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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.
- 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

RESIDENCE AND REPORT OF THE REAL	ACCIDENT STATEMENT	
Date Of Report	03/07/2020 15:31	
Date Of Accident	01/07/2020 08:45	
Exact Location Of Accident	SIMEI ROAD TOWARDS UPPER CHANGI ROAD	
Country/State of Loss	SINGAPORE	
THE REPORT OF THE PARTY OF THE	ETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLW6277R	
Insured/Policyholder		
Name Of Registered Owner	KOH LIAN SENG	
NRIC No	SXXXX789J	
Email Address	TANGRENJIE@SINGNET.COM.SG	
Mobile Phone No	(LOCAL) +65-97320163	
Alternative Phone No	OTHERS-97320163	
Vehicle Particulars		
Manufacturer	HYUNDAI	
Model	ELANTRA	
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?	YES	
If No, Please state action to be taken		
Vehicle Category	PRIVATE CAR	
Insurance Company		
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	A 80475426 QMY	
Cover Note Number		
Driver		
Name of Driver	KOH LIAN SENG	
NRIC No	SXXXX789J	
Date Of Birth	15/06/1966	
Occupation	INDOOR	
Date Of Driving Pass	31/07/2007	
Driving Experience	12 YEARS AND 11 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-97320163	
Fax Number		
Contact Number	OTHERS-97320163	
	175AMM \$2.55AM \$2.52AM \$2.54AM \$2.54AM \$2.54AM \$2.54AM \$2.50	

TANGRENJIE@SINGNET.COM.SG

Address

BLK 271 PASIR RIS STREET 21

#03-460

Postcode

510271

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

CHAIN COLLISION

Weather Conditions

AFTER RAIN

Road Surface

WET

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?

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)

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

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?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLB3615D

Vehicle Make/Model/Colour

HONDA VEZEL

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

ANIS

NRIC/Passport Number

Contact Number

98510060

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SKT2199L

Page 2 of 20

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

TOYOTA PRIUS

PRIVATE CAR

ALLAN

97305119

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.
- 6. 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:

Oriver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel

Name:

NRIC/FIN No.:

Simer Rol -> cyr Chongi	
A) SLW	0277R
B) SUB	36150.
c) SKT	21996

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On Mentioned date and fine, I was travelling along the Soid road. When the front vehicle stop, I unable to stop in time and collidad and front vehicle (Veh B) when I got down from my vehicle, I then realise if was a chain Collision involving 3 vehicle including mine. We exchange particular and I would to state that, I check with veh B and Veh c driver on any injury and a'll are fine, therefore we dodn't cell for police or ambulance.
stop in time and collodal and front vehicle (Veh B) when I got down from my vehicle, I then realise it was a chain Collision involving 3 vehicle including mine. We exchange particular and I wash to state that, I check with veh B and Veh c driver on any injury and a'll are fine, therefore we didn't call for police
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I check with veh B and veh c driver on any injury and a'll are fine, therefore we didn't cell for police or ambulance.
and a'll are fine, therefore we didn't cell for police or ambulance.
or ambulance.

DECLARATION

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

Policyholder's Signature Date & Time:

Oriver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

	ACCIDENT DATE: OLIOT, 2000) (DD/MM/YYY), TIME: (08:45)(HH:MM)
1 2	LOCATION: Sime Rel CUpy changi) before Justion of Sine St
	I. DETAILS OF VEHICLE
	· alvericle NUMBER: SLW 6277 R.
	DINSURANCE COMPANY: MSIG.
	CIPOLICY NUMBER: A 80475428 QWY.
	DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY THIRD PARTY FIRE & THEFT)
	B)MAKE & MODEL: Hygrals Elentra.
	STYPE SALOON COURSET MAN CLAN (1 STREET LAND)
	FITYPE SALOON COUPET MPV /VAN / LORRY / MOTORCYCLE / OTHERS)
	GIVEHICLE CATEGORY [PRIVATE / COMMERCIAL / MOTORCYCLE]
	HIPURPOSE OF USING AT ACCIDENT TIME: Private used
	IJARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NOT) Yes-
	IF NO. PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER
	Alname Kon Lian Sen
	DINRIC/FIN/PASSPORT S 2 F F F F PR T (MALE / FEMALE)
	CIADDRESS: BLE 271 Pasir Ris St 21
1t_ @	- 1 1 7 1 1 1 A A
- A	* COMPANIE ST. T. S. CO. T.C.
AMO of basson	DRIVER .
Clududing dri	CINAME CONTRACTOR
(1) an	
トエノ	CIADDRESS:CONTACT:
	"d) DATE OF BIRTH: (_15/6/6/1966_)(DD/MM/YYYY)
- 2	- FOCCOPATION; ANDOOR! OUTDOOR!
	DOTTE SEDRING DACK 21 Jul 200+
	4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANIE OF THE
# 20	" " " " " " " " " " " " " " " " " " "
	SI WEATHER CONDITION: (CLEAR / RAINING / OTHERS A WEET ROW)
	DIROAD SURFACE: (DRY / OTHERS
	6. WAS ANYBODY INJURED (YES / 180)
	7. a) REPORTED TO POLICE (YES / 100)
	IF YES, PLEASE STATE WHICH POLICE STATION:
in of m	a. IHIRD PARTY VEHICLE
to of passinger	a) VEHICLE NUMBER: SLB3615D MODEL: Hord Vegel.
including drive	() DI DKIVEK 2 NAME H VQ
(3)	C) NRIC/FIN/PASSPORT:CONTACT: 98510060
Name and the	THIRD PARTY VEHICLE
ho of passang	of VEHICLE NUMBER: SKT2199L MODEL: Total Prices.
neluding driv	of Driver Shame 14 Cor
1	1) NRIC/FIN/PASSPORT:CONTACT:: 973 05119.
(_) Not	Sure.
	O 40

email = TANGRENJIE @ PINENET. com. CG. VIDED NO VELLO.



Participation of the Control of the

MSIG Insurance (Singapore) Pte. Ltd. 4 Shenton Way #21-01 SGX Centre 2 Singapore 066607 Tel: (65) 6827 7888 Fax: (65) 6827 7800 Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

Certificate of Insurance

ORIGINAL

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 SINCAPORE)

(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.X.1

Individual Ownership

MOTOR MAX PLUS Comprehensive

Certificate No. A 80475426 OMY

Excess: SGD500

Windscreen Excess: SGD100

 Index Mark and Registration Number of Vehicle SLM62778

2. Name of Policyholder

KOH LIAN SENG

- Effective Date of the Commencement of Insurance for the purposes of the Act 29/10/2019
- Date of Expiry of Insurance 28/10/2020
- 5. Persons or Classes of Persons entitled to drive

KOH LIAN SENG

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 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 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 Vohicles (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 CAN BE CARRIED OUT AT ANY WORKSHOP OF YOUR CHOICE OR 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 Cortificate 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 offect must be made. Failure to comply with this obligation is an offence under the Motor Vehiclos (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 (Maiaysia) or any Amendment, Act or Acts passed in substitution thereof.

Signature / Doto

Counter-Signatory:

S & M Alliance Pte Ltd

MSIG Insurance (Singapore) Pte. Ltd.
Approved insurers

Amy Ler Seniar Vice President, Agencies

This contificate is not valid unless it is signed for 5 on behalf of the Company and Counter-Signed by a duty authorised representative of the Counter-Signatory.

XSNMMCSQ2019102917187690