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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
- aforesaid.

"这个人的,我们就是一个人的,我们就是一个人的。"	ACCIDENT STATEMENT
Date Of Report	03/06/2020 09:07
Date Of Accident	02/06/2020 13:30
Exact Location Of Accident	HOUGANG AVE 9 INFRONT HOUGANG NPC
Country/State of Loss	SINGAPORE
the state of the second of	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YN3904C
Insured/Policyholder	
Name Of Registered Owner	OSIM INTERNATIONAL PTE LTD
Co Reg No	X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63182649
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	FUSO
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B 29128772 MKF
Cover Note Number	
Driver	
Name of Driver	LOW WENG HONG
NRIC No	GXXXX757P
Date Of Birth	19/07/1997
Occupation	OUTDOOR
Date Of Driving Pass	21/06/2019
Driving Experience	0 YEAR AND 11 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90846502
ax Number	
Contact Number	

NOEMAIL

Address

133 LORONG AH SOO #02-428

Postcode

530133

Was driver an employee of the Insured's Company YES

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

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR DRY

Other Information

Road Surface

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)

2

Passenger 1

NAME:

: UNKNOWN

GENDER:

: MALE

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?

YES

Remarks/ Reasons:

ONLY FRONT CAMERA

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SBS7432S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

BUS

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

- 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.
- 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)

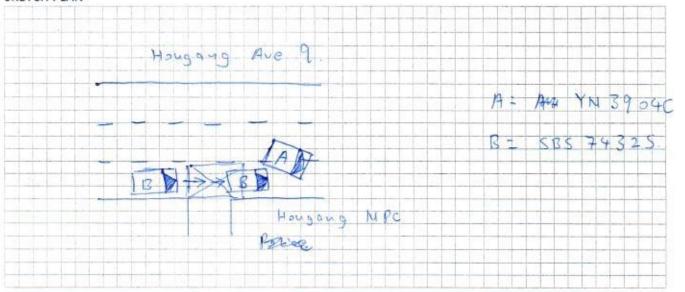
I understand, acknowledge, agree and consent that:

- (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.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Sighature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:



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. Z. 300

COMMERCIAL VEHICLE - FLEET

Comprehensive

Certificate No. B 29128772 MKF

Excess: SGD500

1. Index Mark and Registration Number of Vehicle YN3904C

2. Name of Policyholder

Goods Carrying Vehicle - Sch I

OSIM International Pte. Ltd.

3. Effective Date of the Commencement of Insurance for the purposes of the Act 01/07/2019

4. Date of Expiry of Insurance

30/06/2020

5. Persons or Classes of Persons entitled to drive*

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 in connection with the Policyholder's business.
Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. Use for social domestic and pleasure purposes.

- The Policy does not cover
 (1) Use for hire or reward or for racing pace-making reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- * 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.

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

ACCIDENT STATEMENT

ACC	IDENT DATE: 2/6/20	
LOCA	ATION: Housang	Ave 9 Ingrowt Housang MPC
1	. DETAILS OF VEHICLE	
	a) VEHICLE NUMBER:	YN 39040
	b)INSURANCE COMPANY:	
(9)	c)POLICY NUMBER:	
		NSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
	e)MAKE & MODEL:	NOTE / THIND I ANTI THE WITE I
		ARV (VAN / LORRY / MOTORCYCLE / OTHERS)
		APV /VAN / LORRY / MOTORCYCLE / OTHERS)
		ATE / COMMERCIAL / MOTORCYCLE) CIDENT TIME: Working
	[] [[[[[[[[[[[[[[[[[[YOUR OWN INSURANCE (YES/NO)
		PARTY CLAIM / REPORTING ONLY)
2	INSURED / POLICY HOLDER	The same and the s
2.	A)NAME: OSIM INTE	ernational Pte Ltd [MALE / FEMALE)
	b) NRIC/FIN/PASSPORT:	CONTACT: 63182649
	c)ADDRESS:	
	5400 mg standard and a standard and	* * *
	* CONTINUE TO 3.d IF DRIVER	ALSO POLICY HOLDER
the of passengs	DRIVER	
(Including driver)		MALE / FEMALE)
communing ariver,	DINKIC/FIN/PASSPORT:	2762 7571° CONTACT: 9084 6502
(2)	CIADDRESS: 133 Lorong	Ah soo #02-428 (S) 530x13
1		
M	*d)DATE OF BIRTH: (/	_/)(DD/MM/YYYY)
10.70	e)OCCUPATION: (INDOOR / C	The state of the s
2	f) YEARS OF DRIVING EXPRERIE	
4,		OF THE INSURED'S COMPANY? (YES / NO)
-		HE DRIVER WITH INSURED:
5.	a) WEATHER CONDITION: (CLE	
4	b)ROAD SURFACE: (DRY / WEI WAS ANYBODY INJURED (YES	1801 (177) (207)
	a) REPORTED TO POLICE (YES /	
	IF YES, PLEASE STATE WHICH	
8.	THIRD PARTY VEHICLE	77 Y 24 KB C C C C C A B C C C C C C C C C C C C
He of passenger	a) VEHICLE NUMBER: SB.	S 7432 S. MODEL:
Including driver)	b) DRIVER'S NAME:	
7	c) NRIC/FIN/PASSPORT:	CONTACT:
9.	THIRD PARTY VEHICLE	*
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induding driver	f) NRIC/FIN/PASSPORT:	CONTACT:
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