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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 wiful misregresentation or witholding of material facts may allow insurance companies to
- 4. The tasue 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.
- 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

A PORT OF THE PROPERTY OF THE PARTY OF THE P	ACCIDENT STATEMENT		
Date Of Report	12/08/2020 19:00		
Date Of Accident	08/08/2020 02:10		
Exact Location Of Accident	BLK 704 HOUGANG AVENUE 2 CARPARK		
Country/State of Loss	SINGAPORE		
	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	YN1057K		
Insured/Policyholder	12000000000		
Name Of Registered Owner	HA LI FA PTE LTD		
Co Reg No	TATAL ALLED		
Email Address	NOEMAIL		
Mobile Phone No.	(LOCAL) +65-83099463		
Alternative Phone No	OFFICE-83099463		
Vehicle Particulars			
Manufacturer	MITSUBISHI		
Model	FUSO		
Exact Purpose for which vehicle was being u time of accident			
Are you claiming under your own insurance p for repair to your vehicle?	policy 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	P 90434344 MKC		
Cover Note Number			
Driver			
Name of Driver	CHENG MENG		
Passport No/FIN	GXXXX013M		
Date Of Birth	07/04/1982		
Decupation	OUTDOOR		
Date Of Driving Pass	28/11/2017		
Oriving Experience	2 YEARS AND 8 MONTHS		
Gender	MALE		
Nobile Number	(LOCAL) +65-83099463		
ax Number	(
Contact Number	OTHERS-83099463		
Mail Address	NOEMAIL		

Address

257 PANDAN LOOP

Postcode

128434

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

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)

10

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 Vehicle Make/Model/Colour

SJU9396U

Details Of Properties

Vehicle Category

NRIC/Passport Number

Contact Number

Name of Driver

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

SKETCH PLAN

IMPORTANT NOTICE

- 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 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.
- 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.

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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SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 0368/2020	TIME: 02/0 (hh:mm) 24 hrs Format
LOCATION ELK 704 HOW HANG AT	62 (CARPARK)
PLICE TO THOUGHT OF THE	Cri. J.
VEHICLE NUMBER YN 1057K	
NRIC / FIN -	CONTACT: 83099463
MAKE MITSUBISHI MODEL &	uso
Are you claiming under your own insurance policy for	
() Yes, If No, Pls Select : () Third Party ()	/) Reporting Only
INSURANCE COMPANY MSIG	C market and C mar
TYPE OF POLICY () COMPREHENSIVE () THIRD PARTY () TPFT
POLICY NUMBER: P90434344 MKC	
NAME DRIVER: CHENG MENG	() SAME AS INSURED
2000 W 20	
NRIC/FIN G8513013M	CONTACT: 9016 6587
DATE OF BIRTH: 07/04/1982	
DRIVING PASS DATE: 28/11/2017	
OCCUPATION: () INDOOR (V) OUT	DOOR
GENDER: (✓) MALE () FEM	
EMAIL ADDRESS: N/L	(V) NO EMAIL
ADDRESS OF DRIVER: 257 PANDAN LOO,	P 5128434
Number Of Passenger Include Driver: 77/	
	,
Was driver an employee of the Insured's Company? (v)YES ()NO
If No. Relationship Of The Driver With The Insured	
() Owner() Spouse() Friend() Relativ	ve () Children () Sibling () Others
Does The Driver Own Any Other Vehicle? : () YES	
If Yes, Vehicle Registration Number Of Driver's Own V	/ehicle:
Insurance Company Of Driver's Own Vehicle	Circle.
Weather Conditions: (V) Clear () Raining	() Drizzling () Others
Road Surface : (V) Dry () Wet	() Others
Was Any Foreign Vehicle Involved In This Accident	
Allen American Programmes and the second	
If YES, Injured details :	YES (V) NO
Convey By Ambulance: () YES () NO	
Convey By Ambulance: () YES () NO Was There Any Video Capture By Car Camera? (
Was Those testiles no star as a) YES (V) NO
Police Report Number (if any)	YES (NO If Yes Attach Police Report
Details Of 3rd Party Name / NRIC	No.of Paxs (incl'driver) Contact
Veh B SJU 9396 U	(/)/Not Sure ()
Veh C	()/Not Sure ()
Veh D	()/Not Sure ()
Veh E	()/Not Sure ()
Veh F	()/Not Sure ()
Veh G	()/Not Sure ()
	/ / root oure ()



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.

COMMERCIAL VEHICLE Comprehensive

Certificate No.

P 90434344 MKC

Excess: SGD1,000

Windscreen Excess: SGD100

Index Mark and Registration Number of Vehicle
 Number of V

2. Name of Policyholder

Ha Li Fa Pte Ltd

- Effective Date of the Commencement of Insurance for the purposes of the Act 11/12/2019
- Date of Expiry of Insurance 10/12/2020
- 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 Risk and Compensation) Act (Chapter 189) and Chapter 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 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