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 <u>truthful and accurate</u> 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

aforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	12/03/2020 15:42
Date Of Accident	12/03/2020 10:00
Exact Location Of Accident	ANG MO KIO AVE 3
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMS4665B
Insured/Policyholder	
Name Of Registered Owner	SKYWAY MOTOR PTE LTD
Co Reg No	199904194N
Email Address	JENNIFER@SKYWAY.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-63336333
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL HYBRID 1.5X AUTO
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	A28795104MCX
Cover Note Number	
Driver	

Driver

Name of Driver

ANG PEK SENG
NRIC No

S6820182I

Date Of Birth

Occupation

INDOOR

Date Of Driving Pass

19/01/1988

Priving Experience

Driving Experience 32 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-91058485

Fax Number
Contact Number

EMail Address ROYANG88@YAHOO.COM.SG

BLK 193 RIVERVALE DRIVE #10-787 Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

YES

NO

1

2

YES 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)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name PUNGGOL N.P.C

ROAD: 21A TEBING LANE, POSTCODE: 828837, COUNTRY: Police Station Address

SINGAPORE

TEL NO: - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO ATTACHED.

Attachment(s)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number **GBE918C**

Vehicle Make/Model/Colour **VOLKSWAGON / TRANSPORTER T5**

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

Name of Driver LI ZHENGQIN

NRIC/Passport Number

Contact Number 81259788

Address Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF INJURED PERSON 1

ANG PEK SENG Name

Approximate Age 51

Injuries Sustain **NECK PAIN** Injured person in which vehicle? SMS4665B Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode

YES

NO

Protected By Symantec

SKETCH PLAN

IMPORTANT NOTICE

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- 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:
 - (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.

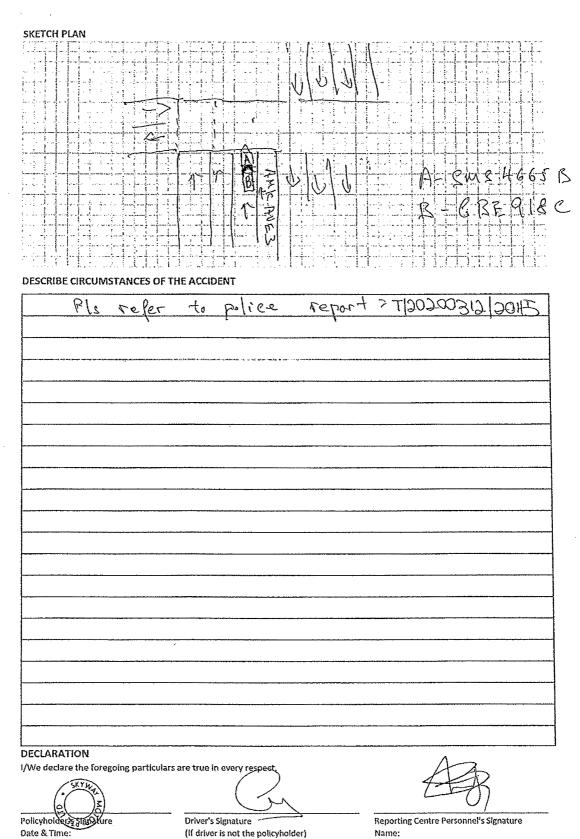
OF PICTURE SERVICE

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.:

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Date & Time:

NRIC/FIN No.:

Sketch Plan Pg. 3





Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

1 of 4 Report No. T/20200312/2045

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/03/2020 12:49			Vide Report No.:	Station Diary No.: 36			
Informar	nt's Particu	ılars		-			
Name of Informant: ANG PEK SENG			Address: APT BLK 193 RIVERVALE DRIVE #10-787 SINGAPORE 540193				
ID Type / ID No.: NRIC NO / S6820182I			Contact No.: Home/Office: Mobile: 91058485				
Nationality: SINGAPORE CITIZEN		EN .	Email:				
Sex: Male	Age: 51	Date of Birth: 01/06/1968	Type of Informant: Driver				
Race: Chinese		,	Language: English	Institution / School Name:			
Occupation GRAB DF			Driving Licence Information: Class: 2B,2A,3	Date of Expiry:			

General Inform	ation of the Acci	dent					
Type of Accident:	Injury Others	Drink Drive No	•	Date/Time of Accident: 12/03/2020 10:00		Type of Location: Straight Road	
Location: Along Road 1 ANG MO KIO A HOUGANG AV						. :	
		Road Surfac				d Speed Limit:	
Traffic Flow: Traffic		Traffic Contro	Fraffic Control:			Traffic Volume: Moderate	
Type of Collision Between Movir	on: ig Vehicles - Head	l To Rear				one conveyed by ulance:	

Details of V	ehicle Invol	ved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBE918C	Car	VOLKSWAGO N	TRANSPOR TER T5 2.0 TDI M/T LWB	Silver	Slightly Damaged	0
SMS4665B	Car	HONDA	VEZEL HYBRID 1.5X AUTO	Silver	Slightly Damaged	0

Sketch Plan Pg. 4





Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPO 2 of 4 Report No. T/20200312/2045

21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

CONTINUATION OF REPORT

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
SMS4665B	MSIG INSURANCE (SINGAPORE)	A28795104MCX	27/02/2020	07/08/2020		
	PTE. LTD.	'				

Details of Person Involved							
Any Pedestrian Involved: No							
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA				
Driver							
Name	LI ZHENGQIN			ID No.		G6231673Q	
Related Vehicle	GBE918C (Car)			Contact No.		81259788	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	Date Treatment NIL			Date Discharge NIL			
No. of Days granted Medical Leave NIL			Degree of Injury NIL				
Driver			-				
Name	ANG PEK SENG			ID No.	•	S6820182I	
Related Vehicle	SMS4665B (Car)			Contact No.		91058485	
Hospital/Clinic	EDGEDALE MEDICAL CLINIC		Class of Driving Licence & Expiry Date		Class: 2B,2A,3 Date of Expiry: NIL		
Date Treatment NIL			Date Disc	ate Discharge NIL			
No. of Days granted Medical Leave 05			Degree of	Injury	Sligh	t,	

Brief Details.

On 12/3/2020 at around 0945hrs, I alighted 1 passenger at ITE Ang Mo Kio and helped the passenger to unload some stuffs. That was the last time I saw my vehicle intact.

On 12/3/2020 at around 0955hrs, I was driving along Ang Mo Kio Avenue 3 when the traffic light turned amber to red. I stopped gradually. Suddenly I felt an impact coming from the rear of my vehicle. That was when I discovered a van had hit the rear bonnet of my vehicle. We then exchanged our particulars.

On 12/3/2020 at around 1130hrs, I went to Edgedale Medical Clinic as I felt pain at my neck, shoulder blade and hips area. I was given 5 days MC bearing MC No. 0000032151.

I wish to inform that I have the footage of the accident from the rear camera of me car.

I am lodging this report for Police's assistance.

Sketch Plan Pg. 5





Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999 4 of 4 Report No. T/20200312/2045

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: (F / Staff Sgt MUHAMMAD JUMARI BIN IBRAHIM /			Signature Of Informant:	
Signature Of Interpreter:			Date/Time:	
Not applicable			12/03/2020 12:49	
Officer In Charge Of Case:			Classification Of Case:	
TP / AEIT /				
SI MOHAMAD ZULFAZI	ELBIN ABDULLAH	****	The Control of the Principles	
Contact No.: 65476204	Part W	_	SN 085	
Authentication Stamp NP168	Signature:			
	Singapore Police	Fο	proe	



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), 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.

Form M. Z. 400 Cars for Hire

MOTORMAX-COMMERCIAL

Comprehensive

Certificate No. A 28795104 MCX

1. Index Mark and Registration Number of Vehicle SMS4665B

2. Name of Policyholder

Skyway Motor Pte Ltd

3. Effective Date of the Commencement of Insurance for the purposes of the Act 27/02/2020

4. Date of Expiry of Insurance

07/08/2020

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.
- Limitations as to use

Use for the carriage of passengers or goods in connection with the

Policyholder's business. Use for social domestic and pleasure purposes.

The Policy does not cover

- (1) Use for racing pace-making reliability trial or speed-testing.
 (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
- 7. 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.

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 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.

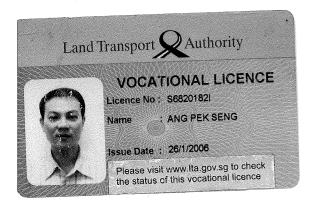
MSIG Insurance (Singapore) Pte. Ltd. Approved Insurers

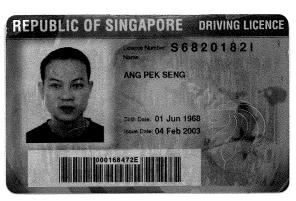
for Chief Executive Officer

nxt202002281350









This card is not transferable and is the property of the Land Transport.' Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type 02 Description TAXI VL

Issue Date

26/02/2001



