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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.

他们是这个种家庭等在的规模。自有 的	ACCIDENT STATEMENT
Date Of Report	06/02/2020 09:53
Date Of Accident	25/12/2019 13:05
Exact Location Of Accident	JURONG WEST AVENUE 2 SLIP ROAD TO JALAN BOON LAY
Country/State of Loss	SINGAPORE
STATE OF THE PROPERTY OF	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJY3837H
Insured/Policyholder	
Name Of Registered Owner	TAN SWEE IMM AMY
NRIC No	SXXXX529C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97949377
Alternative Phone No	OTHERS-97949377
Vehicle Particulars	
Manufacturer	тоуота
Model	ALPHARD
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
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 29111996 QMX
Cover Note Number	
Driver	
Name of Driver	I SENG HU
Passport No/FIN	CXXX9228
Date Of Birth	01/09/1963
Occupation	INDOOR
Date Of Driving Pass	25/07/2016
Driving Experience	3 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97949377
Fax Number	
Contact Number	OTHERS-97949377
EMail Address	NOEMAIL

Address

150 JOO CHIAT PLACE #02-03 JC COURT

Postcode

427878

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

SPOUSE

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

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

NO

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)

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

PLEASE 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

SBW8737K

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category 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

- 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 proyided 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)
 - (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.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centr Name:

NRIC/FIN NO

Policyholder's Signature Date & Time:

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take my phone in they car, who is already dra	ive of A.
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company letters	
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DECLARATION

I/We declare the foregoing 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.:

Email: sm@idac.com.sg Tel no: 6555 6888
*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week,

2 Vizland Personal Particula	rs of Owner & Driver (Vehicle A)
Date of Accident: Personal Particula	Time of Accident: 13 : 05 (24-HR-FORMAT)
Vehicle No.: 8343714 Vehicle Make	
	Ave 2 sly road to Iln Boon Lay.
Policyholder's Name / IC No.: Tan Swe	e Imm Amy / 5/477 529C
Driver's Name / IC No. :	(As Above)
Driver's Contact No. : 97949377	Company Contact No (Company Veh Only):
Driver's Address: 150 Jou Chra	Company Contact No (Company Veh Only): 4 Place #102-03 JC Court 5 C427876
Email address :	Insurance Company:
Relationship-between Owner & Driver: (Please C Owner / Spouse / Children / Friend / Parents / Sibling	IRCLE one only) g / Relative / Employee / Hirer or Others specify:
What do you wish to claim? (Please TICK one	only)
Own Insurance / Other Vehicle (The one you	u want to claim against) (Reporting (For Record Purpose)
Exact purpose for which the vehicle Was being used at time of accident?	Occupation (nature of job) Indoor/ Outdoor
Private use / Work purpose	*No. of Passengers (Including Driver):
*Passanger Name: *Passanger Name:	Gender: Male / Female Gender: Male / Female
Weather condition & Road conditions? (On the da	y of accident)
Clear & Dry / Raining & Wet / After	-Rain & Wet / Drizzling & Wet / Others:
Was there any video captured by your Car Camer	a? Yes / No
Any Injuries: Yes / No (If YES) injured	d Person' Name:
Injuries Sustain:	Injured Person in Which Vehicle:
Police Report filed: Yes / No (If YES)) Which Police Station:
The C	Other Party(s) Details:
Driver's Name / IC No:	Vehicle No: SBW8737 K
	Insurance Company :
2. Driver's Name / IC No (If Any):	Vehicle No:
Driver's Contact No:	Insurance Company :
*Independent Witness (If Any):	Contact No:
	Contact No:



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

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)

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 Comprehensive

Certificate No. A 29111996 QMX

Excess: SGD600

Windscreen Excess: SGD100

- 1. Index Mark and Registration Number of Vehicle
- 2. Name of Policyholder Tan Swee Imm Amy
- 3. Effective Date of the Commencement of Insurance for the purposes of the Act 03/01/2019
- 4. Date of Expiry of Insurance 02/01/2020
- 5. Persons or Classes of Persons entitled to drive*

Tan Swee Imm Amy 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 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 (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

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 Our Ref

SJY3837H

616413 (Please quote our reference when replying)

03 Jan 2020

URGENT

TAN SWEE IMM AMY 150 JOO CHIAT PLACE #02-03 JC COURT SINGAPORE 427878

Dear Sir/Madam

Accident involving SJY3837H and SBW8737K along JURONG WEST AVE 2 TURNING INTO JALAN BOON LAY Policy No.

29111996QMX

Date of Accident

25 Dec 2019

We have received a property damage claim from workshop acting on behalf of the owner of SBW8737K. 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

2. Identity card

3. Police report, if any

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

Thank you.

Yours sincerely

Christina Wong Senior Executive Claims Services

Tel

+65 6643 1311 +65 6827 7800

Fax Email

christina_wong@sg.msig-asia.com

CC

SGP Business Consultancy Pte Ltd

A Member of MS & AD INSURANCE GROUP