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Owner / Driver: (·			Tel:			
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Constrmed by : (Dates,	Tim		141	
Insured/Driver Liability: (%)	[Note-Est. Status (W		%; P: 21-799	6. P: 80-100	74)	
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SN0820CL0004 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 21/12/2020 12:21 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (21/12/2020 12:21 (SGT))



SINGAPORE ACCIDENT STATEMENT

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

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.

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 Date of Accident

Exact Location of Accident Additional Location Information

Country/State of Loss

21/12/2020 12:21 (SGT) 19/12/2020 12:55 (SGT) Bukit Timah, Singapore JUNCTION OF ROBIN ROAD

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

FBR3707G

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner NRIC No Email Address

Mobile Phone No

Alternative Phone No.

KONG LEE XIANG SXXXX809J

dklx0600@hotmail.com (Phone) +65-87684956

+65-87684956

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category

Yamaha

NMAX

Employment

No - Reporting only Motorcycle

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy

Policy Number

Cover Note Number

MSIG

ThirdPartyFireTheft

MSD/VMS/20589343-WTT

DRIVER

Name of Driver

NRIC No

KONG LEE XIANG SXXXX809J

Date Of Driving Pass	17/02/2016
Driving experience	4 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87684956
Alt, Phone Number	+65-87684956
Email Address	
Address	dklx0600@hotmail.com
Address complement	BLK 63 TELOK BLANGAH HEIGHTS
Postcode	#06-217
Is the driver the policyholder?	100063
	Yes
If No, Relationship of the Driver with the Insured	
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver	
mountaince company of Other Vehicle Owned by Driver	5
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry
	ыу
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	140
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)	t
Has the driver been approached by unknown person(s)	L.
soliciting/offering accident claims assistance?	No
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	1124
Was notice of intended Prosecution given?	No
If yes, against whom?	No
ii yes, against whom?	
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
ATTACHENT(a)	
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	R VEHICLE PROPERTY 1
Vehicle Devictority News	STORE LAW THE MANAGE
Vehicle Registration Number Vehicle Manufacturer	SLJ7157R
	Mazda
Vehicle Model	3
Vehicle Variant	<u>7</u> €07 EX
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	PHENG
Contact Number	(Phone) +65-97397064
Address	erococcone efectorerocano contributore. VE
Address complement	:•
Doctoode	

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

3

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

l 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

Time

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

Witnessed by Reporting Centre

Personnel

Sketch Plan

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Declaration

IWe declare the foregoing particulars are true in every respect,

1 9:43 cm 21/12/2020 - gut 21/12/2020

AGCIDENT STATEMENT

ACCIDENT DATE	19/12/202	DD/MM/YYY), TIME:(2: 55	(HH:MM)-
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clPOLIC'	Y NUMBER: MSP/V	MS /20-50 930 0	+3-xyp A	9673 -001	10001
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email = delx 0600@hot mail com VIDEO

726204

HSIG Insurance (Singapore) Pte. Ltd. (60.8% 70.3004)221251 4 Shenton Way, # 21-01, SGX Centre2, Singapore 058807 Tel +65 6827 7888, Fax +65 5827 7800 mstg.com.sg

CERTIFICATE OF INSURANCE

Ruad Teamsport Act 1937 (Malagria), Ruad Teamspure (Amendment) Act 2019 (Malagria)
The Motor Vehicles (Third Party Risks and Compensation) Author, 1949 (Malagria)
The Motor Vehicles (Third Party Risks and Compensation) Act (CAP, 1940) the Revised Edition (Republic of Singapore)
Or any Amendment, Act or Acts garred in suballution threat,

200 1912 124 200 125 200 1

MSD/VMS/26-569343-MTF A8633-881/W8881

SUM EXST'RED +

EXCESS

\$300(PIREETHEFT) \$600(EMDF 7E)

S8662849J

1. Index mark and Registration Number of Vehicle PAKAHA

£8237€7G

155 c.c.

Name of Policyholder

FONG LEE HIANG

Effective date of the Commencement of Insurance for the purposes of the Act

1121AX 81/85/2828

4. Date of Expiry of Insurance

31/85/2021

S. Persons entitled to drive

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. And provided further that the Motor Vehicle is registered and licensed under the Road Traffic Act and its registration and licensing under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Usan toponsoctationestic and pleasure purposes and to connection with the Policyholder's business or profession.

71. Tore of by Hora of crevard.

2. Use for racing, pace-making, reliability trial or speed-testing.

- 3. 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 (Mulaysia), 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) or any Amendment, Act or Acts passed in substitution thereof."

