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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number EMail Address

- Please report <u>correctly</u> 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 <u>truthful</u> and <u>accurate</u> 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.

Date Of Accident 23/10/2019 00:30 Exact Location Of Accident TESSENSOHN RD SINGAPORE DETAILS OF OWN VEHICLE YM322G Webicle Registration Number YM322G Name Of Registered Owner TIPEX PTE LTD Ce Reg No - Email Address NOEMAIL Mobile Phone No Alternative Phone No OFFICE-90605324 Vehicle Particulars Manufacturer ISUZU Model - Exact Purpose for which vehicle was being used at are you claiming under your own insurance policy or repair to your vehicle? No Noeman REPORTING ONLY Vehicle Category COMMERCIAL VEHICLE Insurance Company Jame of Insurance Company MSIG INSURANCE (SINGAPORE) PTE. LTD. THIRD PARTY Policy Number B 29112813 MKF Cover Note Number Driver Jame of Driver	His every last 25 will see a second	ACCIDENT STATEMENT
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Occupation OUTDOOR Date Of Driving Pass 15/04/1993	NRIC No	S7345713J
Date Of Driving Pass 15/04/1993	Date Of Birth	13/08/1973
	Occupation	OUTDOOR
Oriving Experience 26 YEARS AND 6 MONTHS	Date Of Driving Pass	15/04/1993
	Driving Experience	26 YEARS AND 6 MONTHS
Gender MALE	Gender	MALE
Mobile Number (LOCAL) +65-87128481	Mobile Number	(LOCAL) +65-87128481

NOEMAIL

Address

BLK 51 MARINE TERRACE #15-169

Postcode

440051

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

NO COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle) involved in the accident

2

NO

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

...

Number of Passengers (Including Driver)

NO 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

REFER TO STATEMENT.

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

SLH9022T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

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.:

GIARMIC Shortch Planting WA-

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Policyholder Signature Date & Time:

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

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

I received a letter from my insurance company info that I have involved in an accident on 23 oct 2019 along tessensohn rd, I remember that day I have went to the say location but I never realized I have hit anything and also nobody stop me, As usual I went back home.

ACCIDENT STATEMENT

	ACCIDENT DATE: (33/10) 19 (DD/MM/YYYY), TIME: (+2:30)(HH:MM)
	LOCATION: Tessensohn Rd
	1. DETAILS OF VEHICLE
	a) VEHICLE NUMBER: YM 32 2 G.
	b)INSURANCE COMPANY: MS.IG
	C)POLICY NUMBER:
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
	F)TYPE: (SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)
	ON THE PROPERTY OF THE PROPERT
	A A A CALIDENT TIME
	THE TOO CEATIVING UNDER YOUR OWN INCIDENCE
	TO THE HARLY CLAIM / DEPORTE OF THE
	TOLIC I HOLDER
	A)NAME: Tipex pte Ltd. [MALE/FEMALE] AL Sens.
	b)NRIC/FIN/PASSPORT: [MALE / FEMALE] c)ADDRESS:CONTACT:CONTACT:
	CINDURESS:
2000	* CONTINUE TO 3 d IS DRIVED
Allo of passons	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER
(Including driv	3 GINAME: Six a Kyana and a class of
al said	b) NRIC/FIN/PASSPORT: S/O Perumal (MALE/FEMALE)
	b)NRIC/FIN/PASSPORT:CONTACT:8712 \$481
8	f) YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. Q) WEATHER CONDITION: (CLEAR / RAINING / OTHERS b) ROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO)
6	- GIREPORTED TO POLICE (YES / NO)
9	IF YES, PLEASE STATE WHICH POLICE STATION:
the of passenger	THIND PARTI VEHICLE
Induction diagram	d) VEHICLE NUMBER: SLH 9022 T MODEL:
1	C) NKIC/FIN/PASSPORT:
35.5	THIRD PARTY VEHICLE
THO of passanam	d) VEHICLE NUMBER:
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	fax =
	VIDEO - NO.
	14.6



MSIC Insurance (Singapore) Pte. Ltd. 4 Shenton Way. # 21-01, SGX Centre 2, Singapore 068807 Tel +65 5827 7888, Fax +65 6827 7800 Co. Reg. No. 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.Z.300

Goods Carrying Vehicle - Sch I

COMMERCIAL VEHICLE - FLEET

Third Party

Certificate No.

B 29112813 MKF

Index Mark and Registration Number of Vehicle

2. Name of Policyholder

Tipex Pte. Ltd.

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

4. Date of Expiry of Insurance

31/12/2019

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 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



MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G) 4 Shenton Way, #21-01 SGX Centre 2, Singapore 068807 Tel +65 6827 7888, Fax +65 6827 7800 www.msig.com.sg

Your Ref

YM322G

Our Ref ;

610395 (Please quote our reference when replying)

05 Nov 2019

TIPEX PTE LTD 348 JALAN BOON LAY SINGAPORE 619529 PTE LIMITED

- 6 NOV 7019

THE TENTE LIMITED

URGENT

Dear Sir/Madam

Accident involving YM322G and SLH9022T along TESSENSOHN ROAD

Policy No

29112813MKF

Date of Accident

23 Oct 2019

We have received a property damage claim from workshop acting on behalf of the owner of SLH9022T. However, we have yet to receive your report on the accident.

Under the Motor Claims Framework, motorists are required to report any traffic accident involving their insured vehicles to their insurers within 24 hours of the accident or by the next working day. Any non-reporting may affect the motorist's No Claim Discount and their rights to seek indemnity under their policy.

We urge you to make a report immediately at any of our authorized workshops or IDAC centres. The list is enclosed for your reference. Please bring your vehicle and the following documents with you:

Driving license

Identity card

Police report, if any

If you have already filed an accident report, please accept our thanks and ignore this reminder.

Thank you.

Yours sincerely

Irene Tan Gek Ing Senior Executive

Claims Services (Motor)

Fax

6594 2541

+65 6827 7800

Email

irene_tan@sg,msig-asia.com

> cc

Howden Insurance Brokers (S.) Pte. Ltd.

A Member of

INSURANCE GROUP