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# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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.
- 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

ACCIDEN	T STAT	TEM	ENT
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Date Of Report 04/05/2020 17:15 Date Of Accident 03/05/2020 19:50

Exact Location Of Accident SENGKANG SQUARE SLIP ROAD (LEFT TURN)

Country/State of Loss SINGAPORE

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SKQ3421D

Insured/Policyholder

Name Of Registered Owner GUAN DAN HUA NRIC No. SXXXX650I

Email Address HUILIN.G@HOTMAIL.COM Mobile Phone No (LOCAL) +65-98367636 Alternative Phone No OTHERS-90270752

#### Vehicle Particulars

Manufacturer TOYOTA Model **ESTIMA** 

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

Are you claiming under your own insurance policy

for repair to your vehicle?

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 300201858 QMY

Cover Note Number

Name of Driver AW HUI LIN NRIC No SXXXX021Z Date Of Birth 17/04/1996 Occupation INDOOR Date Of Driving Pass 17/01/2017

Driving Experience 3 YEARS AND 3 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-98367636

Fax Number

Contact Number OTHERS-90270752

EMail Address HUILIN.G@HOTMAIL.COM

BLK 608 ELIAS ROAD Address

#14-180 510608

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

CHILDREN

## General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions DRIZZI ING Road Surface WET

#### Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

NO

YES

NO

2

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)

Passenger 1

NAME: : JASON PEK

GENDER: : MALE

#### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

## Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera? Was there any audio recorded?

YES NO

NO

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMN7482T

Vehicle Make/Model/Colour

HONDA SHUTTLE

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver LU ZHONG YI KENNETH

NRIC/Passport Number SXXXX386H Contact Number 93219316

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.
- 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>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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:
  - 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:4 05 2020

1

Name:

Reporting Centre P

	03 ACCIDENT SIA	TEMENT DE LA
	ACCIDENT DATE:	7
	(DD/MM/	YYYY), TIME:( 100; 00)(HH:MM)
= 1	OCATION: Sengkang square (	left turn)
	1. DETAILS OF VEHICLE	10
	a) VEHICLE NUMBER: SK Q 3421D	*
	DINSURANCE COMPANY: MSIG	
	CIPOLICY NUMBER: A 300201	
	d)POLICY TYPE: (COMPREHENSIVE / THIRD	PARTY / THIRD PARTY FIRE &THEFT)
	STYPE-ISALOON / COURS / LIDY NAME !	In ESTIMA
	TYPE: (SALOON / COUPE / MPV /VAN / LO	DRRY / MOTORCYCLE / OTHERS)
3	g) VEHICLE CATEGORY: (PRIVATE / COMME h) PURPOSE OF USING AT ACCIDENT TIME:	RCIAL / MOTORCYCLE)
	DARF YOU CLAIMING WHOSE WASHING	PRIVATE USE
	I) ARE YOU CLAIMING UNDER YOUR OWN IN	VSURANCE (YES/NO)
	IF NO. PLEASE STATE (THIRD PARTY CLAIM) 2. INSURED / POLICY HOLDER	REPORTING ONLY)
	AJNAME: GUAN DAN HUA	
JASON PEK	DINRIC/FIN/PASSPORT: \$26346501	(MALE / FEMALE)
311201	100 -	- COMMON TO THE CONTRACT OF TH
3 S	CJADDRESS: 608 ELIAS RD #14-18	0. S51060A
122	* CONTINUE TO 3.d IF DRIVER ALSO POLICY	UOLDED .
4 No of passang Clichuding drive	3. DRIVER	HOLDER
Claduding d.	) a)NAME: AN HUI UN.	(0
() ) anve	b) NRIC/FIN/PASSPORT: 596130217	(MALE / FEMALE)
(0)	c]ADDRESS:	CONTACT: 90270752
育	"d)DATE OF BIRTH: (12/04/1996)(DC	O/MM/YYYYI :
	e OCCUPATION: (INDOOR / OUTDOOR)	
	FIDERIE OF DRIVING PACC # 17	101 12017
	. WAS DRIVER AN EMPLOYEE OF THE INSUI	RED'S COMPANYS OVER IL NO
	" NO, RECATIONSHIP OF THE DRIVER WE	TH INCUPED. DALLATED
3	· GIMENTHER CONDITION: (CLEAR / RAINING /	OTHERS DRIZZLE
	DIKOAD SURFACE: [DRY / WET / OTHERS	· · · .
7	WAS ANYBODY INJURED (YES / NO)	(a)
	a) REPORTED TO POUCE (YES / NO)	100 to 10
p	IF YES, PLEASE STATE WHICH POLICE STATION	
Ho of passenger	THE PARTY VEHICLE	
( Induding driver)	b) DRIVER'S NAME: U 2HONGY 1	MODEL: HONDA SHUTLE
		CENNETH .
(2) 9.	THIRD PARTY VEHICLE	CONTACT: 93219316
No of passanger	d) VEHICLE NUMBER:	Hope
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( Including driver)	f) NRIC/FIN/PASSPORT:	CONTACT
( )		_CONTACT::-
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email = HULIN. G@ HOTMAIL. 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
A Member of MS&AD INSURANCE GROUP

# CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA), ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)

(REPUBLIC OF SINGAPORE)

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

## MOTORMAX PLUS Comprehensive

Certificate No.

A 300201858 QMY

Excess : SGD1,000

Windscreen Excess: SGD100

 Index Mark and Registration Number of Vehicle SKO3421D

 Name of Policyholder Guan Dan Hua

 Effective Date of the Commencement of Insurance for the purposes of the Act 21/11/2019

 Date of Expiry of Insurance 20/11/2020

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

Guan Dan Hua

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.

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 Risk and Compensation) Act (Chapter 189) and Chapter 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 offense 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

Craig Ellis Chief Executive Officer

SGSGFDWC201910291211