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Insured/Driver Liability: (%) [Note	e-Est Sinus (WO): N: 0-2	10%; P: 21-79%. P: 80-	100%]		
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number

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 <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.

- 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

	ACCIDENT STATEMENT		
Date Of Report	16/09/2020 11:29		
Date Of Accident	16/09/2020 06:55		
Exact Location Of Accident	YIO CHU KANG ROAD TURNING LEFT INTO BOUNDARY ROAD		
Country/State of Loss	SINGAPORE		
	ETAILS OF OWN VEHICLE	38T)	
Vehicle Registration Number	SKU708B		
Insured/Policyholder			
Name Of Registered Owner	TAN CHIA HOE		
NRIC No	SXXXX173E		
Email Address	SENGLEE.ELECT@GMAIL.COM		
Mobile Phone No	(LOCAL) +65-96731032		
Alternative Phone No	OTHERS-96731032		
Vehicle Particulars			
Manufacturer	NISSAN		
Model	TEANA-2.0 CVT (A)		
Exact Purpose for which vehicle was being used at time of accident	GOING TO WORK		
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	A 300322067 QMY		
Cover Note Number			
Driver			
Name of Driver	TAN CHIA HOE		
NRIC No	SXXXX173E		
Date Of Birth	30/04/1958		
Occupation	INDOOR		
Date Of Driving Pass	05/08/1980		
Driving Experience	40 YEARS AND 1 MONTH		
Gender	MALE		
Mobile Number	(LOCAL) +65-96731032		
21. P. C.			

OTHERS-96731032

SENGLEE, ELECT@GMAIL, COM

Address

BLK 950 HOUGANG STREET 91

#02-306

Postcode

530950

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

COLLISION - HEAD TO REAR

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

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

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)

2

: WIFE

Passenger 1

NAME GENDER:

: FEMALE

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

SKU2321U

Vehicle Make/Model/Colour

LEXUS

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

CHENG HENG NGOM

NRIC/Passport Number

Contact Number

96688015

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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:

- (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) af:
 - (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:

1619/20

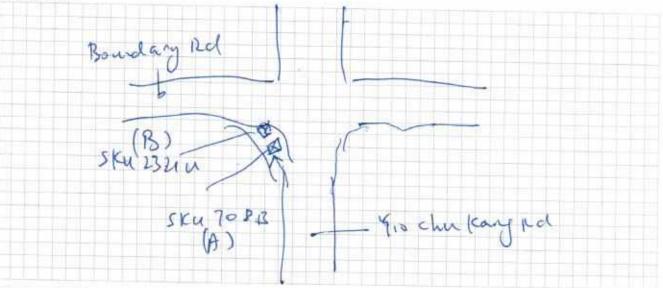
Driver's Signature

AN CHIA HOF (If driver is not the policyholder)

Reporting Centre Personnel

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Date 16.09.2020 After rainin	e. rine. 0655an 1 was
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PECLARATION	/

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

16 19/20 JOH FITH WAT

Policyholder's Signature

Date & Time:

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

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

ACCIDENT STATEMENT

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	ACCIDENT DATE:	16,09,20	20 1000	06	CC
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	AJNAME:		TAN. CHIA	HOE IMAI	E / FEMALE)
	b)NRIC/FIN/F	ASSPORT: ST		CONTACT:	
WIFFE	c)ADDRESS:	The state of the s	agang st	1 # 02-30	6
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	. WAS DRIVER	AN EMPLOYEE	OF THE INSUR	ED'S COMPANY?	
5	a) WEATHER CO	ONSHIP OF TH	E DRIVER WITH	H INSURED:	when
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6.	WAS ANYBODY	INJURED ITES	NOI	-	
7.	a)REPORTED TO	POUCE (YES (NON-		3.00
	IF YES, PLEASE	STATE WHICH P	OLICE STATION:	<u></u>	1.7
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(Including driver)	a) VEHICLE NO		2321 (1	MODEL: Lex	end .
	b) DRIVER'S N C) NRIC/FIN/P		Heng Ngom		77.00.77
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VIDEO



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.

MOTORMAX PLUS Comprehensive

Certificate No.

A 300322067 QMY

Excess: SGD700

Windscreen Excess: SGD100

- Index Mark and Registration Number of Vehicle SKU708B
- Name of Policyholder Tan Chia Hoe
- Effective Date of the Commencement of Insurance for the purposes of the Act 29/06/2020
- Date of Expiry of Insurance 28/06/2021
- 5. Persons or Classes of Persons entitled to drive*

Tan Chia Hoe

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 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 CAN BE CARRIED OUT AT ANY WORKSHOP OF YOUR CHOICE OR AT ANY MSIG AUTHORISED WORKSHOP.
REFER TO MSIG.COM.SG FOR LIST OF AUTHORISED WORKSHOPS.

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