCCUPATION: [INDOOR / OUTDOOR] I) DITE OF DRIVING PACE WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POUCE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE (Including divivir) B) DRIVER'S NAME: EDIGN CAN KEMMT (Including divivir) C) NRIC/FIN/PASSPORT: SISCURITE CONTACT: 9676 0133 WE NO OF PASSENGER C) VEHICLE NUMBER: MODEL:	2.,	IF NO, PLEASE STATE (THIRD PAR INSURED / POLICY HOLDER A) NAME: Chang Way Cit b) NRIC/FIN/PASSPORT: SIZ 40	TY CLAIM / REPORTING C	MALE / PEMALE)
e)OCCUPATION: (INDOOR / OUTDOOR) 1)DATE OF DRIVING PACS 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. a)WEATHER CONDITION: (QLEAR / RAINING / OTHERS 6. WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE 6. WE OF PRISONAGE OF VEHICLE OF VEHICLE NUMBER: SLESSY 12 MODEL: Toyak VIOS 8. THIRD PARTY VEHICLE OF NAME: SUBJECT OF CONTACT: 9676 0133 (Including diviviar) OF DRIVER'S NAME: SUBJECT ONTACT: 9676 0133 9. THIRO PARTY VEHICLE CONTACT: 9676 0133 WHO OF PRISONAGE OF THE INSURED'S NAME: MODEL: OF DRIVER'S NAME: MODEL: OF DRIVER'S NAME: MODEL:	(Including driver)	CONTINUE TO 3.d IF DRIVER ALS DRIVER DINAME: Guek Was Chapen DINRIC/FIN/PASSPORT: \$117	SO POUCY HOLDER	MALE / FEMALE)
6. WAS ANYBODY INJURED (YES /NO) 7. DIREPORTED TO POLICE (YES /NO) 1F YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE 8. THIRD PARTY VEHICLE 9. DRIVER'S NAME: EDGAN GAN KEMMT 9. THIRD PARTY VEHICLE 10. NEIC/FIN/PASSPORT: SISCHBIF CONTACT: 9696 0193 11. OI NRIC/FIN/PASSPORT: SISCHBIF CONTACT: 9696 0193 12. OI VEHICLE NUMBER: MODEL: 13. OI VEHICLE NUMBER: MODEL:		e)OCCUPATION: (INDOOR / OUT I)DATE OF DRIVING PASS WAS DRIVER AN EMPLOYEE OF IF NO, RELATIONSHIP OF THE D)WEATHER CONDITION; (CLEAR	THE INSURED'S COMI DRIVER WITH INSURE RAINING / OTHERS	PANY? (YES / (NO))
(Induding driver) b) DRIVER'S NAME: EDGAN CONTACT: 9696 0133 (Induding driver) b) DRIVER'S NAME: EDGAN CONTACT: 9696 0133 (1) 9. THIRD PARTY VEHICLE (1) PASSENGER d) VEHICLE NUMBER: MODEL:		WAS ANYBODY INJURED (YES /A	(a) (c)	
(1) PARTY VEHICLE Who of passenger of DRIVER'S NAME: MODEL:	the of passanger	a) VEHICLE NUMBER:	J BIN KEMITI	
e) DRIVER'S NAME:	(. <u>.1</u>) 9.	O NRIC/FIN/PASSPORT: SISE	CIRTE CONTA	
/ / MRIC/FIN/FASSTORI	the of passenger (Industing driver)	AL DRIVER'S NAME		

email =

, singapore) Pte. Ltd. , # 21-01, SGX Centre 2, Singapore 068807 / 7888, Fax +65 6827 7800 -0-200412212G 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.

Form M.X.1 Individual Ownership

MOTOR MAX PLUS

Comprehensive

Certificate No.

B 29121376 OMY

Excess: SGD500

Windscreen Excess: SGD100

Index Mark and Registration Number of Vehicle
 SMA7372X

2. Name of Policyholder

Chang Way Lie

 Effective Date of the Commencement of Insurance for the purposes of the Act 19/06/2019

4. Date of Expiry of Insurance

18/06/2020

5. Persons or Classes of Persons entitled to drive*

Chang Way Lie Quek Yong Siu, Quek Wei Chuan, Tan Cheow Nguan 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 CAN BE CARRIED OUT AT ANY WORKSHOP OF YOUR CHOICE OR 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