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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 Farm 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 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.
- 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 ladgement 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
Date Of Report	13/10/2020 16:39
Date Of Accident	13/10/2020 10:20
Exact Location Of Accident	NO 10 PASIR RIS DRIVE 10 TRAFFIC LIGHT
Country/State of Loss	SINGAPORE
THE LANGE OF BUILDING DE LA COMPANIE	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLR6044Y
Insured/Policyholder	
Name Of Registered Owner	ANG ZHIWEI, DARRYL
NRIC No	SXXXX592E
Email Address	DARRYLAZW@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96651244
Alternative Phone No	OTHERS-96651244
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL
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	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 80440480 QMY
Cover Note Number	
Driver	
Name of Driver	ANG ZHIWEI, DARRYL
NRIC No	SXXXX592E
Date Of Birth	19/08/1989
Occupation	OUTDOOR
Date Of Driving Pass	11/09/2014

6 YEARS AND 1 MONTH

(LOCAL) +65-96651244

DARRYLAZW@GMAIL.COM

OTHERS-96651244

MALE

Address BLK 345 CLEMENTI AVENUE 5

#08-104

Postcode 120345

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

ehicle

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? YES

Was any injured conveyed to hospital by

NO

YES

NO

2

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)

Passenger 1

ambulance?

NAME:

: KOH YEW MING, EZEKIEL

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police?

lice?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

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 SLG6953G

Vehicle Make/Model/Colour MAZDA

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver SAM HARN KAE

NRIC/Passport Number SXXXX168I Contact Number 97296547

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 16

### **DETAILS OF INJURED PERSON 1**

Name ANG ZHIWEI, DARRYL

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SLR6044Y

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

### **DETAILS OF INJURED PERSON 2**

Name KOH YEW MING, EZEKIEL

Approximate Age

Injuries Sustain NECK AND BACK PAIN

Injured person in which vehicle? SLR6044Y

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

## SKETCH PLAN

## IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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.
- 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:
  - 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: 13 10 2021

Driver's Signature

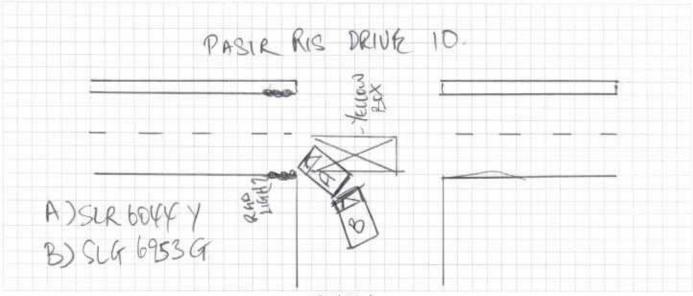
(If driver is not the policyholder)

Date & Time:

Reporting Centre P

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

SCHOOL

Or	1 B/ 10/2020, at about 1020, together with my Ezelvill koh/park	erger
	made exted Forner Siglap School and stopped at the jun	
	outside the school as the touth's light hand and then,	
	unite masda, SLG 6953G, knocked my car for the	
	r. It causes dent. I then alighted from the car and s	
	the driver. we exchanged handphore number and 1 too	
	particulars but the other duter refused to take my	
	michlans. I then went to NUH and got 2 days n	
	Stiff vick and point at left coller bore.	
-		

#### DECLARATION

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

Policyholder's Signature

Date & Time: 11/1-/20 1641

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

MINIC

# ACCIDENT'STATEMENT

ACCIDENT DATE: 13. 1 10.	(DD/MM/YYY), TIME:( 10 . 2 2)(HHMM)
LOCATION: Former Siptap	Sec Sun, 10 Pasir lis DANE 10, timbre light
1. DETAILS OF VEHICLE  a) VEHICLE NUMBER:  b) INSURANCE COMPANY  c) POLICY NUMBER:  d) POLICY TYPE: (COMPRE  e) MAKE & MODEL: HOP  f) TYPE: (SALOON) COUPE  g) VEHICLE CATEGORY: (PEHICLE CATEGORY: (PEHICL	HENSIVEY THIRD PARTY / THIRD PARTY FIRE & THEFT)  MAG VELC!  (MPV /VAN / LORRY / MOTORCYCLE / OTHERS)  EVATE / COMMERCIAL / MOTORCYCLE /  CCIDENT TIME: Purch USC  ER YOUP OWN INSURANCE (YES/NO)  D PARTY CLAIM / REPORTING ONLY)
binric/fin/Passport:  c) ADDRESS: BIK 14	589285929 CONTACT: 96651444
CONTINUE TO 3.d IF DRIVER  Clincluding driver) DINRIC/FIN/PASSPORT:  C) ADDRESS: BIKC 245'	SALANDER OF THE SALANDER SALANDER
e)OCCUPATION: (INDOOR	OUTDOOR)
IF NO, RELATIONSHIP OF	THE DRIVER WITH INSURED:
5. d)WEATHER CONDITION: (C b)ROAD SURFACE: (DRY) W	ET / OTHERS · · ·
6. WAS ANYBODY INJURED (YE 7. a) REPORTED TO POLICE (YE IF YES, PLEASE STATE WHICH	(NO) .
B. THIRD PARTY VEHICLE SL	669536 MODEL: Mazda
( 1) O NRIC/FIN/PASSPORT:  9. THIRD PARTY VEHICLE	\$ 8277 168 I CONTACT: 97296547
Who of passanger d) VEHICLE NUMBER:	
( ) NRIC/FIN/PASSPORT:	CONTACT:
* e	
1/20	, and the second of the second

email = darrylazu @smail.com



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

ORIGINAL

ROAD TRANSPORT ACT 1987 (MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION) (REPUBLIC OF SINGAPORE)

THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE) OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF,

Form M.X.1

MOTOR MAX PLUS Comprehensive

Individual Ownership

Certificate No. A 80440480 QMY

Excess: SGD500

Windscreen Excess: SGD108

1. Index Mark and Registration Number of Vehicle SLR6044Y

2. Name of Policyholder

Ang Zhiwei Darryl

- 3. Effective Date of the Commencement of Insurance for the purposes of the Act 21/08/2020
- 4. Date of Expiry of Insurance

20/08/2021

5. Persons or Classes of Persons entitled to drive

Ang Zhiwei Darryl Lim Mei Wern

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 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 Risks and Compensation) Act (Chapter 189) and Section 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 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 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

Signature / Date

Counter-Signatory:

S & M Alliance Pte Ltd

Senior Vice President, Agencies

This certificate is not valid unless it is signed for & on behalf of the Company and Counter-Signed by a duly authorised representative of the Counter-Signatory.

XSNMMCSQ2020073010226346

MSIG Insurance (Singapore) Pte. Ltd. Approved Insurers

Amy Ler

Call



# GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 - 17:00 UEN: 56655002GG / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre

# with whom you submitted the Original Report. ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : MNA420089629 Vehicle Registration No: SCR 6044 Y Name(asshownin NRIC): Ang Lhi Wei, Darmi NRIC/FIN/Passport No: 88928592E (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate : BIK 345 Climenti Are & #108-104 Singapore(120145) Address Contact (Tel) Mobile No.: 9665 1244 darmaze (Damoil .com Email Address . 13/10/2020 Date of Accident \_Time of Accident : 1020 Pasir Ric Place of Accident : Drive 10 MS16 Insurance Company: (B) ADDITIONALINE ORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: like to intow My Ezekiel has suttend muny neck lower and back.

Policyholder / Driver's Signature

Reporting Centre Personne

Name: NRIC/FIN No .:

Date: