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I'l Particulars: Veh No: <2	N 7927P	, INC(	)/Non-INC (	)	
Owner / Driver: (		12	Tel:	)	
Policy No: ( ) Perio	d: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Tlme:	)	
Insured/Driver Liability: ( %) [No	te-Est. Status (	WO): N: 0-20	%; P: 21-79%. P:	80-100%]	
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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.	
	ACCIDENT STATEMENT
Date Of Report	14/02/2020 17:18
Date Of Accident	14/02/2020 10:55
Exact Location Of Accident	KALLANG RD TWDS SIMS AVE INFRT ALJUNIED MRT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLD4207G
Insured/Policyholder	
Name Of Registered Owner	NG SIEW CHING
NRIC No	SXXXX704F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82019888

Alternative	Phone No
Vehicle Pa	articulars

HONDA Manufacturer Model VEZEL

Exact Purpose for which vehicle was being used at time of accident

PRIVATE USE

OFFICE-82019888

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

THIRD PARTY If No, Please state action to be taken PRIVATE CAR Vehicle Category

### Insurance Company

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

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

A 29125151 QMX Policy Number

Cover Note Number

#### Driver

ZHANG KAIYUN Name of Driver SXXXX989F NRIC No 15/08/1994 Date Of Birth OUTDOOR Occupation 23/07/2013 Date Of Driving Pass

6 YEARS AND 6 MONTHS **Driving Experience** 

**FEMALE** Gender

(LOCAL) +65-82019955 Mobile Number

Fax Number

Contact Number

NOEMAIL **EMail Address** 

88 JELLICOE RD #23-25 Address

Postcode 208747

Was driver an employee of the Insured's Company NO

CHILDREN If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

2

NO

NO

NO

NO

SLN7927P

#### General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions 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?

YES Was any other material or property damaged?

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

1 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?

#### Circumstances of Accident

REFER TO STATEMENT.

## Attachment(s)

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

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

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: 11

Driver's Signature

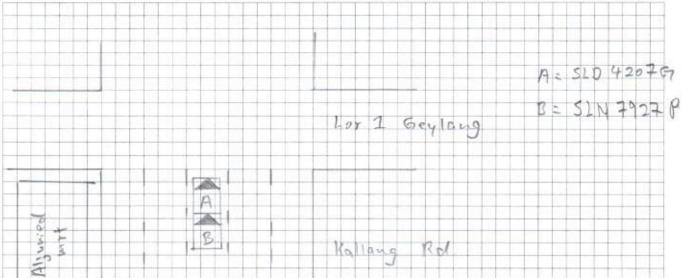
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

An 1/1 Ed - 30	128 at anound 10:54am, I was driving straight on a 4 or 5-lav
	long Kallang Road, towards sims are Let a speed of estimated
50 Km/h. 1	was approaching the traffic light and when I saw the
traffic ligh	H turn red, 1 stopped. After a few seconds, a back Honda
car hit the	ef my car from the back. He came out and apologised
to me and	I we exchanged name and telephone number. He admitted
that it is	his fault and asked me to go to his workshop to
repair.	O The state of the
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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 .:

GIARMC SketchPlanForm\_V3

# ACCIDENT STATEMENT

ACCIDENT DATE: 14 / 2/20. (DD/MM/YYYY), TIME: (10:54)(HH:MM)
LOCATION: Kallang Rel & Sims Ave. Infront alium
1. DETAILS OF VEHICLE  a) VEHICLE NUMBER: SLD4207G  b) INSURANCE COMPANY: MS IG  c) POLICY NUMBER: A 29   25   5   Q mX  d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)  e) MAKE & MODEL: HONDA VEZEL  f) TYPE: (SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)  g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  h) PURPOSE OF USING AT ACCIDENT TIME: Prof. USE  i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER
A)NAME: NG SIEW CHING (MALE / FEMALE)  D)NRIC/PIN/PASSPORT: S6914704E CONTACT: 82019888  C)ADDRESS: 88 JELLICOE ROAD #23-25 S(208747)
*CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  JINGLING STORMS: ZHANG KATYUN  (MALE / FEMALE)  DJURIC/FIN/PASSPORT: 59429989F  CJADDRESS: 88 JELLICOE ROAD #23-25 S(308747)
*d)DATE OF BIRTH: (_\_\_\_\_\) / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: DAUGHTER  5. Q)WEATHER CONDITION: (CLEAR / RAINING / OTHERS) b)ROAD SURFACE: (DRY / WET / OTHERS)  6. WAS ANYBODY INJURED (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION:
of passinger a) VEHICLE NUMBER: SLN 79 27P MODEL:
C) NRIC/FIN/PASSPORT:CONTACT:  9. THIRD PARTY VEHICLE  d) VEHICLE NUMBER:MODEL:
ducting driver f) DRIVER'S NAME:    CONTACT:

email = zHang Kaiyun Zky @gmail.com

VIDEO - MO.



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)
(REPUBLIC OF SINGAPORÉ)
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 29125151 QMX

Excess: SGD500

Windscreen Excess: SGD100

1. Index Mark and Registration Number of Vehicle

SLD4207G

2. Name of Policyholder

Ng Siew Ching

3. Effective Date of the Commencement of Insurance for the purposes of the Act 15/05/2019

4. Date of Expiry of Insurance

15/06/2020

5. Persons or Classes of Persons entitled to drive\*

Ng Siew Ching 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 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