SINGAPORE ACCIDENT STATEMENT

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.
- 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	26/12/2019 14:26
Date Of Accident	26/12/2019 08:55
Exact Location Of Accident	IBP ROUNDABOUT BEFORE NORDIC EUROPEAN CENTRE EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLP119R
Insured/Policyholder	
Name Of Registered Owner	SONG BINGQING
NRIC No	S8574668E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98168231
Alternative Phone No	OFFICE-98168231
Vehicle Particulars	
Manufacturer	MAZDA
Model	RX-8-1.3
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 28986236 QMY
Cover Note Number	
Driver	
Name of Driver	SONG BINGQING

NRIC No S8574668E Date Of Birth 09/11/1985 Occupation **INDOOR Date Of Driving Pass** 01/10/2015

Driving Experience 4 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98168231

Fax Number

Contact Number OFFICE-98168231

EMail Address NOEMAIL

BLK 311B CLEMENTI AVENUE 4 Address

#37-167 122311

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

2

NO

NO

1

General Information of the Accident

SIDE SWIPE Type Of Accident Weather Conditions **CLEAR**

Road Surface DRY

Other Information

Postcode

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

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.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE

ROAD: 21 BUKIT BATOK EAST AVE 4, POSTCODE: 659840, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-6659999 - FAX NO: 66655793

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO THE SKETCH PLAN FOR ACCIDENT DETAIL.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKZ3739R

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 22

Nature Of Damage

No. Of Passenger (Including Driver)

I CH PLAN	VEH A: SIPIIGR VEH B: SKZ 3713GR INTERNATIONAL BUSINESS PARK (In the round about of International Business Park, before heading toward Nordic European Centre)
SCRIBE CIRCUMSTANCES	OF THE ACCIDENT
PLEASE F	REFER TO THE POLICE REPORT FOR ACCIDENT DETAIL.
DECLARATION I/We declare the foregoing	

Policyholder's Signature Driver's Signature

(If driver is not the policyholder)

Date & Time:

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan Pg. 2

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.
- 3. 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>.
- 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 ("G!A") 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
 - (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:
 - (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

20/12/209 4:00

Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Page 5 of 22





Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE 659840 1 of 4 Report No. T/20191226/2067

Tel No: 1800-6659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/12/2019 13:32		Vide Report No.:	Station Diary No.: 82				
Informant's F	Particul:	ars					
Name of Infor	rmant:		Address:	Address:			
SONG BINGQING			APT BLK 311B CLEMENTI AVENUE 4 #37-167 SINGAPORE 122311				
ID Type / ID N	No.:		Contact No.:				
NRIC NO / S	8574668	E	Home/Office: Mobile: 98168231				
Nationality: CHINESE			Email:				
Sex: A	∖ge:	Date of Birth:	Type of Informant:				
Female 34 09/11/1985			Driver				
Race:		Language: Institution / School Name					
Chinese		English					
Occupation:			Driving Licence Information:				
Sales account manager			Class: 3 Date of Expiry:				

General Inforn	nation of the Accid	dent				
Type of Accident:	Injury Others		Drink Drive: No	Date/Time of Accident: 26/12/2019 08:5	5	Type of Location: Roundabout
Location: Along Road 1 INTERNATIONAL BUSINESS PARK in the round about of International Business Park, before the exit heading towards Nordic European Centre						
Weather:		Road Surface:			Road	d Speed Limit:
Clear		Dry 50 Km/h			•	
Traffic Flow:		Traffic Control: Traffic Volume:			ic Volume:	
One Way	Not Controlled Moderate			erate		
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance:			

Details of V	ehicle Invol	ved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SKZ3739R	Car	MITSUBISHI	Lancer	Green		0
SLP119R	Car	MAZDA	RX8	Purple	Seriously Damaged	0

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





2 of 4

Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE 659840

Report No. T/20191226/2067

Tel No: 1800-6659999

CONTINUATION OF REPORT

			Section (Section			
Name	ONG ENG PU, JOEL			ID No.		S8735746E
Related Vehicle	SKZ3739R (Car)			Contact No.		97895670
Hospital/Clinic	NIL			Class of Driving Date of Expiry: NIL Expiry Date		· · · · · · · · · · · · · · · · · · ·
Date Treatment	NIL		Date Discl	harge	NIL	
No. of Days grant	ted Medical Leave	NIL	Degree of	Injury	NIL	
Driver	Programme Committee Commit					
Name	SONG BINGQING			ID No	•	S8574668E
Related Vehicle	SLP119R (Car)			Contact No.		98168231
Hospital/Clinic	HEALTHWAY MEDICAL CLINIC			Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL
Date Treatment	26/12/2019 Date			charge 26/12/		2/2019
No. of Days gran	ted Medical Leave	03	Degree of	Injury	Serio	ous

Brief Details.

On 26/12/2019 at about 0858hrs, I was driving my vehicle,

V1) One purple Mazda RX8 reg no SLP119R

along Boon Lay Way. I turned into the round about at along International Business Park whereby I met with an accident. In the round about itself, I was driving in the left most lane. I was driving past the second exit (leading to Nordic European Centre) whereby I felt an impact from the right rear side of my vehicle. I was in shock and immediately applied the brakes. I then alighted and saw that a vehicle had collided into mine:

V2) One green Mitsubishi Lancer reg no SKZ3739R

The driver of the vehicle who's particulars is one namely;

A2) Ong Eng Pu, Joel S8735746E B/130B Lorong 1 Toa Payoh #20-520 HP: 97895670

also alighted. Both of us made a check and took photos of our vehicles and the general scene. A2 claimed he was not at fault initially. V2 was driving on the inner lane on my right and tried to exit the round about. V2 left side collided with my right side. I felt uncomfortable on my neck and stiffness on my left shoulder area however I did not summoned any ambulance. After exchanging particulars and contact





Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE 650840 3 of 4 Report No. T/20191226/2067

Tel No: 1800-6659999

CONTINUATION OF REPORT

numbers, we both left.

On 26/12/2019 at about 1030hrs, I went to see a doctor at B/727 Clementi West St 2 #01-258 Healthway Medical. I was given 3 days of MC ref 20193601313247. My vehicle sustained scratches and dents on its right side. My vehicle is installed a in-car camera which captured the incident.





Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE 659840 4 of 4 Report No. T/20191226/2067

Tel No: 1800-6659999

CONTINUATION OF REPORT

Sketch Plan

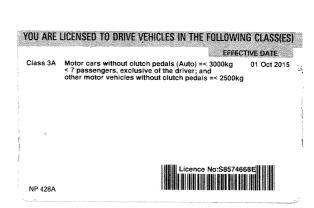
Informant is not able to provide sketch plan

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:	Signature Of Informant:
Sr Staff Sat MOHAMAD FARRHAN BIN	n
SULHAN	Ψ
Signature Of Interpreter:	Date/Time:
Not applicable	26/12/2019 13:32
Officer In Charge Of Case:	Classification Of Case:
TP / AEIT /	
Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED	A contract of the contract of
MOHD SAID	
Contact No.: 65476172	
Authentication Stamp	
NP168	
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Driving License Pg. 1





Identification Card Pg. 1

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$8574668E





SONG BINGQING

宋 冰 清 Race CHINESE Date of birth 09-11-1985 Country/Place of birth CHINA

\$85**7466**8E





CHINESE Date of issue

27-09-2016

APT BLK 311B CLEMENTI AVENUE 4 #37-167 SINGAPORE 122311

Aummistered d



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 DANNY TEO

314 Jurong East Street 32 #06-221 Singapore 600314 Tel: 6600 0374 Fax: 6425 5144

Registered Agent of the General Insurance Association of Singapore

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)

(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.X.1

Individual Ownership

MOTOR MAX PLUS Comprehensive

Certificate No. A 28986236 QMY

Excess: SGD600

Windscreen Excess: SGD100

Index Mark and Registration Number of Vehicle

SLP119R

2. Name of Policyholder

Song Bingqing

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

26/06/2019

4. Date of Expiry of Insurance

25/06/2020

5. Persons or Classes of Persons entitled to drive*

Song Bingqing

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 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 CAN BE CARRIED OUT AT ANY WORKSHOP OF YOUR CHOICE OR 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

