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Owner / Driver: (	PC DIDE	,	Tel:	<del></del>
Policy No: ( ) Po	eriod: (	)	Cover Type: (	<del></del>
Confirmed by : (		Dates,	Timer	)
Insured/Driver Liability: ( %) [	Note-Est Status (V	70): N: 0-20	%; P: 21-79%. P: 80-	100%]
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### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Date Of Driving Pass

Driving Experience

Mobile Number

Fax Number Contact Number

EMail Address

Gender

- 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
- 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

20.00000000000000000000000000000000000	ACCIDENT STATEMENT	
Date Of Report	30/10/2019 14:47	
Date Of Accident	10/10/2019 18:35	
Exact Location Of Accident	ALONG FARRER ROAD	
Country/State of Loss	SINGAPORE	
金本	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SFL7281A	
Insured/Policyholder		
Name Of Registered Owner	YUNG YUNG CHENG FRANK	
NRIC No	S2160623E	
Email Address	YUNGHSE37@GMAIL.COM	
Mobile Phane No	(LOCAL) +65-97983342	
Alternative Phone No	HOME-67325522	
Vehicle Particulars		
Manufacturer	TOYOTA	
Model	LEXUS CT200H STANDARD PLUS	
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	D 300070873 QMY	
Cover Note Number		
Driver		
Name of Driver	WEE NANCY, MRS NANCY YUNG	
NRIC No	S0352159A	
Date Of Birth	21/01/1937	
Occupation	INDOOR	
	HWW. FIREWO	

02/09/1960

FEMALE

59 YEARS AND 1 MONTH

(LOCAL) +65-97919603

YUNGHSE37@GMAIL.COM

HOME-67325522

Address

61 GRANGE ROAD

#09-02

Postcode

249570

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

CHAIN COLLISION

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

3

Was any body injured in the Accident?

NO

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?

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

SLC3113E

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

97906164

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2** 

Vehicle Registration Number

SMG9522K

Page 2 of 17

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

#### SKETCH PLAN

## **IMPORTANT NOTICE**

- 1. 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.
- 5. 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:

- (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:
  - (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)

Reporting Centre Per

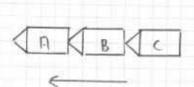
NRIC/FIN No .:

# Money FARRIC ROBD

A: SFL7281 A

B: SLC3113E

C: SMG 9522K



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

CONTACT NUMBER: QTQ1 9 603  E-MAIL ADDRESS: Yunghise 37 @ gmail. com  LOCATION: Farvet ROAD  On 10/10/19 ground 18:35 I was travelling along Farret
On 10/10/19 around 18:35, I was travelling along Farret
2-1 5 11
Road. Suddenly, a car from my right lane cut into my lane to
go into my left lane. Seeing a car on my left he jammed his
brake. I managed to stop in time. After 2 second, I fest an
impart from behind It was a 3 cars collision.
My car has been repaired after accident.
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN
OWN DAMAGE CLAIM UNDER YOUR OWN POLICY, PLEASE CHECK YOUR POLICY FOR MORE INFORMATION
Please state:
( ) Claim Own Policy ( ) Claim Third Party ( ) Claim OD/TP at other workshop (/) Reporting Only

## 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:

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

# ACCIDENT'STATEMENT

	DENT DATE: (10. 10 ) 2019 ) (DD/MM/YYY), TIME: (18: 35) (HH:MM)	
loca	MON: Farrer Roid	,.5
1.	DETAILS OF VEHICLE  a) VEHICLE NUMBER: SFL 7281 A  b) INSURANCE COMPANY: MSIG	
1145	d)POLICY NUMBER: D 30070873 QMY  d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)	
¥0	OMAKE & MODEL: Lexus	30
0	1) TYPE: (SALOON) COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  8) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE)  h) PURPOSE OF USING AT ACCIDENT TIME: Private Use	
	IF NO. PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)	
2.,	A) NAME: YOUNG THE CHING Frank MALEY FEMALE	77
	DINRIC/FIN/PASSPORT: S>160623E CONTACT: 6732 5522 19	198 334
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	* CONTINUE TO 3.d IF DRIVER ALSO POUCY HOLDER	+5
tho of passonger (Including driver) .(1)	DRIVER	æ s
	OCCUPATION: (NDOORY OUTDOOR)  DEATE OF DRIVING PAGE 02/09/19/60	-47
4,	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES /NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:	1:
5,	DIROAD SURFACE: (DRY) / WET / OTHERS	
	WAS ANYBODY INJURED (YES ANO)  D) REPORTED TO POUCE (YES ANO)  IF YES, PLEASE STATE WHICH POLICE STATION:	er <sup>itt</sup>
the of passanger Including driver)	THIRD PARTY VEHICLE  O) VEHICLE NUMBER: SLC3L13E MODEL!	
( )	c) NRIC/FIN/PASSPORT: CONTACT: 97 90 6164 THIRD PARTY VEHICLE	20
No of passenger	d) VEHICLE NUMBER: SMG 95 22K MODEL: "	117
Induding deliver)	f) NRICYFIN/PASSPORT:CONTACT:	
()	₩ ¥1	2.72

email = Yunghse 31 @ gmal-com. VIDED



MSIG Insurance (Singapore) Pte, Ltd. 4 Shenton Way, #21-01, SGX Centre 2, Singapore 068807 Tel +65 6827 7888, Fax +65 6827 7800 Co.Reg No. 200412212G GST Reg. No. 20-0412212G A Member of MS&AD INSURANCE GROUP

# 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.

## MOTORMAX PLUS Comprehensive

Certificate No.

2.

5.

D 300070873 QMY

Excess: SGD750

Windscreen Excess: SGD100

Index Mark and Registration Number of Vehicle 1. SFL7281A

> Name of Policyholder Yung Yung Cheng Frank

- 3. Effective Date of the Commencement of Insurance for the purposes of the Act 25/10/2019
- 4. Date of Expiry of Insurance 24/10/2020
  - Persons or Classes of Persons entitled to drive\*

Yung Yung Cheng Frank, Nancy Yung

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

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 eturned 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 offense under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189).

WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Phicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any nendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.

Craig Ellis Chief Executive Officer



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030

Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: \$66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

	ADDE	NDUM					
(A)	PARTICULARS OF PERSON MAKING THE AMENDME	ENTS:					
	Original Report No : MAY19143689	Vehicle Registration No:SFL 7281 A					
		HACY YUNG S0352159 A					
	(*Vohicle Driver (Vohicle Course) (*Vohicle Driver (Vohicle Dr						
	(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate						
	Address :	Singapore(					
	Contact (Tel) :	Mobile No.: 97919603					
	Email Address :						
	Date of Accident :	Time of Accident: 8:35					
	Place of Accident : Blown PARCHER	Ross					
	10.01	V					
e.	Insurance Company:						
(B)	ADDITIONALINFORMATION / AMENDMENTS:						
	I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:						
	POLICY NUMBER TO D30007	0972 Onal					
	10 1-2001	6015 YMY					
	-						
	2032-172						
		2					
		//// 20/4/2019					
	Policyholder / Driver's Signature	Reporting Centre Personnel's Signature					
	Date:	Name: (01) Intent					

Date: