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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
 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

14/07/2020 14:25 Date Of Report 13/07/2020 15:45 Date Of Accident

209 WOODLANDS AVENUE 9 (GANTRY EXIT) Exact Location Of Accident

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

SGC7159G Vehicle Registration Number

Insured/Policyholder

JAMALUDIN BIN ALI Name Of Registered Owner

SXXXX080H NRIC No

MHEREMYR@OUTLOOK.COM **Email Address**

(LOCAL) +65-94235759 Mobile Phone No

Alternative Phone No. OTHERS-82037533

Vehicle Particulars

TOYOTA Manufacturer

COROLLA ALTIS Model

Exact Purpose for which vehicle was being used at PRIVATE USE

Are you claiming under your own insurance policy

for repair to your vehicle?

REPORTING ONLY If No, Please state action to be taken PRIVATE CAR Vehicle Category

Insurance Company

MSIG INSURANCE (SINGAPORE) PTE. LTD. Name of Insurance Company

THIRD PARTY FIRE AND/OR THEFT Type Of Coverage

Fleet Policy

J 300088198 QMX Policy Number

Cover Note Number

Driver

MUHAMMAD HEREMY REZA BIN JAMALUDIN Name of Driver

SXXXX004A NRIC No 04/04/1989 Date Of Birth OUTDOOR Occupation 17/09/2019 Date Of Driving Pass

0 YEAR AND 9 MONTH **Driving Experience**

MALE Gender

(LOCAL) +65-94235759 Mobile Number

Fax Number

OTHERS-82037533 Contact Number

MHEREMYR@OUTLOOK.COM EMail Address

BLK 846 JURONG WEST STREET 81 Address

#02-237 640846

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

CHILDREN

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions WET Road Surface

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?

Was any injured conveyed to hospital by

ambulance?

NO

YES

NO

2

NO

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

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

SLE6603C

Vehicle Make/Model/Colour

AUDI

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LEOW KOK LEONG

NRIC/Passport Number

SXXXX599J

Contact Number

90017811

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Page 2 of 18

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.
- 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. 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.
- 7. 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:

- 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")
- 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
- 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.
- 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:

(If driver is not the policyholder)

Date & Time: 1330

SKETCH PLAN 209 WOODLANDS ANHALIA 9 (GRANRY EXIT)

B A

CHR MCHR D TRAILER

RAIARSK

A) SGC 7159 G

B) SUE 6603 C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was waiting	behind a trailer to exit. T	he gantry did not open
	. The trailer in front reve	
gear giving a	mple time for the car b	behind me to reverse. Upor
	ailer reverse quite close t	
savarena Th	e san behind did not	reverse thus me reversing
into the car	behind.	
		/
DECLARATION		
The state of the s	iculars are true in every respect.	
		/ //
	(/	MW 14/02/2020
ara dalam eta associ	Deliveriation	Reporting Centre Personnel's Signature
Policyholder's Signature Date & Time:	Driver's Gignature (If driver is not the policyholder)	Name:
	Date & Time: \4 07/20	NRIC/FIN No.:
	1330	V - V

ACCIDENT STATEMENT

P SUNSVA SONALOROW POC : NOITADOL	
1. DETAILS OF VEHICLE	
" a)VEHICLE NUMBER: SGC 7159 G	
DINSURANCE COMPANY: MSIG	
CIPOLICY NUMBER: J 300088198	
d)POLICY TYPE: (COMPREHENSIVE / THIR	D PARTY / THIRD PARTY FIRE &THEFT)
ALMAKE & WODEL! 10 ADIM HELL?	
F)TYPE: (SALOON / COUPE / MPV /VAN /	LORRY / MOTORCYCLE / OTHERS
9/ VEHICLE CATEGORY: (PRIVATE / COMM	AERCIAL / MOTORCYCLEI
THE ORPOSE OF USING AT ACCIDENT TIME	. PRIVATE USS
I) ARE YOU CLAIMING UNDER YOUR OWN	INSIDANCE INECINO
" NO. FLEASE STATE (THIRD PARTY CLAIN	A / REPORTING ONLY)
2. MOOKED / POLICY HOLDER	<u> </u>
AINAME: JAMALUDIN BIN ALI	MALE / FEMALE)
DINRIC/FIN/PASSPORT: SILOSOBOH	CONTACT: 942357
CLADDRESS: BLOCK BUE JURONG	WEST STREET 81 #02-237
. 640846	
* CONTINUE TO 3.d IF DRIVER ALSO POLIC	Y HOLDED .
	THOLDER
THO OF prissings, DRIVER	I am AL HOLA I
Clindudia d) GINAME: MUHAMMAD HEREMY REZ	A GIN JAMALUDIN
(Including driver) DINRIC/FIN/PASSPORT SPANOULA	LA GIN JAMALUDIN (MALE) / FEMALE) CONTACT: 32037533
(1) Claduding driver) GINAME: MUHHMMAD HEREMY REZ (1) BINRIC/FIN/PASSPORT: SB911004 P CLADDRESS: BLOCK 846 JURONG WS	LA GIN JAMALUDIN
(1) Claduding driver) GINAME: MUHHMMAD HEREMY REZ (1) BINRIC/FIN/PASSPORT: SB911004 P CLADDRESS: BLOCK B46 JURONG WS	A GIN [MALE] CONTACT: 82037533 EST STREET 81 #02-231
(1) dividing driver) diname: MUHHMMAD HEREMY REZ b)NRIC/FIN/PASSPORT: SBUOCH BULLONG WE C)ADDRESS: BLOCK BULL JURONG WE 640846 "d)DATE OF BIRTH: [04 / 04 / 1989]	A GIN [MALE] CONTACT: 82037533 EST STREET 81 #02-231
(Including driver) GINAME: MUHAMMAD HEREMY REZ DINRIC/FIN/PASSPORT: SBALLOUA CIADDRESS: BLOCK B46 JURONG WE 640 B46 "dIDATE OF BIRTH: [04/ 04/ 1989] [0] OCCUPATION: (INDOOR / QUIDOOR)	LA GIN JAMALUDIN (MALE) CONTACT: 32037533 EST STREET 81 #02-237
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(1) Clinduding driver) CINAME: MUHAMMAD HEREMY REZ DINRIC/FIN/PASSPORT: SBANDONA CIADDRESS: BLOCK B46 JURONG WE 640 B46 "dIDATE OF BIRTH: [D4/ D4/ 1989] [0) OCCUPATION: (INDOOR / QUIDOOR) FIDERIC OF DRIVING PASS 17 58 4. WAS DRIVER AN EMPLOYEE OF THE INS	DD/MM/YYYY) P 2019 JAMALUDIN (MALE / FEMALE)
CINCLUDING CINAME: MUHIMMAD HEREMY REZ b)NRIC/FIN/PASSPORT: SBUCOUP C)ADDRESS: BLOCK B46 JURONG WE 640846 "d)DATE OF BIRTH: [D4 / D4 / 1989] (I) e)OCCUPATION: (INDOOR / QUIDOOR) f)DATE OF DRIVING PASS IT SE 4. WAS DRIVER AN EMPLOYEE OF THE INS IF NO, RELATIONSHIP OF THE DRIVER IN	DD/MM/YYYY) P 2019 UNITH INSURED:
CINCLUDING CINAME: MUHIMMAD HEREMY REZEMBLE OF DIRICHIMPASSPORT: SPANOUR OF CIADDRESS: BLOCK BHE JURONG WE GOOD BUT ON 1989 IN 1900 COUPATION: (INDOOR / QUIDOOR) FIDER OF DRIVING PACE IT SE 4. WAS DRIVER AN EMPLOYEE OF THE INS IF NO, RELATIONSHIP OF THE DRIVER NO. 19 WEATHER CONDITION: (CLEAR / RAINING)	DD/MM/YYYY) P 2019 UNITH INSURED:
CINCLUDING CINAME: MUHIMMAD HEREMY REZEMS DINRIC/FIN/PASSPORT: SPANOUR CIADDRESS: BLOCK B46 JURONG WE GAOBAL "DIDATE OF BIRTH: [OU / OU / 1989] [OCCUPATION: (INDOOR / OUIDOOR) I) DITE OF DRIVING PASS 4. WAS DRIVER AN EMPLOYEE OF THE INS IF NO, RELATIONSHIP OF THE DRIVER IN 5. GIWEATHER CONDITION: (CLEAR / RAINING DIROAD SURFACE: (DRY / WOT / OTHERS)	DD/MM/YYYY) P 2019 UNITH INSURED:
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CINCLUTING CONTROL OF THE DRIVER IN SOME CONTROL OF SHADOWS WE SHOULD BE STATE WHICH POLICE STATE	JAMALUOIN [MALE / FEMALE] CONTACT: \$2037533 EST STREET 81 #02-237 DD/MM/YYYY) P 2019 FURED'S COMPANY? (YES / NO) MITH INSURED: S / OTHERS ON:
CINCLUSING DIVERSITY OF THE DRIVER V 6. WAS DRIVER AN EMPLOYEE OF THE INS 15. GIVEATHER CONDITION: (PLEAR / RAINING DIRECTION) 16. WAS ANYBODY INJURED (YES /NO) 17. GIREPORTED TO POLICE (YES /NO) 18. THIRD PARTY VEHICLE 19. IN THE MERCHANGE OF THE DRIVER V 19. IF YES, PLEASE STATE WHICH POLICE STATIC	A GIN AMALUSIA [MALE / FEMALE] CONTACT: \$2037533 EST STREET 81 #02-237 DD/MM/YYYY) P 2019 FURED'S COMPANY? (YES / NO) MITH INSURED: S / OTHERS
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Clinduding driver) CINAME: MUHAMMAB HEREMY REZE b)NRIC/FIN/PASSPORT: SPANOUA P c)ADDRESS: BLOCK 646 JURONG WE 6/OCCUPATION: (INDOOR / OUIDOOR) f)DOTE OF DRIVING PACS 17 58 4. WAS DRIVER AN EMPLOYEE OF THE INS IF NO, RELATIONSHIP OF THE DRIVER V 5. G)WEATHER CONDITION: (CLEAR / RAINING b)ROAD SURFACE: (DRY / WBT / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. G)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATIC 8. THIRD PARTY VEHICLE 40 OF PASSENGER G) VEHICLE NUMBER: SLE 6603C INCLUDING PARTY VEHICLE C) NRIC/FIN/PASSPORT: S 71295993 7. THIRD PARTY VEHICLE	DD/MM/YYYY) P 2019 CURED'S COMPANY? (YES / NO) MITH INSURED: S / OTHERS MODEL: 9001 18 11 MODEL:

email = mheremyr @ outlook com



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 MSAAD 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.

MOTORMAX Third Party Fire And Theft

Certificate No.

J 300088198 QMX

Excess : NIL

Windscreen Excess: NIL

 Index Mark and Registration Number of Vehicle SGC7159G

 Name of Policyholder Jamaludin bin Ali

 Effective Date of the Commencement of Insurance for the purposes of the Act 24/01/2020

 Date of Expiry of Insurance 23/01/2021

5. Persons or Classes of Persons entitled to drive*

Jamaludin bin Ali

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