

SINGAPORE ACCIDENT STATEMENT

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 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.

ACCIDENT STATEMENT

Date Of Report	03/06/2020 12:28
Date Of Accident	02/06/2020 14:30
Exact Location Of Accident	BISHAN STREET 13 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR5075B
Insured/Policyholder	
Name Of Registered Owner	WOR YUH LAN (DU YULAN)
NRIC No	SXXXX821I
Email Address	WORYUHLAN@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-90181593
Alternative Phone No	OTHERS-90181593

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	SHOPPING
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	P 90302991 DMV
Cover Note Number	

Driver

Name of Driver	WOR YUH LAN (DU YULAN)
NRIC No	SXXXX821I
Date Of Birth	12/06/1971
Occupation	INDOOR
Date Of Driving Pass	02/02/1996
Driving Experience	24 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90181593
Fax Number	
Contact Number	OTHERS-90181593
Email Address	WORYUHLAN@YAHOO.COM.SG

Address	BLK 114 BUKIT PURMEI ROAD #06-257
Postcode	090114
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	COLLIDED INTO PARKED VEHICLE
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?	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)	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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP4239B
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	RANDY
NRIC/Passport Number	
Contact Number	90581332
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1


SKETCH PLAN


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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
- (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:
 - (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: 3/6/2020


Driver's Signature
(If driver is not the policyholder)
Date & Time: 3/6/2020

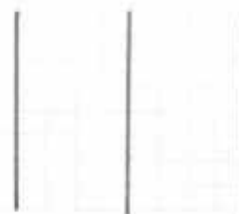

Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.: 

SKETCH PLAN

BISHAN STREET 13 CARPARK

A) SKP 5075B

B) SLP 4239B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

H1 - HANDICAP

On 2 Jun 20, 2.30pm, I (driver of - SKR 5075B) reversing the carpark lot. My car backside hit the front of SLP 4239B.

DECLARATION

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

Wong Han

Policyholder's Signature

Date & Time:

3/6/2020

Wong Han

Driver's Signature

(If driver is not the policyholder)

Date & Time:

3/6/2020

Wong Han 00/06/2020
Reporting Centre Personnel's Signature
Name: *Wong Han*
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 02/06/2020 (DD/MM/YYYY), TIME: 14:30 (HH:MM)

LOCATION: Bishan Street 13 Carpark lot

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKR 5075B
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: P90302991 DMV
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota WISH
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Shopping
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: WONG YUK LAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S71178213 CONTACT: 90681543
 c) ADDRESS: BK 114 Bukit Pagar Rd # 06-252

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: DR. ABUKEI (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 12/06/1971 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 1995 02/02/1996

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLP 4239B MODEL: Toyota
 b) DRIVER'S NAME: Randy
 c) NRIC/FIN/PASSPORT: _____ CONTACT: 90581332

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passengers
 (including driver)
(1)

* No of passengers
 (including driver)
(1)

* No of passengers
 (including driver)
()

email = wongyuklan@yahoo.com.sg

VIDEO Yes

Mutual Settlement Form

When involved in a motor accident, you can choose to enter into a private settlement with the **OWNER** of the other car if there are:-

- no personal injuries or death of motorist and/or pedestrians
- damages are minor
- no involvement in chain collisions

Under this private settlement, both parties agree to settle the matter amicably without suing each other.

It is a legally binding agreement.


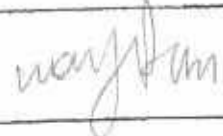
1. Details of the Accident:-
Date (dd/mm/yyyy): 3/6/2020 Time: 14:45 hrs
Location: S/O Bishan St 13 open carpark
- 2a. Vehicle registration no. SLP4239B driven by Fong Thiam Wai, Rayner
(Name & Nric no) and owned by GRAB RENTALS PTE LTD (201617200G) (Name & Nric no).
- 2b. Vehicle registration no. SKR5075B driven by WOR YUH LAN
(Name & Nric no) and owned by WOR YUH LAN (C57119821J) (Name & Nric no).
3. The parties have agreed to settle this matter amicably as follows: *delete a or b as applicable.

*a. Neither party shall be liable to compensate the other party for any loss or damages incurred or to be incurred as a result of the accident.

*b. Without any admission of liability, WOR YUH LAN (party paying compensation) has paid a sum of \$ 1,011.90 which Fong Thiam Wai, Rayner (owner receiving compensation) hereby acknowledge receipt thereof in full and final settlement of all damages and costs incurred and/or to be incurred as a result of the accident.

4. There are no personal injuries to the undersigned parties.

5.

	Vehicle A no. : <u>SLP4239B</u>	Vehicle B no. : <u>SKR5075B</u>
Name	<u>Fong Thiam Wai, Rayner</u>	<u>WOR YUH LAN</u>
NRIC no.	<u>SXXXX 364 C</u>	<u>S4XXX 821 I</u>
Address	<u>74 KIAN TECK ROAD</u> <u>SINGAPORE 628800</u>	<u>BK 114 Bukit Purnei</u> <u>Rd # 06-257 090114</u>
Tel no.	<u>65137748</u>	<u>90181593</u>
Signature & Date		 <u>3/6/2020</u>

**MSIG**

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.

DRIVESHIELD - VALUE
Comprehensive

Certificate No. P 90302991 DMV

Excess : SGD700

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
 SKR5075B

2. Name of Policyholder
 Wor Yuh Lan

3. Effective Date of the Commencement of Insurance for the purposes of the Act
 12/02/2020

4. Date of Expiry of Insurance
 11/02/2021

5. Persons or Classes of Persons entitled to drive*
 Wor Yuh Lan

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 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 MUST BE CARRIED OUT 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