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SINGAPORE ACCIDENT STATEMENT

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.
 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.

By the lodgement of this report to the insurers, you hereby consaforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
To see an all the rest to the back of	ACCIDENT STATEMENT
Date Of Report	20/12/2019 16:07
Date Of Accident	19/12/2019 08:50
Exact Location Of Accident	CLEMENCEAU AVE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKW4733R
Insured/Policyholder	
Name Of Registered Owner	CROWN PACIFIC INVESTMENTS PRIVATE LIMITED
Co Reg No	2XXXXX748R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91837804
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	VELLFIRE
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?	NO
If No, Please state action to be taken	REPORTING ONLY

Insurance Company

Vehicle Category

Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE. LTD.

PRIVATE CAR

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

B 29132486 MCX Policy Number

Cover Note Number

Driver

KOH BEE KUAN Name of Driver NRIC No SXXXX274A Date Of Birth 17/01/1967 Occupation OUTDOOR Date Of Driving Pass 16/06/1986

33 YEARS AND 6 MONTHS Driving Experience

Gender MALE

Mobile Number (LOCAL) +65-97335395

Fax Number Contact Number

EMail Address NOEMAIL

BLK 538 WOODLANDS DRIVE 16 Address

730538

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

NO

NO

NO

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR Road Surface DRY

Other Information

Postcode

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) 2

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

NOT RECORDED

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLZ7579Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver LUM WAI MUN NRIC/Passport Number SXXXX193I Contact Number 97297919

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 .:

A - SKW4733R B-SLZ 75794



CLEMENCE AU AVE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT				
	0.40			72753

Pls rep to	the attached	statement.	
	MI ON		

DECLARATION

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

Policyholder Signature

UEN: 200818748R

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 19/12/19

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

I WAS TRAVELLING ALONG CLEMENCEAU AVE ON THE 2ND LANE AND I ON MY INDICATOR LEFT SIGNAL THAT I'M CHANGING LANE.BEFORE I MAKE A LANE CHANGE SUDDENLY VEH B FROM MY LEFT SWERVED INTO MY LANE AND HIT ONTO MY FRT LEFT SIDE PORTION OF MY VEH.

ACCIDENT STATEMENT

	ACCIDENT DATE: 19 12	2019 (DD/MM/YYYY)	TIME: (08:50)(HH:MM)
	LOCATION: Clemenc	eau Ave SL	IP RD INTO HAVEL
	DETAILS OF VEHICLE a) VEHICLE -NUMBER:	CK17 6733 R	19
		NCIC WILL	A 600-31-14-321-1-4-4529
	b)INSURANCE COMPAN	329/3 MSIG	
			AND
			TY / THÍRD PARTY FIRE &THEFT)
	e)MAKE & MODEL:		
			/ MOTORCYCLE / OTHERS)
	g) VEHICLE CATEGORY		V. 1. (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	h) PURPOSE OF USING A		
	i) ARE YOU CLAIMING UN		
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(1)	2. INSURED / POLICY HOLD A) NAME: CROWN	ER ORCIFIC INVES	TMENT
humania	A)NAME: CROWN		(MALE / FEMALE) _CONTACT: 91837804
Number of			_CONTACT: 9185/804
PASSANGER	c)ADDRESS:		1.
INICTROLATE DETAILS	* CONTINUE TO 3.d IF DR	NVED ALSO DOLLOVILO	555
	3. DRIVER	IVER ALSO POLICY HOL	DER
	a)NAME:		THAT BUTTANIES
9			(MALEY FEMALE) _CONTACT:_ 97335395
	b)NRIC/FIN/PASSPORT:_		_CONTACT:_ 7 7835 3 13
	c)ADDRESS:		
	*AND ATE OF DIDTU.	1 1 1000	0.1.00000
	*d)DATE OF BIRTH: ((M/YYYY)
	e)OCCUPATION: (INDOC		1086
	FIDATE OF DRIVING P		D'S COMPANY? (YES) NO)
	IF NO, RELATIONSHIP		
	5. a) WEATHER CONDITION		
	b)ROAD SURFACE: (DRY		THERS
58	6. WAS ANYBODY INJURED		
	7. a) REPORTED TO POLICE	0.17 (5.00) (6.18) (5.00)	
		HICH POLICE STATION:	
	8. THIRD PARTY VEHICLE	AICH POLICE STATION:	
()	a) VEHICLE NUMBER:	56275794	MODEL:
Vilma A va	 a) VEHICLE NUMBER:	Lum wai mun	_MODEC
MUMBER OF	c) NRIC/FIN/PASSPORT	. 19371921	CONTACT: 97297919
PASSAWGHR	9. THIRD PARTY VEHICLE	. 0 1 (1)24	CONTACT.
MCTITIONARY DEMANY	d) VEHICLE NUMBER:		MODEL:
()	e) DRIVER'S NAME:		_MODEC
NUMBER OF .	f) NRIC/FIN/PASSPORT		CONTACT:
PARSONGUR	1) 1446-71441 7331 3141		_CONTACT
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misorance (Singapore) Pre. Ltd. 001 Fax +05 6827 FROS CLESTED 657 Reg No 20 04122120

Certificate of Insurance

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ROAD TRANSPORT ACT 1987 (MALAYSIA), ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
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-COMMERCIAL

Certificate No. 18 29132486 MCX

1. Index Wark and Registration Number of Vehicle SKW4733R

Excess: 5001,000 Windscreen Excess: 500100

Name of Policyholder

Crown Pacific Investments Private Limited

Effective Date of the Commencement of Insurance for the purposes of the Act

Date of Expiry of Insurance 29/10/2020

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 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.

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 MUST BE CARRIED OUT 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

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