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Owner / Driver: (Tel:)	
Policy No: () Perio	d: ()	Cover Type: ()	
Confirmed by : (Dater	Time:)	
Insured/Driver Liability: (%) [No	te-Est. Status (W	O): N: 0-20	%; P: 21-79%.	P: 80-100	0%]	
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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.
- 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.

aforesaid.	6873 51 10 10 10 10 10 10 10 10 10 10 10 10 10
Market Market St.	ACCIDENT STATEMENT
Date Of Report	12/02/2020 09:57
Date Of Accident	12/02/2020 07:10
Exact Location Of Accident	AYE TWDS JURONG NEAR LOWER DELTA
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKT1808U
Insured/Policyholder	
Name Of Registered Owner	TAM YOON YONG DAVID
NRIC No	SXXXX887I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90084323
Alternative Phone No	OFFICE-90084323
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	PREVIA-2.4 8-SEATER (A)
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	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 29118391 QMX
Cover Note Number	
Driver	
Name of Driver	TAM YOON YONG DAVID
NRIC No	SXXXX887I
Date Of Birth	24/02/1963
Occupation	INDOOR
Date Of Driving Pass	09/03/1985
Driving Experience	34 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90084323
Fax Number	

OFFICE-90084323

NOEMAIL

Address 1 WARINGIN WALK

Postcode 416274

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 CHAIN COLLISION

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

7

NO

Was any body injured in the Accident?

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.

NO 1

Number of Passengers (Including Driver)

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

I WAS TRAVELLING ALONG AYE TWDS JURONG NEAR LOWER DELTA ON THE FIRST LANE, VEH C WHICH WAS INFRONT OF ME STOP, I ALSO MANAGE TO STOP, ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND, DUE TO THE IMPACT MY VEH BEEN PUSH FORWARD HIT ONTO VEH C REAR PORTION, AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION. TOTAL 7 VEH INVOLVED IN THE ACCIDENT.

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 SJN1829C

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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLK5407C

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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SGM1483G

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)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number

SJR1421Z

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)

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number

SLR6017B

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)

DETAILS OF OTHER VEHICLE PROPERTY 6

Vehicle Registration Number

SLG4097R

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

- 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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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;
 - (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.

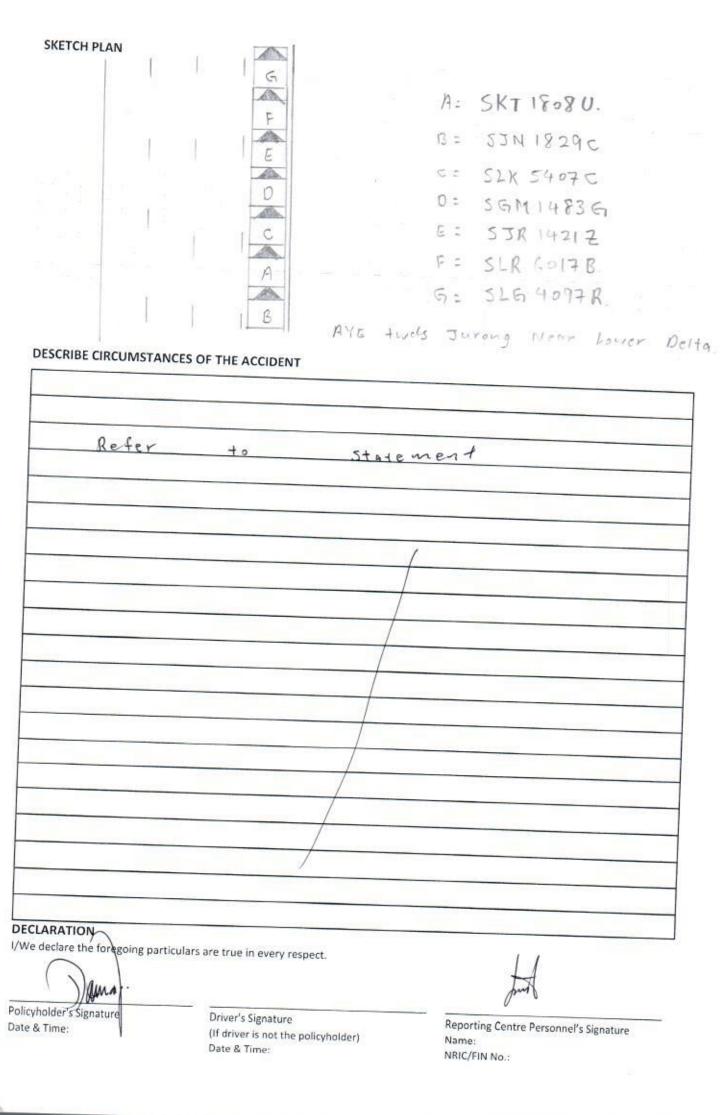
Policyholder's Signature Date & Time:

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

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:







INSUREPAC ASSOCIATES PTE LTD

Robinson Road Post Office PO Box 192 Singapore 900342 Tel: 6222 2180 Fax: 6222 1050 Email: contact @ insurepac.com.sg Website: www.insurepac.com.sg Co.Reg No: 201018488Z

DEBIT NOTE

Original

Debit Note No

: DN190383

Date

21/3/2019

SINGAPORE 416274

1 WARINGIN WALK

TAM YOON YONG DAVID

Staff

Description

Amount (S\$)

Insured

: TAM YOON YONG DAVID

Vehicle No

: SKT1808U

Period

: 8/3/2019 To 21/4/2020

Class

: PRIVATE CAR

Plan

: COMPREHENSIVE-MOTOR MAX (AUTHORISED WS PLAN)

Insurer

: MSIG INSURANCE (SINGAPORE) PTE LTD

Policy No

: A29118391QMX

ED No: 001

Premium:

\$0.00

Remarks

: TOYOTA PREVIA 8 SEATER / 2362 CC

Nemarks

YEAR OF REGN: 2009 EXCESS: \$ 1,000.00

NCD: 50% WITH NCD PROTECTOR

UPADTE VEHICLE TO SKT1808U WEF 11/03/2019

Total(Inclusive of 7 % GST):

\$0.00

Note: Subject to Premium Warranty as per your policy. Please pay the premium within the Premium Warranty to ensure the continuity of your Insurance Cover.

Please issue cheque payable to the Insurer and send all cheques to Insurepac Associates Pte Ltd

Note: This is NOT a Tax Invoice. If you need to claim for your GST Input Tax, please refer to the Insurer's Tax Invoice.

ISIG

rsurance (Singapore) Pte. Ltd. Aton Way, # 21-01, SGX Centre 2, Singapore 068807 +65 6827 7888, Fax +65 6827 7800 Jo. Reg. No. 200412212G GST Reg. No. 20-0412212G

MOTOR MAX

ENDORSEMENT

Policy Number	Period of Insura	nce Place of Issue
STATES OF THE PARTY OF THE PROPERTY OF	08/03/2019 to 21/	04/2020 SINGAPORE
A 29118391 QMX		Date of Issue
Name and Address of Insured Tam Yoon Yong David		13/03/2019
1 Waringin Walk	Account Number	
Singapore 416274		156160
77 Panacah (1995)	GST	Total Due
Premium	G 51	SGD0.00
SGD0.00	SGD0.00	

RISK NUMBER 1

MOTORMAX

OCCUPATION

Director

SCOPE OF COVER Comprehensive

INTEREST INSURED

REGISTRATION NO.

SMG9310E

MAKE/MODEL

Toyota Previa 8 Seater

ENGINE NUMBER

2AZH329156

CHASSIS NUMBER

JTEGD52M707077371

YEAR OF MFG

2009

CAPACITY

2362 C.C.

SEATING CAPACITY 8 (INCL. DRIVER)

WINDSCREEN

UNLIMITED

SUM INSURED

MARKET VALUE YES

INCL. COE/PARF

NO

OFF-PEAK CAR NO CLAIM DISCOUNT 50.00% (or F/D)

GOOD DRIVER'S

DISCOUNT

SGD51.56

NCD PROTECTOR

COVERED

EXCESS

SGD1,000

ANNUAL PREMIUM

SGD979.72

ACCESSORIES

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

AUTHORISED DRIVERS

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

LIMITATION AS TO USE