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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Occupation

Gender

Date Of Driving Pass

Driving Experience

Mobile Number

Fax Number

- 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

tischen bei beiter	ACCIDENT STATEMENT
Date Of Report	20/10/2020 16:36
Date Of Accident	18/10/2020 22:20
Exact Location Of Accident	158 KALLANG WAY COMPOUND DRIVEWAY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBB6876R
Insured/Policyholder	
Name Of Registered Owner	KMLL TRADING
Co Reg No	5XXXX726D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96626208
Alternative Phone No	OFFICE-96626208
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	FUSO
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	A 300221192 MKC
Cover Note Number	
Driver	
Name of Driver	KOH KIM CHIEW PETER
NRIC No	SXXXX243G
Date Of Birth	15/04/1965
ame of Insurance Company ype Of Coverage eet Policy blicy Number over Note Number river ame of Driver	THIRD PARTY FIRE AND/OR THEFT NO A 300221192 MKC  KOH KIM CHIEW PETER SXXXX243G

OUTDOOR

04/06/1983

MALE

37 YEARS AND 4 MONTHS

(LOCAL) +65-96626208

OTHERS assessed

Address

BLK 434 HOUGANG AVENUE 8

#10-914

Postcode

530434

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

#### 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)

1

#### 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

SGG6848L

Vehicle Make/Model/Colour

HONDA VEZEL

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

LAU LENG LENG

NRIC/Passport Number

SXXXX684H

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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
- 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:

- 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)
  - (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
- (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, 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.

Oriver's Signature

(If driver is not the policyholder)

Date & Time:

NRIC/FIN No.:

Policyholder's Signature Date & Time:

## ACCIDENT STATEMENT

	10- 10 0-20		
	ACCIDENT DATE: 18,10,000	D/MM/YYY), TIME:( 22:20 )(HH	:MM
	LOCATION: 158 Kalloing Way		165
	LOCATION. 13 CALGOT VOG	Confourt streety,	-
	1. DETAILS OF VEHICLE	0-110	
	· alvehicle number: GBBB	JT62.	
	b)INSURANCE COMPANY: MJ	160	
	CIPOUCY NUMBER: A 360 -	23192 MKC.	
	** P. S.	/ THIRD PARTY / THE BARTY FIRE &TH	iFFR
	OMAKE & MODEL: Mitaboth	Fall	1
		AN MORRY PMOTORCYCLE / OTHER	120
	g) VEHICLE CATEGORY: (PRIVATE /		ω,
	h)PURPOSE OF USING AT ACCIDEN	THAS ! WOLL	
	JARE YOU CLAIMING UNDER YOUR		
	IF NO, PLEASE STATE [THIRD PARTY		
	2. INSURED / POLICY HOLDER	A ACTION ACTION OF THE PARTY OF	
	AINAME KMLL Trac	(MALE / FEMALE	F)
		53154726DCONTACT:	
	c) ADDRESS:	A PLIS DOCK NO.	
*			
	* CONTINUE TO 3.d IF DRIVER ALSO	POUCY HOLDER .	100 - 100
of pass	sonas DRIVER I Van al.	a lalea	
cluding a	a)NAME: TOW	IVANLE / LEMITOR	7 ,
C L 3	binRIC/FIN/PASSPORT: 9688	2439 CONTACT: 966.	26
777	CLADDRESS: 434 House	ng Ave & # 10-914	
100	S C 53043		
		96 SI(DD/MM/YYYY)	
1.497/	e)OCCUPATION: (MDOOR) OUTDO	OOR)	
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	4. WAS DRIVER AN EMPLOYEE OF T	[[사이] [[사이]	10)
	IF NO, RELATIONSHIP OF THE DE		
	5. a) WEATHER CONDITION: CLEAR / F		-
	bJROAD SURFACE (DRY / WET / OTI	1EKS	-
	4. WAS ANYBODY INJURED (YES MICE)		
	7. a) REPORTED TO POUCE (YES / NO)		89
	IF YES, PLEASE STATE WHICH POLICE	ESTATION:	,
.0	8. THIRD PARTY VEHICLE SAGE 68	48 L MODEL: Honda Vege	6
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uding di	D) DRIVER'S NAME ZOU L	684H CONTACT:	
)	9. THIRD PARTY VEHICLE	- Control	
à	d) VEHICLE NUMBER:	MODEL:	
	el DRIVER'S NAME		
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of pessa	1.	CONTACT	
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email.



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.

# COMMERCIAL VEHICLE Third Party Fire and Theft

Certificate No.

A 300221192 MKC

Excess: NIL

Windscreen Excess : NIL

- Index Mark and Registration Number of Vehicle GBB6876R
- Name of Policyholder KMLL Trading
- Effective Date of the Commencement of Insurance for the purposes of the Act 27/11/2019
- Date of Expiry of Insurance 26/11/2020
- 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.
- 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 Insurers

Craig Ellis Chief Executive Officer