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	INC	( )/Non-INC( ),	
	GBK 784 P. INC	Tel:	,
Owner / Driver: ( Policy No: ( ) P	reriod: ( · · · )	Cover Type: (	)
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#### SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

EMail Address

- 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.

aroresaid.	
	ACCIDENT STATEMENT
Date Of Report	06/10/2020 13:42
Date Of Accident	04/10/2020 13:55
Exact Location Of Accident	BLK 40 TELOK BLANGAH RISE CARPARK
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBJ5602D
Insured/Policyholder	
Name Of Registered Owner	THE DELIVERY SOLUTIONS PTE LTD
Co Reg No	2XXXXX306D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97897347
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 300317287 MKC
Cover Note Number	
Driver	
Name of Driver	LIM JUN MING
NRIC No	SXXXX152F
Date Of Birth	20/08/1994
Occupation	OUTDOOR
Date Of Driving Pass	31/07/2019
Driving Experience	1 YEAR AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91599125
Fax Number	
Contact Number	

NOEMAIL

BLK 6 HOLLAND CLOSE #17-24 Address

271006 Postcode

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

YES

NO

NO

NO

1

General Information of the Accident

SIDE SWIPE Type Of Accident CLEAR Weather Conditions DRY 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? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

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

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?

If Yes, against whom?

**Circumstances of Accident** 

REFER TO TATEMENT.

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? NO

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

GBK784P

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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:
  - 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:
  - 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

and

(ii) for complying with requirements under any regulations, laws or court orders.

SOLUTION IN CONTROL OF THE PROPERTY OF THE PRO

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Policyholder's Signature Date & Time:

BIK	40	Telor	Blangah	Rise	Carpark
NIF	10	ICIOC	DIMINIS	Line	con ben b

Vehicle A: GBJ5602D

VehicleB: GBK784P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the state date and time, 1. Whicle H (GBJ 5602D) was in the midst	of
parking my vehicle, halfway reversing into the lot, when vehicle B (GBK 784P)	,
which initially ver far away, impatiently attempted to overtake my vehicle by	
travelling against the flow of traffic without waiting forme to complete my pa	rkin
Hence resulting in the collision.	

DECLARATION

I/We declare the top oing and ulars are true in every respect.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Policyholder's Signature Date & Time:



MSIG Insurance (Singapore) Pte. Ltd. 4 Shenton Way, #21-01, SGX Centre 2, Singapore 068807 Tel +65 8827 7888, Fax +65 6827 7800 Co.Reg No. 200412212G GST Reg. No. 20-0412212G A Member of MSEAD 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.

A 300317287 MKC

Excess: SGD600

Windscreen Excess: SGD100

 Index Mark and Registration Number of Vehicle G8J5602D

- Name of Policyholder
   The Delivery Solutions Pte. Ltd.
- Effective Date of the Commencement of insurance for the purposes of the Act 07/06/2020
- Date of Expiry of Insurance 06/06/2021
- 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 Insurem

Craig Ellis Chief Executive Officer

Date of Accident	: 4 10 20 >0 Accident Time: 1355pm (24-ER-FORMEST)
Asserted Place	: Blk 40 tolok Blangah Rise Carpart.
Vehicle Reg. No (Car plate No.)	: GBJ 5602 D Vehicle Macelladal: Toyota Hiace
Institute Company	msign Palloy No. A300317287 MKC
Warha of Registered Owner	: Controller / Individual . The Delivery Solutions Pte Ltd
D of Right died Owner	: Co Reg No: 30191 0 3 0 6 D. Owner's MRIC No:
	: Do Contact No: 9789 7347 Owner's Contact No:
DRIVER'S Name	Lim Jun ming DRIVERS KRIGNO S9429152F
BRIVER'S DAM OF Birds	1 30 8 1994 DRIVER'S License Pass Date 31 Jul 2019
संबंधिक के जिस्से के	iver : Spouse   Parents   Children Stolling   Broglinger Consers:
BEINERIS YGURES	Blk 6. Holland Close #17-24 Singapore 271006
DRIVER'S Contact No./ Alt	No. (1) 9159 9125 3
DRIVER'S Occupation	: INDOOR VOOTOOOR (eg: working truide or ornalde of so.ofs)
Email Address	: 4m IM Jacob Egmail.com
Weather & Road Surface	: CLEAR & DRY \ RADVENO & WET LAPTER BAIN & WET
Reporting Type	: Reporting Only & Claim Other Party & Claim Own Insurance
	the police? YES (NO) Passenger Name: Gender M/F the police? YES (NO) Passenger Name: Gender M/F all by cat cantera; YES (NO) Any injuries: YES /NO) injured Name: Injured Name:  trick was being used at the time of socidents; Private use Work purpose)
THE PROPERTY OF	Other Party Driver's Rathiculas (il say)
Voliceto Rag No: GE	11/11/11/11/11
Vehicle MekelMadal	
Name DRIVER:	
K NO DELASE:	
ORIVER'S Contact & sald	DRIVER'S Dontact & Edd:
	Other Party Driver's Particulais (if suy)
Vehicle Res No:	Vehicle Reg No:
Yeldele Maked Model	Veloticle Mediani Model:
NETA DRIVER.	Namie DRIVER.
10% 38/28R	Ch: 047/88
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