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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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

| 统治是法国的企业主义的法律法律是国际 | ACCIDENT STATEMENT |
|--|--|
| eate Of Report | 25/09/2020 09:48 |
| - Particular - Par | 24/09/2020 12:25 |
| xact Location Of Accident | ALONG SIN MING DRIVE TOWARDS SIN MING ROAD |
| | SINGAPORE |
| | ETAILS OF OWN VEHICLE |
| /ehicle Registration Number | SKT5595G |
| nsured/Policyholder | |
| Name Of Registered Owner | GOH QING XIANG, DAMIEN |
| NRIC No | SXXXX666D |
| Email Address | DAMIAN1709@LIVE.COM |
| Mobile Phone No | (LOCAL) +65-97326739 |
| Alternative Phone No | OTHERS-97326739 |
| Vehicle Particulars | |
| Vanufacturer | тоуота |
| Model | COROLLA ALTIS-1.6 CVT (A) |
| 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? | 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 29080172 AT2 |
| Cover Note Number | |
| Driver | |
| Name of Driver | GOH QING XIANG, DAMIEN |
| NRIC No. | SXXXX666D |
| Date Of Birth | 17/09/1989 |
| Occupation | INDOOR |
| Date Of Driving Pass | 09/10/2008 |
| Driving Experience | 11 YEARS AND 11 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97326739 |
| Fax Number | |
| Contact Number | OTHERS-97326739 |
| EMail Address | DAMIAN1709@LIVE.COM |

Address

BLK 463 CHOA CHU KANG AVENUE 4

#12-39

Postcode

680463

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

OWNER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - U-TURN

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

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)

Passenger 1

NAME:

: WIFE

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?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SFZ1848G

Vehicle Make/Model/Colour

MITSHUBISHI LANCER

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

SWEE BOK HENG

NRIC/Passport Number

SXXXX547F

Contact Number

98395468

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 15

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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.
- 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) 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")
- (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
- my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or (c) 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

Name:

NRIC/FIN No.:

| ************************************** |
|--|
| I was driving doing him thing Dr when the said webstelp (SFZ 1848G) did a |
| sudden u-turn into the apposite direction. It was those was no u-turn sign |
| at the Tuestion. No served to the left land and cut across me of when lutes on |
| the writtene I dammed my lowers but I could not thop in time. When we |
| alithed he asked it saw his signal to tayou night. Dut as it was an elle for |
| act, he agreed to do a private settlement and pay for my damages. |
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DECLARATION

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

Policyholder's Signature

dung.

Date & Time:

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

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

ACCIDENT STATEMENT

| | ACCIDENT DATE: 104. 109 1 2010 (DD/MM/ | YYYY), TIME:(_/. | 27 (HH:MM) |
|-----------------|--|--|---------------------|
| | LOCATION: Hour Sig Ming Dr tiwards | Sin Ming | ed. |
| | | 1 | (<u>Y</u> |
| | 1. DETAILS OF VEHICLE | | |
| | ajvehicle NUMBER: SCT 57956 | | N M M B |
| | b)INSURANCE COMPANY: MSG | | til "" |
| | CIPOLICY NUMBER: A 29050 172 AT | 72 | |
| | d)POLICY TYPE: (COMPREHENSIVE / THIRD | | PARTY FIRE ATHEFT |
| | OJMAKE & MODEL: TOYATA COKOL | A ALTIE | 1 raci i inci ameni |
| | FITYPE: (SALOON) COUPE LAPY /VAN / LO | | CYCLE (OTHERS) |
| | gIVEHICLE CATEGORY: (PRIVATE) COMME | | |
| 95 | | | KCICLEJ . |
| | h) PURPOSE OF USING AT ACCIDENT TIME: | | 0.K15h |
| 1) | IJARE YOU CLAIMING UNDER YOUR OWN I | | |
| | IF NO. PLEASE STATE (THIRD PARTY CLAIM | / HEPORTING C | DINCII |
| | 2. INSURED / POLICY HOLDER AJNAME: GOH RING KIHNG DI | Aureal 1 | MALE FEMALE |
| | BINRIC/FIN/PASSPORT: S8932666D. | CONTA | T: 97326729. |
| 2 0W | CIADDRESS: 463 CHOA CHY EARC | | 112-39 \$ 680463 |
| WIFE. | CIADDRESS: TOS CRUT CHI EAVE | 7 700 4 | 1 10-11 |
| MILLO | * CONTINUE TO A JIE DRIVER ALSO BOLICA | LIOIDED | . |
| 1d.11 0 | * CONTINUE TO 3.d IF DRIVER ALSO POLICY | HOLDER | |
| Ano of base | anger DRIVER GOY OING KLANG DAW | uant 6 | MALE FEMALE |
| (Including of | J GINAME: COT O TO ECOTION | | An 1000 |
| (2) | CIADDRESS: 463 CHOA CHU LANG | AVE 4 # 12 | - I T |
| | CIADDRESS: NOS CIEDA CHA CHA | AVE T TIL | -1 0(000.00) |
| | *d)DATE OF BIRTH: 17 107 (987)(0 | TYYYY MAM/TYYYY | • |
| | | SCHOOL T. T. | |
| 40 | e)OCCUPATION: (INDOOR / OUTDOOR) | 2008 | 2.5 |
| | FIDATE OF DRIVING PASS 4. WAS DRIVER AN EMPLOYER OF THE INS | The second secon | ANY (VES (NO) |
| | IF NO, RELATIONSHIP OF THE DRIVER W | | |
| | 5. a) WEATHER CONDITION: (CLEAR) RAINING | | |
| | bjroad surface: DRY LWET LOTHERS_ | , , | |
| | 6. WAS ANYBODY INJURED (YES (NO) | | |
| 24 | 7. a) REPORTED TO POUCE (YES (NO) | | St (40) |
| | IF YES, PLEASE STATE WHICH POLICE STATIO | ON: | |
| | | | |
| . Ho of passang | 8. THIRD PARTY VEHICLE 92 a) VEHICLE NUMBER: SFE 18489 | MODEL: | MITSURISHI LANCER |
| 1.1.1. 1 | iver) b) DRIVER'S NAME SWEE ROL HENE | 1 | |
| - Including dr | c) NRIC/FIN/PASSPORT: S1086547F | CONTAC | T: 9839 5468 |
| (1) | 9. THIRD PARTY VEHICLE | 33,,,,, | 1/1 |
| Committee | " LEWELL THE COLOR | MODEL:_ | <u> </u> |
| tho of passa | ngr el DRIVER'S NAME | | |
| Including d | f) NRIC/FIN/PASSPORT: | CONTAC | T::- |
| r | 7 II INNOTHING AND ONLY | | 1.7 |
| () | 9. | | |
| | a a constant of the constant o | \$1 W | |

email = VIDEO



MSIG Insurance (Singapore) Pte, Ltd. 4 Sheriori May, 8 21 01, SGX Centre 2, Singapore 04,880 Tel +65 6822 7888 Fax +65 6827 7800 Co Reg No. 2004122120 CST Reg No. 20-04122120 gapore QUBBUT

Toyota DriveElite 360

RENEWAL CERTIFICATE

| | A PARTICULAR PROPERTY AND THE PROPERTY AND THE PARTY AND T | |
|-------------------------------|--|------------------|
| Policy Number | Period of Insurance | e Place of Issue |
| A 29080172 AT2 | 15/06/2020 to 14/06 | /2021 SINGAPORE |
| Name and Address of Insured | | Date of Issue |
| Goh Qing Xiang Damian | | 29/05/2020 |
| 463 Choa Chu Kang Avenue 4 | | Account Number |
| #12-39 Singapore 680463 | | 156499 |
| Premium | GST | Total Due |
| SGD728.71 | SGD51.01 | SGD779.72 |
| | The state of the s | |

RISK NUMBER 1

Toyota DriveElite 360

OCCUPATION

Indoor Occupation

FINANCIAL INTEREST

DBS Bank Ltd

as Hire Purchase Owners

SCOPE OF COVER Comprehensive

INTEREST INSURED

REGISTRATION NO. SKT5595G

Toyota Corolla Altis 1.6L CVT MAKE/MODEL

12RX518142 ENGINE NUMBER

MR053REH104534987 CHASSIS NUMBER

2015 YEAR OF MFG

1598 C.C. CAPACITY

SEATING CAPACITY 5 (INCL. DRIVER)

UNLIMITED WINDSCREEN

NCD PROTECTOR

ANNUAL PREMIUM SGD728.71

Aircon, radio/cassette/compact disc player, in-vehicle unit, rust-proofing and other accessories that are factory fitted. ACCESSORIES

SUM INSURED

INCL. COE/PARF

OFF-PEAK CAR

GOOD DRIVER'S

DISCOUNT

EXCESS

AUTHORISED DRIVERS

Goh Qing Xiang Damian

MARKET VALUE

YES

SGD38.35

SGD500

NOT COVERED

NO

NO CLAIM DISCOUNT 50.00% (or F/D)