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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

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.

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

10/12/2020 16:59 (SGT) 10/12/2020 14:41 (SGT) 1 HarbourFront Walk, Singapore 098585 CARPARK

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SDV8120X

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No

No

GOH KOK LEONG JEREMY

SXXXX378D

jeremygoh13@yahoo.com.sg

(Phone) +65-94510551

+65-94510551

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

DAMA

E250 CGI A COUPE

Private use

No - Reporting only

Private car

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

MSIG

Comprehensive

No

A 80396645 QMX

DRIVER

Name of Driver

NRIC No

GOH KOK LEONG JEREMY

SXXXX378D

Date Of Driving Pass 27/04/1999 Driving experience 21 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-94510551 Alt. Phone Number +65-94510551 Email Address jeremygoh13@yahoo.com.sg Address BLK 67 TELOK BLANGAH DRIVE Address complement #11-216 Postcode 100067 Is the driver the policyholder? 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 GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Side Swipe
Weather Conditions Clear
Road Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

No
Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

Number of Passengers (Including Driver)

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

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Daetanda

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

 Vehicle Registration Number
 SLS53E

 Vehicle Manufacturer
 Mazda

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Private car

 Name of Driver
 NEXANDRA

 Contact Number
 (Phone) +65-90052927

 Address

 Address complement

Nature Of Damage

Details of property damaged in accident

No. 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 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.
- 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 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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

RET YERSIE

Sketch Plan

Witnessed by Reporting Centre Personnel

B) SLS SSF

ACCIDENT STATEMENT

ACCIDENT DATE: (6	1-12, 1:020 (DD/MM	MYYY), TIME:(14	+: 4/
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GIVERICLE NO	ABER: SVVOIVOI		
	COMPANY: UNSIG		To .
The state of the s	ER: X039C645		
d)POLICY TYPE	COMPREHENSIVE ATHIR	D PARTY / THÍRD P	ARTY FIRE &THEFT)
e)MAKE & MOD	Et: 5250 Coup	e .	W 36
TITYPE:(SALOON	/ COUPE / MPV /VAN /	LORRY / MOTORC'	YCLE / OTHERS)
g) VEHICLE CATE	GORY: (RRIVATE / COMA	MERCIAL / MOTORO	CYCLE! · ·
h)PURPOSE OF I	SING AT ACCIDENT TIME		~ .
I) ARE YOU CLAIF	AING UNDER YOUP OWN	INSURANCE (YES/	NOI
IF NO, PLEASES	TATE THIRD PARTY CLAIM	A / REPORTING ON	EY
2. INSURED POLIC	Y HOLDER		
A)NAME:	GUH KOK ED	out textent in	ALE / FEMALE
	PORT: 575191710	CONTACT	94510551
c)ADDRESS:	c 67 Telolo Ble	yel Orus of	511-216
The state of the s	067	6	
* CONTINUE TO 3	d IF DRIVER ALSO POLIC	YHOLDER	, .
WHO of passonger DRIVER	1 1 Lucy Thub	0	
(Including discour) GINAME: COU	cale Lear. Jekki	· MA	ALE / FEMALE)
C) DINKIC/FINITASS	PORT: 25351760	CONTACT:	945017-1
c/ADDRESS:			
* NO 175 OF 1991	. M . D		
-djbate of Bigth	1061 121 19751	DD/MM/YYYY)	:
ejoccupation:	(INDOOR / OUTDOOR)	W/1998	
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4. WAS DRIVER AN	EMPLOYEE OF THE IN	SURED'S COMPAN	INS (AER VNO)
	SHIP OF THE DRIVER		DIVISHIA
	OTION: CLEAR / RAINING		
4 WAS ANDRODY IN	(DRY / WET / OTHERS_	THOUSE	
6. WAS ANYBODY IN			
7. a) REPORTED TO PO	DUCE (LES VIO)	**	1.7
8. THIRD PARTY VEHIC	ATE WHICH POLICE STATI	ON:	
4 Ho of pascenger a) VEHICLE NUM		MODEL: U	inida
(Including driver) b) DRIVER'S NAM		MODEL:/V	The state of the s
() NRIC/FIN/PAS		CONTACT:_	9005-292
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(Including driver) 1) NRIC/FIN/PASS		CONTACT:	
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email = jevenygah [] @ yahoo com 15



MSIG Insurance (Singapore) Pte. Ltd. 4 Shenton Way #21-0 1 SGX Centre 2 Singapore 068807 Tel. (65) 6827 7888 F. €xx: (65) 6827 7800 Co. Reg. No. 200412≥12G GST Reg. No. 20-0412212G

Certificate of Insurance

ORIGINAL

ROAD TRANSPORT ACT 1987 (MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)

(REPUBLIC OF SINGAPORE)

THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE) OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.X. 1

Individual Conership

MOTOR MAX Comprehensive

Certificate No. A 80396645 QMX

Excess: SGD500

Windscreen Excess: SGD100

 Index M ark and Registration Number of Vehicle SDV81 20x

2. Name o'f Policyholder

GOH KOK LEONG JEREMY

- Effectiv e Date of the Commencement of Insurance for the purposes of the Act 03/03/2020
- 4. Date of Expiry of Insurance

02/03/2021

5. Persons or Classes of Persons entitled to drive*

GOH KOK LEONG JEREMY

Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

- Provid ed that the person driving is permitted in accordance with the licensing or other laws or laws or regulations to drive the Mottor 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. Limitati ons 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 purpo se in connection with the Motor Trade.

 Limita tions 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.

PLEASE NOTE ALL CLAIMS RELATED REPAIR MUST BE CARRIED OUT AT ANY MSIG AUTHORISED WORKSHOP LISTED IN THE ATTACHED.

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 nituation to the insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Desclaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

WE HEREBY C ERTIFY 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 of Acts passed in substitution thereof.

Tel: 6344 4479 Fax: 6344 4055

Signature / Date

Counter-Sig natory:

RIKI

Riki Market ing Pte. Ltd.

MSIG Insurance (Singapore) Pte. Ltd. Approved insurers

Amy Ler Senior Vice President, Agencies

This certificate is not valid unless it is signed for & on behalf of the Company and Counter-Signed by a duly authorised representative of the Counter-Signatory.