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### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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.
- 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

<b>经验证的证据,例如</b>	ACCIDENT STATEMENT			
Date Of Report	21/04/2020 09:31			
Date Of Accident	24/03/2020 09:00 FILTER LANE UPP PAYA LEBAR RD TOWARDS KIM CHUAN RD			
Exact Location Of Accident				
Country/State of Loss	SINGAPORE			
<b>建筑市场建筑市场等中央</b>	DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SLP3670U			
Insured/Policyholder				
Name Of Registered Owner	LIM TECK CHYE (LIN DECAI)			
NRIC No	SXXXX739I			
Email Address	SICL543@YAHOO,COM			
Mabile Phane No	(LOCAL) +65-97632734			
Alternative Phone No	OTHERS-97632734			
Vehicle Particulars				
Manufacturer	NISSAN			
Model	QASHQAI-1.2 DIG-T (A)			
Exact Purpose for which vehicle was being used at time of accident				
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	S 29082364 SMF			
Cover Note Number				
Driver				
Name of Driver	LIM TECK CHYE (LIN DECAI)			
NRIC No.	SXXXX739I			
Date Of Birth	06/07/1976			
Occupation	INDOOR			
Date Of Driving Pass	04/06/2002			
Oriving Experience	17 YEARS AND 9 MONTHS			
Gender	MALE			
Mobile Number	(LOCAL) +65-97632734			
ax Number	THE RESERVED THE PURPLE RESERVED THE PARTY.			
Contact Number	OTHERS-97632734			

SICL543@YAHOO.COM

Address

BLK 34 TELOK BLANGAH WAY

#09-1060

Postcode

0090034

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

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

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)

2

Passenger 1

NAME:

: MOTHER

GENDER:

: FEMALE

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

SKR6239P

Vehicle Make/Model/Colour

TOYOTA VIOS

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

#### 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 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
- 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 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
- 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:

NRIC/FIN No.:

SKETCH PLAN Q Redestrian A) SUP 36704 8) SKR 62399 FILTER LOWER OF UPP PAYIT UNHARD RO TOWARDS KIM CHURM FORM DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Upper Payalebah Rd -> kim Chuan Rd. Car Stopped at Zebra Crossing. thecar irst Crossing. instead. relative slow but DECLARATION I/We declare the foregoing particulars are true in every respect. Polleyholder's Signature Driver's Signature (If driver is not the policyholder) /20 141/8ha Date & Time:

# ACCIDENT STATEMENT

ACCIDENT DATE: 24	/ 20 ) (DD/MM/YY	YY), TIME:( 09 : 00	I/HH:MM)·
LOCATION: Fitter lane o	Upper Physilebe	ah Rd towards	Rim Chuan Ro
CJPOLICY NUMBER:		nce (s) P/L	the lite
d)POUCY TYPE: (COM B)MAKE & MODEL: N f)TYPE:(SALOON / COL B)VEHICLE CATEGORY h)PURPOSE OF USING A f)ARE YOU CLAIMING U	JPE / MPV /VAN / LORI : (PRIVATE / COMMERCAT ACCIDENT TIME: G	RY / MOTORCYCLE / (CIAL / MOTORCYCLE)	OTHERS!
IF NO, PLEASE STATE ()  2. INSURED / POLICY HOLI A)NAME: LIM Te b)NRIC/FIN/PASSPORT; c)ADDRESS: 34 Tele	OF Chye. S7620739I	(MALE /-FE CONTACT: 976	32734
CONTINUE TO 3.d IF D  WHO of passanges DRIVER  Clinical ding chiver)  DINRIC/FIN/PASSPORT:  C)ADDRESS:	RIVER ALSO POLICY HO	OLDER (MALE / FECONTACT:	MALE)
*d)DATE OF BIRTH: 1.06  e)OCCUPATION: (MDOO f)DATE OF DRIVING P.  4. WAS DRIVER AN EMPL IF NO, RELATIONSHIP 5. G)WEATHER CONDITION: b)ROAD SURFACE: (DRY	OR OUTDOOR)  ASS 04/06/2  OYEE OF THE INSURE  OF THE DRIVER WITH  (CLEAR / RAINING / C	002 ED'S COMPANY? (YE	S (NO)
7. dJREPORTED TO POLICE IF YES, PLEASE STATE WH	(YES (NO) YES (NO) (ICH POLICE STATION:	in the second	
Clududing driver) b) DRIVER'S NAME:	SKK6239P	MODEL: Handa To	yota Vios
NRIC/FIN/PASSPORT:     THIRD PARTY VEHICLE	CHAIR COLOR	_CONTACT:	
Industing driver of DRIVER'S NAME.  Industing driver of DRIVER'S NAME.  INCLUDING DRIVER'S NAME.		MODEL:	* 4
		CONTACT:	

email = Sich 543@yahoo.com



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 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 ULTIMATE CAR PROTECTOR-PREMIER

Comprehensive

Certificate No. 8 29082364 SMF

Excess: SGD500

1. Index Mark and Registration Number of Vehicle SLP3670U

2. Name of Policyholder

Lim Teck Chye | Lim Decal |

3. Effective Date of the Commencement of Insurance for the purposes of the Act 31/05/2019

4. Date of Expiry of Insurance

30/08/2020

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

Lim Teck Chye (Lin Decai) 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 chie the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of ≥0 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 DUT 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 correctly, 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

ca Corp

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return