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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number 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.
- 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,	a support of the control of the report being made available
THE WAY SELECTION AND A SECURITY OF THE PARTY OF THE PART	ACCIDENT STATEMENT
Date Of Report	12/05/2020 08:59
Date Of Accident	11/05/2020 15:20
Exact Location Of Accident	WHAMPOA EAST TRAFFIC LIGHT
Country/State of Loss	SINGAPORE
建筑的大学的大学的大学的	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBH7526M
Insured/Policyholder	
Name Of Registered Owner	TAN ROLAND
NRIC No	SXXXX325C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81700819
Alternative Phone No	OFFICE-81700819
Vehicle Particulars	
Manufacturer	SYM
Model	JOYRIDE 2001 EVO CVT
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	THIRD PARTY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMS/19-503637-WTT
Cover Note Number	
Driver	
Name of Driver	TAN ROLAND
NRIC No	SXXXX325C
Date Of Birth	26/01/1974
Occupation	OUTDOOR
Date Of Driving Pass	06/05/2010
Driving Experience	10 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81700819

OFFICE-81700819

NOEMAIL

Address

BLK 307C AMK AVE 1 #08-455

Postcode

563307

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?

NO

Number of vehicles (including own vehicle) involved in the accident

2

Was any body injured in the Accident?

NO

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

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

REFER TO STATEMENT.

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

GBH6748X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

LEE CHYE SENG

NRIC/Passport Number

SXXXX037F

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

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.
- 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.
- 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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Accident Sketch Plan

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CAMAC Section/and prot_V3

ACCIDENT STATEMENT

	ACCIDENT DATE: [[(/ E) /	2020)(DD/MM/YYYY)	TIME: (15 : 20) (HH:MM)
	LOCATION: Wham	og Eust	traffic light
	1. DETAILS OF VEHICLE		
	a) VEHICLE NUMBER:	FBH 7526 N	
		1 211 1276	1
2	b)INSURANCE COMPAN	IY:	
	C)POLICY NUMBER:		- 1 LEI PH - 1 -
	OWNER WODEL!	AND THE RESERVE OF THE PARTY OF	Y / THÍRD PARTY FIRE &THEFT)
	f)TYPE:(SALOON / COUP	E / MPV /VAN / LORRY	MOTORCYCLE / OTHERS)
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NUMBER OF	A)NAME:		(MALE / FEMALE)
	DINRIC/FIN/PASSPORT:		CONTACT: 81700819
PACSANGER	c)ADDRESS:		(
INCLUDING DELVIER			
	* CONTINUE TO 3.d IF DRI' 3. DRIVER	VER ALSO POLICY HOLD	ER
12	a)NAME:	(4) (1)	
9			(MALE / FEMALE)
(#)	b)NRIC/FIN/PASSPORT:		CONTACT:
w.			
	*d)DATE OF BIRTH: (/	/ //>//	BAAAA
507	. e)OCCUPATION: (INDOOR	/ OUTDOOR!	71111
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	4. WAS DRIVER AN EMPLOY	FF OF THE INCURENCE	COMPAND OFFI
	IF NO, RELATIONSHIP OF	THE DRIVER WITH IN	ISUPED:
	o. directiles CONDIION: (CLEAR / RAINING / OTHE	PS
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	. WAS ANYBODY INJURED (Y	ES / NO)	2.
	7. a)REPORTED TO POLICE (YE	(NO)	
	IF YES, PLEASE STATE WHICH	CH-POLICE STATION:	printed by the control of the contro
()	8. THIRD PARTY VEHICLE a) VEHICLE NUMBER:	GRU /THEY	
NUMBER OF	b) DRIVER'S NAME:	CTUP GT411 M	ODEL:
	C) NRIC/FIN/PASSPORT	e chye seng	
PASSANGKE	c) NRIC/FIN/PASSPORT: 9. THIRD PARTY VEHICLE	2144403+1-C	ONTACT:
CLUDING BEWAR	d) VEHICLE NUMBER:	90.0	
()	e) DRIVER'S NAME:	МС	ODEL:
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Market Control of the	72	(4)	

1) EMAIL: roland+an 1974 @ q mail.com
>) VIDEO: [UD.

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MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 2004122126) 4 Shenton Way, # 21-01, SGX Centre2, Singapore 068807 Tel +65 6827 7888, Fax +65 6827 7800 msig.com.sg

CERTIFICATE OF INSURANCE

it) Act 2019 (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) 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.

CERTIFICATE NO :

MSD/VNS/19-503637-WTT A0633-001/W0857 S129951

SUM INSURED :

EXCESS

\$300(FIRE&THEFT) \$600(ENDT 2K)

S7403325C

1. Index mark and Registration Number of Vehicle

FBH7526M

SYM

2. Name of Policyholder TAN ROLAND

3. Effective date of the Commencement of Insurance

1534PM 16/03/2020

for the purposes of the Act 4. Date of Expiry of Insurance

10/09/2020

172 c.c.

Persons or Classes of Persons entitled to drive
 The Policyholder.

Provided that the person driving is permitted in accordance with the licensing or other 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. And provided further that the Motor Vehicle is registered and licensed under the Road Traffic Act and its registration and licensing under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

- 6. Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.
- 7. The Policy does not cover 1. Use for hire or reward.
- for racing, pace-making, reliability trial or speed-testing.
- 3. 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.

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.

16/03/2020 (T)

WTT-CI-04(04/14)

WIT INSURANCE AGENCIES PTE LTD Underwriting Agent

For MSIG Insurance (Singapore) Pte. Ltd.