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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

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.

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.

ENLIS EN	ACCIDENT STATEMENT
Date Of Report	02/12/2019 15:13
Date Of Accident	30/11/2019 11:00
Exact Location Of Accident	KPE TWDS ECP EXIT 94C BEF TAMPINES EXIT LP 511A
Country/State of Loss	SINGAPORE
MANAGE TO SERVICE DE LA CONTRACTOR DE LA	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMC9528R
Insured/Policyholder	
Name Of Registered Owner	LIM ZEGUANG
NRIC No	S8414780Z
Email Address	KLINSMANN.LIM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91468186
Alternative Phone No	OFFICE-91468186
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	ELANTRA 1.6
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A80472291QMY
Cover Note Number	
Driver	
Name of Driver	LIM ZEGUANG
NRIC No	S8414780Z
Date Of Birth	30/05/1984
Occupation	INDOOR
Date Of Driving Pass	29/05/2003
Driving Experience	16 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91468186
Fax Number	

OFFICE-91468186

KLINSMANN.LIM@GMAIL.COM

Address

BLK 618D PUNGGOL DRIVE #07-739

Postcode

824618

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

OWNER

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 2

Number of vehicles (including own vehicle)

involved in the accident

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

NO

ambulance?

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)

4

Passenger 1

NAME:

: PASSENGER

GENDER:

MALE

Passenger 2

NAME:

: PASSENGER

GENDER:

: MALE

Passenger 3

NAME:

PASSENGER

GENDER:

: MALE

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 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 Vehicle Make/Model/Colour

SKU9544Y

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

CHAN CHIAN CAI

NRIC/Passport Number

S8013955A

Contact Number

98624587

Page Z of 20

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.
- 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 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.

Date & Time:

Policyholder's Signature

Date & Time:

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

Name

NRIC/FIN No.:

Reporting Ceptre Personnel's Signature

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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Voh B son Leany brodce. I immediately jam brodce but broke in time the nerult on hitting into Voh B rear pri	ition.
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DECLARATION

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

Policyholder's Signature

Date & Time:

02/12/19.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

DINSURANCE COMPANY: MSIG CIPOLICY NUMBER: SMOPSON OF MISSING CIPOLICY NUMBER: ACOPSON OF MISSING PARTY FIRE ETHER! SIMAKE & MODEL: Hywholo Electron 1.6 (A) INTRE (SALOON) COUPE (MEY VAN / LORRY / MOTORCYCLE) OTHERS) SIMAKE & MODEL: Hywholo Electron 1.6 (A) INTRE (SALOON) COUPE (MEY VAN / LORRY / MOTORCYCLE) OTHERS) SIMAKE & MODEL: Hywholo Electron 1.6 (A) INTRE (ON CALMING UNDER YOUR OWN INSURANCE (MEXINO) IF NO, PLEASE STATE [THIRD PARTY CLAIM REPORTING ONLY) INSURED / FOLICY HOLDER ANAME: DINRIC/FIN/PASSPORT: SECURED CONTACT 1146 REC. CONTINUE TO 3.0 IF DRIVER ALSO POUCY HOLDER CINCLED BY SECURED ONLY OF THE ONLY OF THE ONLY OF THE ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY	1,	DETAILS OF VEHICLE		
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C) ADDRESS: 6 00 00 1984 (DD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTDOOR) f) DATE OF BIRTH: (30) 05 1984 (DD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTDOOR) f) DATE OF DRIVING PAISS 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. D) WEATHER CONDITION: (CLEAR / RAINING / OTHERS CLOAR) 6. WAS ANYBOODY INJURED (YES / NO) 7. D) REPORTED TO POUCE (YES / NO) 1F YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE 4. WE of passanger O) VEHICLE NUMBER: SKU 9 PULY MODEL: METSWELL (Industry driver) 6. DRIVER'S NAME: MADEL MODEL: MODEL: 6. WAS ANYBOOD INJURED (YES / NO) 7. D) REPORTED TO POUCE STATION: 8. THIRD PARTY VEHICLE 6. ON RIC/FIN/PASSPORT: S8013955A CONTACT: 46624757 9. THIRD PARTY VEHICLE 6. ORIVER'S NAME: MODEL: "	(Including driver)	distante.	TRICIE DE COLO	
** ODATE OF BIRTH: (30, 05) 1984 (DD/MM/YYY) e) OCCUPATION: [INDOOR / OUTDOOR) f) DATE OF DRIVING PASS 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. 0) WEATHER CONDITION: (CLEAR / RAINING / OTHERS DY) 6. WAS ANYBODY INJURED (YES / NO) 7. 0) REPORTED TO POUCE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE (Including driving) 9. THIRD PARTY VEHICLE 4. WO of passinger 6) VEHICLE NUMBER: SKU 9 PUT MODEL: METSUCH 9. THIRD PARTY VEHICLE 4. MODEL: MODEL: " 6) VEHICLE NUMBER: MODEL: " 6) VEHICLE NUMBER: MODEL: "	· (4)			
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e)OCCUPATION: [NOOR / OUTDOOR] finate of 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		"d) DATE OF BIRTH: (36) 05/ 1984 1(DD/MM	YYYY) ·	
(I) DATE OF DRIVING PAGE 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES?) NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. DIWEATHER CONDITION: (CLEAR / RAINING / OTHERS CLOAR) DIROAD SURFACE: (DRY / WET / OTHERS DRY 6. WAS ANYBODY INJURED (YES / NO) 7. DIREPORTED TO POUCE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE WHE of passanger O) VEHICLE NUMBER: SKU 9 THAY MODEL METSURAL (Industry deficie) O) DRIVER'S NAME: COAR COAR CONTACT: 46624757 9. THIRD PARTY VEHICLE WHO AP PASSANGER O) VEHICLE NUMBER: MODEL: "MODEL: " MODEL: " MODEL: " O) VEHICLE NUMBER: MODEL: " O) VEHICLE NUMBER: MODEL: "		보기가 전통하면 경우 사람이 하다면 보다면 하게 하면 없어요.	2 2	
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9. THIRD PARTY VEHICLE WHO IN PRISONAGE OF DRIVER'S NAME: ORIVER'S NAME:	6. 7. No ble of passinger	b) ROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO) O) REPORTED TO POUCE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION! THIRD PARTY VEHICLE O) VEHICLE NUMBER: Chan Chan Cal	MODEL METSWishin	ISI
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	the of passanger (Including delvar)	b) ROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO) O) REPORTED TO POUCE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE O) VEHICLE NUMBER: SKU 9 PUY b) DRIVER'S NAME: Chan Chan Cal c) NRIC/FIN/PASSPORT: S80139554 THIRD PARTY VEHICLE d) VEHICLE NUMBER:	MODEL METSACHI CONTACT: 96624787 (M	187

email = Klinsmann.lim@gmail.com.
VIDED muhammad. asyraf@hyundaimotors.com.



MSIG Insurance (Singapore) Pte, Ltd. 4 Sherton Way, # 21-01, SCX Centre 2, Singapore 068807 Tel +65 6827 7888, Fax +65 6827 7800 Co. Reg. No. 200412212G — CST Reg. No. 20-0412212G

MOTOR MAX PLUS

ENDORSEMENT

Policy Number	Period of Insurance	Place of Issue
A 80472291 QMY	28/07/2019 to 27/07,	2020 SINGAPORE
Name	and Address of Insured	Date of Issue
Lim Zeguang 618D		15/07/2019
Punggol Drive #07-739		Account Number
Singapore 824618		156470
Premium	GST	Total Due
SGD63.96-	SGD4.48-	SGD68.44-

RISK NUMBER 1

MOTORMAX PLUS

OCCUPATION

Indoor Occupation

SCOPE OF COVER Comprehensive

INTEREST INSURED

REGISTRATION NO. SMC9528R

REGISTERED OWNER Lim Zeguang

Hyundai Elantra 1.6(A) MAKE/MODEL

ENGINE NUMBER

G4FGJU236535

CHASSIS NUMBER

KMHD841CMJU727791

YEAR OF MFG

2018 1591 C.C.

CAPACITY

SEATING CAPACITY 5 (INCL. DRIVER)

WINDSCREEN

UNLIMITED

SUM INSURED

MARKET VALUE

INCL. COE/PARF

NO

OFF-PEAK CAR

NO

NO CLAIM DISCOUNT 50.00% (or F/D)

GOOD DRIVER'S

DISCOUNT

NCD PROTECTOR

SGD33.66 NOT COVERED

EXCESS

SGD500

ANNUAL PREMIUM

SGD639.61

ACCESSORIES

Aircon, radio/cassette/compact disc player, in-vehicle unit, rust-proofing and other accessories that are factory fitted.

AUTHORISED DRIVERS

Lim Zeguang

Any other person provided he is driving on the Insured's order or with the Insured's permission.

LIMITATION AS TO USE

nxt201907151052



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: S66SS0020G / 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.

ADDENDUM

PARTICINA		
TANTICUL	ARS OF PERSON MAKING THE AME	NDMENTS:
Original Re	PORTNO : MNA 4191588	Vehicle Registration No; SMC 95288
Name(as sho	OWNIN NRICH: LIM ZEGUANG	
(*Vehicle B	oriver / Vehicle Owner) (*) Please d	
Address	BIK 6180 Pune	001 Orive #07-739 Singapore(82465)
Contact (Te	el) :	Mobile No.: 9\$1.46 8186
Email Addr	ess : KLINSMANN 4m	
Date of Acc	ident : 30/11/2019	Time of Accident :
Place of Acc		EXH 94C BEF TAMPINES EXIT LP5
Insurance C	Company:	
ADDITION	ALINFORMATION / AMENDMENT	