

SINGAPORE ACCIDENT STATEMENT

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. 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.

ACCIDENT STATEMENT

Date of Submission	07/12/2020 15:44 (SGT)
Date of Accident	06/12/2020 16:10 (SGT)
Exact Location of Accident	Victoria St, Singapore
Additional Location Information	VICTORIA STREET TWDS SIMS AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR7853K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	WEIDA LOGISTICS & SUPPLY
Company Reg No	5XXXX385D
Email Address	marylim2101@gmail.com
Mobile Phone No	(Phone) +65-83390610
Alternative Phone No	+65-83390610

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Private hire

INSURANCE COMPANY

Name of Insurance Company	MSIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	A 400000464 MCX
Cover Note Number	-

DRIVER

Name of Driver	KOH BENG TECK
NRIC No	SXXXX569H
Date Of Birth	23/03/1968
Occupation	Outdoor

Date Of Driving Pass	14/04/1986
Driving experience	34 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91445353
Alt. Phone Number	-
Email Address	morgankoh43@gmail.com
Address	BLK 421 BEDOK NORTH ROAD
Address complement	#11-603
Postcode	460421
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT

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	FBF9590Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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.

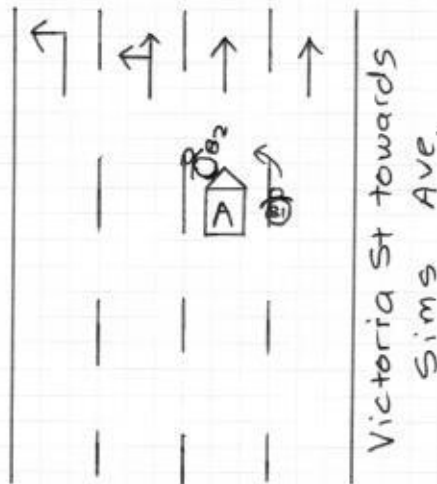


Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



(A) - SMR7853K

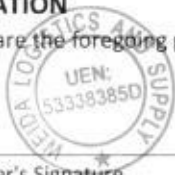
(B) - FBF 9590Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 06/11/2020 @ about 1610 HRS, along Victoria St towards Sims Ave. I was driving along the above mentioned road on the Lane 2 before the junction of Rocher Road. Suddenly, a Vehicle (B) on my right cut into my lane without caution and proper lookout, to try to go into lane 3, and collided into the front left portion of my Vehicle (A), causing damages to my Vehicle.

DECLARATION

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



Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

VEHICLE NO: SMR 7853K

MAKE & MODEL : Honda Fit Hybrid

AUTO / MANUAL

DATE OF ACCIDENT	06 / 11 / 2020	*CC: 1500
TIME OF ACCIDENT	4.10	AM / <input checked="" type="radio"/> PM
LOCATION OF ACCIDENT	Victoria Street towards Sims Avenue	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / <input checked="" type="radio"/> PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	Weida Logistics & Supply	
EMAIL:	Office:	MOBILE:
NRIC	533383850	
CLAIM TYPE	OD / THIRD PARTY / <input checked="" type="radio"/> REPORTING ONLY	
FLEET POLICY:	YES / <input checked="" type="radio"/> NO ?	
INSURANCE CO.	MSIG	
TYPE OF COVERAGE	<input checked="" type="radio"/> Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	A400000464 MCA	
NAME OF DRIVER	AS ABOVE / IF NO. Koh Beng Teck	
NRIC	56811569H	
DATE OF BIRTH	23 / 03 / 1968	
ANY PASSENGER	<input checked="" type="radio"/> YES / <input type="radio"/> NO	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	<input checked="" type="radio"/> Outdoor / Indoor	
DATE OF DRIVING PASS	14 / 04 / 1986	
GENDER	<input checked="" type="radio"/> Male / Female	
CONTACT NO.	Mobile: 9144-5353	Office: Home:
EMAIL:	morgankoh43@gmail.com	
ADDRESS	421 Bedok North Road #11-603 Singapore 460421	
DOES DRIVER OWN OTHER VEHICLES?	<input checked="" type="radio"/> NO / If yes, Reg No.	INSURER:
RELATIONSHIP	Employee / If No. Hired	
WEATHER CONDITION	<input checked="" type="radio"/> Clear / Raining / Other:	
ROAD SURFACE	<input checked="" type="radio"/> Dry / Wet / Other:	
ANY INJURIES	<input checked="" type="radio"/> No / If yes, Who?	
CONTACT NO.		
POLICE REPORT	<input checked="" type="radio"/> No / If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES, WHO?	
VEHICLE B NO. FBF 95902	Any Passenger:	
NAME		
CONTACT NO.		
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / <input checked="" type="radio"/> NO	
WAS THERE ANY AUDIO RECORDED?	YES / <input checked="" type="radio"/> NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / <input checked="" type="radio"/> NO	
**WORKSHOP:		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		
		YES / <input checked="" type="radio"/> NO



MSIG

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 400000464 MCX

Excess : SGD3,500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle

SMR7853K

2. Name of Policyholder

Weida Logistics & Supply

3. Effective Date of the Commencement of Insurance for the purposes of the Act

31/07/2020

4. Date of Expiry of Insurance

30/07/2021

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 for the carriage of passengers or goods in connection with the Policyholder's business. Use for social domestic and pleasure purposes. The Policy does not cover

(1) Use for racing pace-making reliability trial or speed-testing.

(2) Use whilst drawing a trailer except the towing (other than for reward) 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.

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

Iyer Contact -

WEIDA LOGISTICS AND SUPPLY

BUSINESS REGISTRATION NO: 53338385D TEL: 81026357

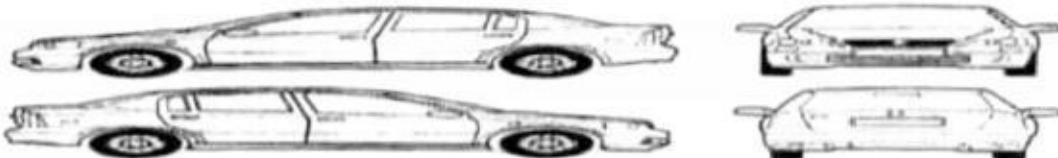
*7 DAYS HOLIDAY NO CLAIM, REWARDS 7 DAY RENTAL

RENTAL AGREEMENT

23/1/19 NO LEATHER

HIRER'S NAME: KOH BENI TECK	
NRIC NO.: 96811569H	CONTACT NO.: 9644 9144 5353
ADDRESS: BLK 421 BDOX NORTH ROAD #11-603	
VEHICLE REG. NO.: SMR 7853K	MAKE & MODEL: HONDA FIT 1.5 HYBRID
COMMENCING START DATE: 23/01/2020	TIME: 1PM
COMMENCING END DATE: 23/01/2021	TIME:
RENTAL FEE: \$65 + \$5 CDW = \$70	
DEPOSIT: \$500	CASH / BANK TRANSFER / CHEQUE
FUEL: *RENTAL PAYMENT ON EVERY FRIDAY (CUT OFF ON FRIDAY) *DEPOSIT WILL BE RETURNED BY CHEQUE OR IBANKING *VEHICLE DELIVERED WITH LTA COMPLIANCE PHC DECAL <input checked="" type="checkbox"/>	

*COLLECT UPFRONT 1 WEEK RENTAL



D = DENT S = SCRATCHES C = CHIP R = RUST M = MISSING

REMARKS

If vehicle return before commencing end date, deposit of \$1000 will be forfeited. Additional of \$30 for any late payment of rental, subsequent \$10 per day will be chargeable to Hirer. **WEIDA LOGISTICS AND SUPPLY** reserve the rights to repossess the vehicle without notice and the deposit will be forfeited. Towing fee will be chargeable to the hirer. All traffic offences & summons are bearable by hirer on/after the commencing date and time. Any tempering of the PHC Decal found by us, a fee of \$100 chargeable.

1 st party excess	SGD \$ 500
3 rd party excess	SGD \$ 500
Malaysia excess double	SGD \$

I/We have read and agree to the above-mentioned terms and conditions



Kem / Benny

[Signature]
Hirer's Signature