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Policy No: ()	Period: () Cover Typo: ()
Confirmed by r (· Dates,	Tliner) +
Insured/Driver Liability: (%) [Note-Est Status (WO): N: (0-20%; P: 21-79%. P: 80-	1007]
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number

Fax Number Contact Number

EMail Address

Gender

- 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
- 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. 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,	isent to the archiving of this report at the centre and to copies of the report being made available
主义经验,但是2018年被关节的。相关,是是	ACCIDENT STATEMENT
Date Of Report	05/10/2020 18:39
Date Of Accident	03/10/2020 13:50
Exact Location Of Accident	ALONG SCOTTS ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKK5817P
Insured/Policyholder	
Name Of Registered Owner	TURONNY FUAD
NRIC No	SXXXX191H
Email Address	TURONNYFUAD@ME.COM
Mobile Phone No	(LOCAL) +65-83993055
Alternative Phone No	OTHERS-83993055
Vehicle Particulars	
Manufacturer	TOYOTA
Model	LEXUS-2.5 NX300H 5DR SUV (4WD) LUXURY MR (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
f No, Please state action to be taken	THIRD PARTY
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 29142424 ALM
Cover Note Number	AND THE PROPERTY OF THE PROPER
Driver	
Name of Driver	TURONNY FUAD
NRIC No	SXXXX191H
Date Of Birth	18/10/1970
Occupation	INDOOR
Date Of Driving Pass	23/02/2012
Vindon F	FO VALLE OF

8 YEARS AND 7 MONTHS

(LOCAL) +65-83993055

TURONNYFUAD@ME.COM

OTHERS-83993055

MALE

Address

22 LEONIE HILL ROAD

#15-02

Postcode

239195 v NO

Was driver an employee of the Insured's Company

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

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)

3

Passenger 1

NAME:

: WIFE

GENDER:

: FEMALE

Passenger 2

NAME:

: SON

GENDER:

: MALE

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

SG6068D

Vehicle Make/Model/Colour

SMRT

Details Of Properties

Vehicle Category

BUS

Name of Driver

ZHANG YING

NRIC/Passport Number

Contact Number

Address

Postcode

Page 2 of 13

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.
- 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
- 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
- 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
- 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
 - (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
- (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.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, (d) 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.

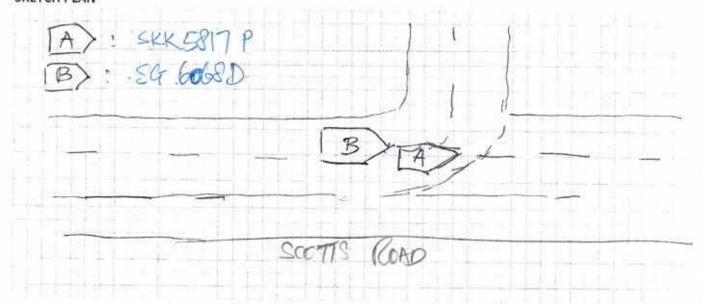
Policyholder's Signatur

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Reporting Cen



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On Oct 3, at approximately 1,50 pm. I was driving along
On Oct 3, at approximately 1,50 pm. I was driving along Scotts Rd. Came into the junt tion on Orchard Rd &
Scotts & since traffic light was red come to complete
Scotts & since traffic light was red, come to complete stop, I was at the lane where I can either go straight or turn left onto orchard Rd. Since there I had intended to turn left but could not since there was a car in bront of me. After I came to
straight or turn left onto orchard Rd. since
the I had intended to turn left but could not since
there was a car in Grove of me, After I came to
a Stop, I heard a honk from an SMRP BUS
heland me, a couple of seconds later the hus
LOCATON LANGE TO COME OF THE LOCATION
was on the left lane behind me & perhaps the driver thought he could pass by but ended up hitting my car, My car suffered some scratches but very little damage as the bus was not travelling fast.
driver thought he could pass by but end or up
hitting my car, my car suffered some scratchen
but very little damage as the bus was not
travelling fast,
9

DECLARATION

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

Połicyholder's Signature

Date & Time:

5/10/20 10.45 am

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 03/ 10/ WW (DD/	MM/YYY), TIME: (/5: 50) (HH:MM)
LOCATION: SCOTTS &	
I. DETAILS OF VEHICLE	A Single Print Control of the Contro
a) VEHICLE NUMBER: SIC)	5817P
DINSURANCE COMPANY: M S	
	2424 ALM
	HIRD PARTY / THÍRD PARTY FIRE &THEFT
BIMAKE & MODEL: LEXUS N	X
FITYPE: (SALOON / COUPE / MPV /VAN	
g) VEHICLE CATEGORY: (PRIVATE / CO	MMEDCIAL (MOTORCYCLE)
h)PURPOSE OF USING AT ACCIDENT TI	ME PRIVATE
I) ARE YOU CLAIMING UNDER YOUR O	MAL INCOME PARCE DATE
IF NO. PLEASE STATE (THIRD PARTY CL	AIM (BEBORTHIS CHIEF
2. INSURED / POLICY HOLDER	AUM / REPORTING ONLY)
WIFE AINAME: TURONNY F.U.	(MALE) FEMALE
b)NRIC/FIN/PASSPORT: 5708819	114 CONTACT: 8399 5055
	LRD#15-02
· SIMBAPONE ?	139195
* CONTINUE TO 3.d IF DRIVER ALSO PO	UCY HOLDER
THO OF passanger DRIVER	in tarustalanti wes
(Including dism) alNAME: TURONNY FUR	MALE / FEMALE)
ONNIC/PIN/PASSPORT: 5 +0 88	1911+ CONTACT: 8399305
	c 190 # 15-02
SINGAPORE.	239195
*d)DATE OF BIRTH: (18/ (0) 1970	2)(DD/MM/YYYY) ·
e)OCCUPATION: (INDOOR) OUTDOOR	
FIDATE OF DRIVING PASS 23	102/2012
4. WAS DRIVER AN EMPLOYEE OF THE I	INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVE 5. a) WEATHER CONDITION: CLEAR / RAIN	R WITH INSURED: OWNER
DIROAD SURFACE: DRY DWET / OTHERS	ING / OTHERS COMME
6. WAS ANYBODY INJURED (YES / NO)	
7. a) REPORTED TO POUCE (YES / NO)	
IF YES, PLEASE STATE WHICH POLICE ST.	ATION:
B. THIRD PARTY VEHICLE	***
He of passinger a) VEHICLE NUMBER: SG 6068	D MODEL: SMIRT BUS
	11NG
() NRIC/FIN/PASSPORT:	CONTACT:
9. THIRD PARTY VEHICLE	
No of passanger d) VEHICLE NUMBER:	MODEL:
laduli 1 6 DRIVER'S NAME	* 1
NRIC/FIN/PASSPORT:	CONTACT:
()	(1)
	50

email = TURONNY FUAD@ ME. COM 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

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.

Form M.X.1 Individual Ownership Lexus DriveElite2 Comprehensive

Certificate No. A 29142424 ALM

Excess: SGD1,500

Windscreen Excess: SGD100

 Index Mark and Registration Number of Vehicle SKK5817P

2. Name of Policyholder

Turonny Fuad

- Effective Date of the Commencement of Insurance for the purposes of the Act 21/01/2020
- 4. Date of Expiry of Insurance

20/01/2002

5. Persons or Classes of Persons entitled to drive"

Turanny Eusi

ANY other common 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 Venice 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*

The Social domestic and pleasure purposes and for the Fouring ier's pusiness.
The Bolly does not cover use for hire or reward racing pace-making selection that speed-testing the carriage of goods other than samples in connection with any trade or business or use for any surgice in connection with the Motor Trade.

Interiors rendered inoperative by Section 8 of the Motor Vehicles (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.

All Claims related repair can be carried out at Borneo Motors (S) Pte Ltd or any workshop of your choice. Windscreen Excess is waived at Borneo Motors (S) for windscreen related claims. This Policy includes Courtesy Car benefit.

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 offence 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 (Maiaysia) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurers

for Chief Executive Officer