

ACCIDENT STATEMENT

ACCIDENT DATE: (03 / 11 / 2020) (DD/MM/YYYY), TIME: (07 : 15) (HH:MM) ^{p.m.}

LOCATION: PIE towards Chingri near Onraet Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SCQ321Z
b) INSURANCE COMPANY: First Capital Ins.
c) POLICY NUMBER: D-20095447M FPC
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: LEXUS ES.250
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Seng Choon Kiat (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S0339761J CONTACT: 96723472
c) ADDRESS: 19A Lorong H Telok Kurau S(426004)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: Seng Choon Kiat (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S0339761J CONTACT: 96723472
c) ADDRESS: 19A Lorong H Telok Kurau S(426004)

*d) DATE OF BIRTH: (06 / 07 / 1945) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING: PASS : 03/02/1966

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLA8869K MODEL: Toyota
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

1) EMAIL : Sengchoonkiat@gmail.com

2) VIDEO :

(1)
NUMBER OF
PASSENGER
INCLUDING DRIVER

(2)
NUMBER OF
PASSENGER
INCLUDING DRIVER
()
NUMBER 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**.
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.
5. **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 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:
 - (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 "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:
 - (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 Signature

Date & Time:

08 NOV 20 12:50 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

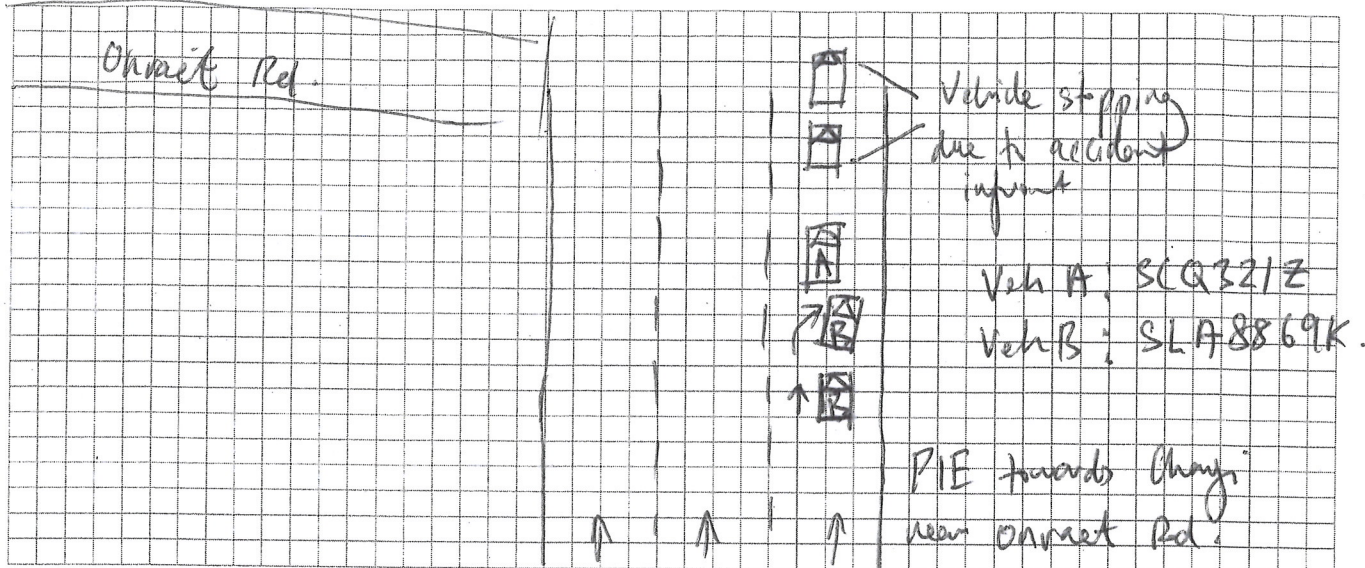
08 NOV 20 12:50 pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving 1st lane PIE towards Chanyi near Onniet Rd.

Vehicle in front of me stopped due to accident. I stopped.

my vehicle A and suddenly vehicle B hit onto my rear right hand portion.

DECLARATION

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

 Policyholder's Signature

Date & Time:
 04 Nov '20 12:50 pm

GIARMC SketchPlanForm_V3

 Driver's Signature

(If driver is not the policyholder)
 Date & Time:

04 Nov '20 12:50 pm

 Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

CERTIFICATE OF INSURANCE

COPY

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)

Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960

Road Transport Act, 1987 (Malaysia)

Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Type of Policy. : PRIVATE CAR - FLEET
Type of Cover. : Comprehensive
Certificate No. : D-20095447MFPC
Vehicle No / Chassis No : SCQ321Z / JTHBJ1GG902088774
Name of Insured : SENG CHOON KIAT
Period Of Insurance : 01.04.2020 To 31.03.2021
Insured Estimated Value : Market Value At Time Of Loss

Excess :

SGD750.00 SECTION I

COMPULSORY EXCESS OF ADDITIONAL SGD1,000.00 APPLIES TO :-

(1) DRIVERS BELOW THE AGE OF 25 YEARS AND/OR

(2) HAS LESS THAN 1 YEAR DRIVING EXPERIENCE

Authorised Driver*

SENG CHOON KIAT AND ANY AUTHORISED DRIVERS

Persons or classes of persons entitled to drive*

1) The Insured.

The Insured may also drive a Motor Car not belonging to or hired (under a hire purchase agreement or otherwise) to him or his employer or his partner.

2) Any other person who is driving on the Insured's order or with his permission.

* Provided that the person driving is permitted in accordance with the licensing or other 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 Insured's business.

The Policy does not cover use for hire or reward, racing, pacemaking, 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.

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)

MS First Capital Insurance Limited
(Approved Insurers)

JENNY/B0020/MX1F

Issued at Singapore on 31.03.2020



Authorised Signature