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Insured/Driver Liability: (%)	[Note-Est Status (WO): N: 0-	20%; P: 21-79%. P: 80-1	(00%)
Year of Registration: ()	Warranty: YES ()/NO (}	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

- 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 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

foresaid.	
independent in the state of the	ACCIDENT STATEMENT
Date Of Report	19/10/2020 15:35
Date Of Accident	17/10/2020 18:10
Exact Location Of Accident	ALONG RAFFLES QUAY TOWARDS CHINATOWN
Country/State of Loss	SINGAPORE
a balanci da selegación de la selección de	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLQ2993P
Insured/Policyholder	
Name Of Registered Owner	CHEN QINGHE
NRIC No	SXXXX930J
Email Address	AIRD.SG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91475606
Alternative Phone No	OTHERS-91475606
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE-1.5 G (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	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 3003327230 QMX
Cover Note Number	
Driver	
Name of Driver	CHEN QINGHE
NRIC No	SXXXX930J
Date Of Birth	09/10/1986
Occupation	INDOOR
Date Of Driving Pass	08/11/2010
Driving Experience	9 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91475606
Fax Number	

OTHERS.01/75606

Address

11 TAMPINES STREET 86

#14-30

Postcode

528588

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 - MAJOR/MINOR RD

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

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)

3

Passenger 1

NAME:

: WIFE

GENDER:

: FEMALE

Passenger 2

NAME:

: LEIGHTON CHEN ENXIANE

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?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMQ2398X

Vehicle Make/Model/Colour

MERCEDEZ BENZ

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LIAN XUE TING

NRIC/Passport Number

SXXXX839Z

Contact Number

92346665

Insurance Company Name

Nature Of Damage

DETAILS OF INJURED PERSON 1	公司刘州公司第11条列第11条
LEIGHTON CHEN ENXIANE	
SLIGHT INJURY	
SLQ2993P	
YES	
NO	
	SLIGHT INJURY SLQ2993P YES

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.
- Information provided must be as <u>truthful</u> and <u>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.
- 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:

Driver's Signature

(If driver is not the policyholder)

CLA 2993 P

Date & Time:

Reporting Centre Name:

NRIC/FIN No.:

NRIC/

CALIFORNIA SOCIONA DE LA CALIFORNIA DE L

	TIME: 1810 HER
Date of accident: 17 10 2020	
ocation of accident: RAFFLES Quary	。 1
	s of Own Vehicle Make/Model: 10 NDA
Vehicle Number: SLQ 2993 P	Passenger (incl. Driver): 3 2 April 1
Insurer: MSIG	passenger (malies Type (C) TPET/TPO
Policy No: A 300327230 QM	1X Policy 14P= G
Policyholder	NRIC/FIN no.: S863930J
Name: CHEN QINGHE	NAIC/FIRTION GGOZ-1203
Contact no.: 9147 5606	
Driver	NRIC/FIN no: S-8630930J -
Name: CHEN CHNGHE	D.O.B: D9/10/1982
Contact no.: 91475606	Occupation: SINGAFORE APPLIED TO
	Occupation: Shoutters War
Address: 11 TAMPINES STREET	ET &L # 14-30 (528588). Relationship with Policyholder: OWNER.
Driving pass date: OS 11 2010	Relationship with Policyholder: OuwZR.
General Information	
Weather conditions: Clear / Raining	Road surface: Dry Wet
	Video Footage: Ves No
Police report: Yes (No	If Yes against whom:
Prosection Letter: Yes (No	rovide injuries details:- Conveyed to hospital
injuries. (149	Vels No. Seatbelt (Y/N) (Y/N)
Nan	EN ENXIANE SEQ 1993P YES NO
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的内容,在1985年的第三人称单数是人们的第三人称单数	Details of Third party
	Icle B . Vehicle C
	398× BEN
Deliver name: [14W]	XUE TING
NRIC/ FIN no.: S93188	397
	36S.
Insurance Co:	
	ii 1
Remarks: (Made/Model, Passenger,	
property Info & etc)	
25、大量等原本企业的特别。	De fall of Witness C
(中国的社会) Self-1972 Self-1975 Will	Witness 2
Name:	
Contact no.:	Street and the street
Contact III.	and the supplementary of the s
Gloring and Control of the Control o	Policyholder/
Claim Type: Own Damage Third	Party Reporting Only driver
Workshop:	Signature:



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 Comprehensive

Certificate No.

A 300327230 QMX

Excess: SGD500

Windscreen Excess: SGD100

Index Mark and Registration Number of Vehicle
 SLO2993P

 Name of Policyholder Chen Qinghe

- Effective Date of the Commencement of Insurance for the purposes of the Act 03/07/2020
- Date of Expiry of Insurance 02/07/2021
- Persons or Classes of Persons entitled to drive*

Chen Qinghe, Ng Shu Hul

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 MUST BE CARRIED OUT 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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	711010
Owner ID Type:	Singapore NRIC
Owner ID: Vehicle Details	9303
Vehicle No.:	SLQ2993P
Vehicle to be Exported:	No
Intended Deregistration Date:	28 Oct 2020
Vehicle Make:	HONDA
Vehicle Model:	SHUTTLE 1.5G
Primary Colour:	White
Manufacturing Year:	2017
Engine No.:	L15B5004213
Chassis No.:	GK81103585
Maximum Power Output:	97.0 kW (130 bhp)
Open Market Value:	\$18,812.00
Original Registration Date:	03 Jul 2017
First Registration Date:	03 Jul 2017
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$8,612.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	02 Jul 2027
PARF Rebate Amount: Intended COE Rebate Details	\$6,609.00
COE Expiry Date:	02 Jul 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Pald:	\$42.801.00
COE Rebate Amount:	\$28,580,00
Total Rebate Amount:	\$35,189.00
AND THE RESERVE OF THE PROPERTY OF THE PROPERT	

The information contained herein is correct as at 19 Oct 2020