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Osener/Driver: (-		Tel:)
Policy No: () Pario	d: () Cover Type: (1
Confirmed by : (Date:	Time:)
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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.
- 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	08/11/2019 11:05
Date Of Accident	07/11/2019 15:05
Exact Location Of Accident	JUNC OF JLN JURONG KECHIL & TOH YI DRIVE
Country/State of Loss	SINGAPORE
January Company of the Company of th	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBH7118H
Insured/Policyholder	
Name Of Registered Owner	OSIM INTERNATIONAL PTE LTD
Co Reg No	A SECTION OF THE PROPERTY OF T
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63182849
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV200
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B 29128772 MKF
Cover Note Number	
Driver	
Name of Driver	TEOH PEI WAN
NRIC No	\$88790181
Date Of Birth	21/04/1988
Occupation	OUTDOOR
Date Of Driving Pass	22/11/2016
Driving Experience	2 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98890076
Fax Number	
Contact Number	

NOEMAIL

Address

BLK 315 UBI AVE 1 #08-407

Postcode

400315

Was driver an employee of the Insured's Company YES

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?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO 1

Number of Passengers (Including Driver)

YES

Was the accident reported to the police?

If Yes, Please state which Police Station Police Station Name

Details of Police Action

TRAFFIC POLICE DIVISION HQ

Police Station Address

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

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/20191107/2193

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

FBK9704L

Vehicle Make/Model/Colour

Details Of Properties Vehicle Category

MOTORCYCLE

Name of Driver

MOHAMED FAIZAL BIN MOHAMED RAFI

NRIC/Passport Number

S8522241D

Contact Number

90040786

Address

Postcode

Insurance Company Name

Page 2 of 17

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: ndr

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

A= GBH 7118 C= FBK 9704 SCRIBE CIRCUMSTANCES OF THE ACCIDENT Refer to Police Report 7/2019 1107/2193								
SCRIBE CIRCUMSTANCES OF THE ACCIDENT	n X: prive					A = 8 =	GBH FBK	71181
		86	Ilu	Jurang Kechil				
Refer to Police Report 7/2019 1107/2193	SCRIBE CIRCUMSTA	NCES OF THE	ACCIDENT					
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	Refer	+0	Police	Report	7/	2019 1	1107/	2193

I/We declare the focegoing 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.:





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20191107/2193

REPORT OF A TRAFFIC ACCIDENT

	me Report I 019 23:01	Made:	Vide Report No.: D/20191107/0085	Station Diary No.:		
Informa	nt's Partic	ulars	ALLEMAN MARK WAS	ETCAP C SAGRETATION AND SECURITY OF		
Name o Teoh Pe	f Informant: ei Wan		Address: APT BLK 315 UBI AVENUE	1 #08-407 SINGAPORE 400315		
	/ ID No.: O / S88790	181	Contact No.: Home/Office: Mobile: 98890076			
Nationality: SINGAPORE CITIZEN		EN	Email:			
Sex: Male	Age:	Date of Birth: 21/04/1988	Type of Informant: Driver			
Race: Chinese		· · · · · · · · · · · · · · · · · · ·	Language:	Institution / School Name:		
Occupation: Other electrical engineering technicians			Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident:	Injury Attended by Police	Date/Time of Accident: 07/11/2019 15:0	Type of Location X-Junction	
JALAN JURO TOH YI DRIV				
01		Road Surface: Dry		Road Speed Limit: 50 Km/h
		The state of the s		
Traffic Flow: One Way Type of Collis		Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Moderate

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBK9704L	Motorcycle				Slightly Damaged	0
GBH7118H	Van				Slightly Damaged	0

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





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20191107/2193

CONTINUATION OF REPORT

Name	Mohamed Faizal Bin Mohamed Rafi			ID No).	S8522241D
Related Vehicle	FBK9704L (Motorcycle)			Conta	act No.	90040786
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL			Class of Driving Licence & Expiry Date		Class: 2B,2A,2 Date of Expiry: NIL
Date Treatment	07/11/2019		Date Dis		NIL	- 1112 AH 5V 1
	ted Medical Leave	NIL	Degree o		Slight	
Driver				Paledi	O'GUZA	Alberta Barrier (N. 1884)
Name	Teoh Pei Wan			ID No		S8879018I
Related Vehicle	GBH7118H (Van)			Conta	ct No.	98890076
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Dis		NIL	
No. of Days grant				of Injury	NIL	

Brief Details.

On 07/11/2019 at 3.06pm, I was travelling along Jln Jurong Kechil on center of 3 lanes road and when I reached the junction of Jln Jurong kechil and Toh Yi Drive, the traffic light turned amber and I stopped at the said location. However on stopping, there was a collision on the rear of my vehicle. I then discovered that a motorcycle had hit onto my van. I assisted the motorcycle rider who was injured and called for ambulance. The motorcyclist was then conveyed to hospital by ambulance. Traffic Police also attended to us.

I wish to say that the traffic was moderate and the weather was clear during that time. My vehicle only has front facing camera. I was not injured.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20191107/2193

CONTINUATION OF REPORT

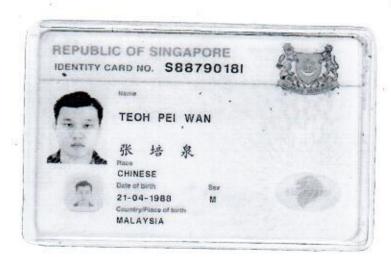
Sketch Plan

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.

Signature Of Officer Recording The Report: G / SI MAHADY BIN OMAR	Signature Of Informant:
Signature Of Interpreter.	Date/Time:
Not applicable	07/11/2019 23:01
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Sr Staff Sgt RAZIZ BIN TAHAR	
Contact No.: 65476200	90
Authentication Stamp	





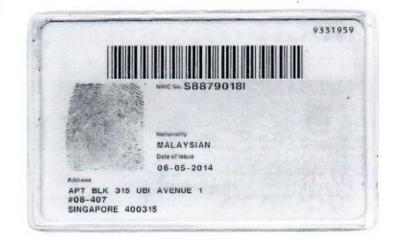
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

Class 3 Motor cars with unladen weight =< 3000kg with =< 7 22 Nov 2016 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

Licence No:S88790184

NP 428A





MSIC Insurance (Singapore) Pte. Ltd. 4 Shentan Way, # 21-03 SQX Centre 2 Singapore (62-807) 1-0-5-582 - 7888 Fax +65-6527 7800

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 19 2 105

COMMERCIAL VEHICLE - FLEET

Comprehensive

Certificate No. B 29128772 MKF

Excess: SGD500

1. Index Mark and Registration Number of Vehicle

GBH7118H

2. Name of Policyholder

OSIM Incernational Ptc. Ltd.

3. Effective Date of the Commencement of insurance for the purposes of the Act 01/07/2019

4. Date of Expiry of Insurance

30/06/2020

5 Persons or Classes of Persons entitled to drive*

May 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 taws 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 in connection with the Policyholder's business.
Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. Use for social domestic and pleasure purposes.

The Policy does not cover (1) Use for hire or reward or for racing pace-making reliability trial or speed-testing.

(2) Use whilst drawing a trailer except the towing 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.

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