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Downer / Driver: (TP Particulars: Veh No:	FBEIISRY I	NC()/Non-INC()	¥11
Insured/Driver Liability: (%) [Note-Est Status (WO): N: 0-20%; P: 21-79%. F: 80-100%]			Tel:)
Insured/Driver Liability: (%) [Note-Est Status (WO): N: 0-20%; P. 21-79%. P: 80-160%] Year of Registration: (Policy No: ()	Period: () Cover Type: ()
Year of Registration: () Warranty: YES ()/NO () Excess: (S) Loading: \$1,000 ()/\$2,000 () General Remarks: () Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repoliter. () Total Luss Case : to e-mail Insurer URGENTLY. Drive-In ()/Towed-In (); Invoice: YES ()/NO (); Towing Co: () Remarks: (INC hotline: 6788 6616): Date&Turic Compile of Proparation Checklist: Done by 1) Apply for Transport Allowance ()/Courtesy Car () 2) QC Check/Post Repair Inspection () 3) Upload Resurvey Photo [Repair Cost > \$3000] () Injury: Onte/Time Actions Invoice Preparation Checklist: Associated Properties (\$100); Inc (\$50);	Confirmed by : (Date:	Time:)
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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.
- 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.

aforesaid.	
为是这些人的,不是这种人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的	ACCIDENT STATEMENT
Date Of Report	21/05/2020 09:13
Date Of Accident	20/05/2020 12:30
Exact Location Of Accident	JUNC UPP PAYA LEBAR RD & AIRPORT RD
Country/State of Loss	SINGAPORE
Some process of the second of	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKG7796Z
Insured/Policyholder	
Name Of Registered Owner	LEE CYE WAN
NRIC No	SXXXX639F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96397721
Alternative Phone No	OFFICE-96397721
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	S350 L 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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	D-20094719MVPC
Cover Note Number	
Driver	
Name of Driver	CHEN XIANJUN
NRIC No	SXXXX040C
Date Of Birth	21/11/1967
Occupation	INDOOR
Date Of Driving Pass	25/06/2002
Driving Experience	17 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97869520

OFFICE-97869520

NOEMAIL

51 JALAN PARI DEDAP Address

488639 Postcode

Was driver an employee of the Insured's Company

SPOUSE If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - CROSS JUNCTION 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

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

FBE1158Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

ABDUL HALIM BIN ABDUL RAHIM

NRIC/Passport Number

SXXXX585G

Contact Number

98922573

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

SKETCH PLAN

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.
- 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.
- 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 .:

On stuted dute and time, as traffic junction turns green arrows, I proceed turn right. Enddonly vehicle B hit against my Vahicle front 11th portion.

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 .:

ACCIDENT STATEMENT

	ACCIDENT DATE: (12 / 5 / 20) (DD/MM/YYYY), TIME: (12 : 30) (HH:MM)	
	LOCATION: Upper Paya Lebar near Breadfalle Andin	MALA
	1. DETAILS OF VEHICLE a) VEHICLE NUMBER: SK47 7962	
	b)INSURANCE COMPANY: [C].	
2 8	c)POLICY NUMBER: P-2009 YD 19 MVPC d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT) e)MAKE & MODEL: f)TYPE: (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE / OTHERS)	10
	g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)	
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)	2
(1.)	2. INSURED / POLICY HOLDER A) NAME: LE CALLE WOO (MALE / FEMALE)	13
NUMBER OF	b)NRIC/FIN/PASSPORT: 5 1203 639 64 F CONTACT: 96397921	
PACSANGER	c)ADDRESS:	
MICHIGING DEIVER		
METALLY DETURNE	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER	
18	3. DRIVER	
	a) NAME:(MALE / FEMALE)	
£00	b)NRIC/FIN/PASSPORT: CONTACT: 97869520.	
-	c)ADDRESS:	8 100
	*d)DATE OF BIRTH: (/)(DD/MM/YYYY)	
SEC.	*d)DATE OF BIRTH: ()(DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f)DATE OF DRIVING - PASS ::	1250
	4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:	e
	5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)	*
	b)ROAD SURFACE: (DBY / WET / OTHERS	
1871	6. WAS ANYBODY INJURED (YES / NO)	*
	7. a)REPORTED TO POLICE (YES / NO)	
	IF YES, PLEASE STATE WHICH POLICE STATION:	
(1.)	8. THIRD PARTY VEHICLE a) VEHICLE NUMBER: FBE 1784 MODEL:	
	b) DRIVER'S NAME: ASAM Halim Bin ASAM Rahim	,
MUMBER OF	c) NRIC/FIN/PASSPORT: 5/6/55856 CONTACT: 48920375	
PASSANGHER	9 THIRD PARTY VEHICLE	
THORNG , DEMAIL	d) VEHICLE NUMBER: MODEL:	
()	e) DRIVER'S NAME:	1676
PASSONGUR	f) NRIC/FIN/PASSPORT:CONTACT:	
CLUDING DRIVAR		2. 3
CLUDING DELOUIC	A N	

1) EMAIL: Jenchen@huantrading.com



MS First Capital Insurance Limited Co. Reg. No. 195000106C GST Reg. No. M2-0001676-9

5 Raffles Quay #21-00 Singapore 048580 Tel. (65) 6222 2311 Fax: (65) 6222 3547

Claims & Hoter Underwriting Dept: 36 Robinson Road #16-01 City House Singapore 068877

Tel: (65) 6507 3848 Fax: (65) 6507 3849 www.msfirstcapital.com.sg

CERTIFICATE OF INSURANCE

ORIGINAL

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Type of Policy

PRIVATE MOTOR CAR INSURANCE

Type of Cover.

Third Party Fire and Theft

Certificate No.

: D-20094719MVPC

Vehicle No / Chassis No

SKG7796Z / WDD2211562A172850

Name of Insured

LEE CYE WAN

Period Of Insurance

16.01.2020 To 15.01.2021

Insured Estimated Value

: Market Value At Time Of Loss

Financial Institution

UNITED OVERSEAS BANK LIMITED

SGD3,500.00 SECTION I & II SEPARATELY IS IMPOSED ON THOSE DRIVERS WHO ARE BELOW 22 YEARS OLD AND/OR WHO HAVE LESS THAN 2 YEARS OF DRIVING EXPERIENCE

Authorised Driver LEE CYE WAN AND CHEN XIANJUN

Persons or classes of persons entitled to drive*

1) The Insured.

The Insured may also drive a Motor Car not belonging to or hired (under a hire purchase agreement or otherwise) to him or his employer or his partner.

Any other person who is driving on the Insured's order or with his permission.

* 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

Limitations as to use*

Use only for social, domestic and pleasure purposes and for the Insured's business.

The Policy does not cover use for hire or reward, racing, pacemaking, 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.

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)

MS First Capital Insurance Limited (Approved Insurers)

KARENS/A0064/MX1F

Issued at Singapore on 06.12.2019

Authorised Signature