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SN0820CU0008 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 30/12/2020 14:22 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (30/12/2020 14:22 (SGT))



SINGAPORE ACCIDENT STATEMENT

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 witholding of material facts may allow insurance compenies to repudiate

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 aforesaid.

ACCIDENT STATEMENT

Date of Submission Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

30/12/2020 14:22 (SGT) 29/12/2020 11:30 (SGT) Punggol Walk, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

FBJ6588E

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address Mobile Phone No

Alternative Phone No

No

GOH CHAI HENG SXXXX183Z

simongoh1967@gmail.com (Phone) +65-90691020

+65-90691020

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

Sym

GTS200

Employment

No - Reporting only

Motorcycle

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

MSIG

ThirdParty

MSD/VMT/20-416438-CA

DRIVER

Name of Driver

NRIC No

GOH CHAI HENG SXXXX183Z

15/03/1989 **Date Of Driving Pass** 31 YEARS AND 9 MONTHS Driving experience Gender (Phone) +65-90691020 Mobile Number +65-90691020 Alt. Phone Number simongoh1967@gmail.com Email Address BLK 556 WOODLANDS DRIVE 53 Address #04-43 Address complement 730556 Postcode Yes Is the driver the policyholder? 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 Collision - Head to Rear Type of Accident Clear Weather Conditions Dry Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? 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) Are accident photos available for attachment? Yes No Was there any video captured by Car Camera? No Was there any audio recorded? DETAILS OF OTHER VEHICLE PROPERTY 1 SGN6576J Vehicle Registration Number Honda Vehicle Manufacturer Vehicle Model

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

Passport No/FIN

Contact Number

Address complement

Address complement

nsurance Company Name	= 5
lature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	
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SKETCH PLAN

IMPORTANT NOTICE

- 1. Rease 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 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) w ho 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.

79/12/20 Policyholder's Signature / Date &

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

Time 14/2 Pm & Time

Witnessed by Reporting Centre

Personnel

Sketch Plan

FBJ 6588 E SGN 65765

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Declaration

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

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCI	DENT DATE: 791	2/ 20 100/MM	M/YYYY), TIME:[_	11.30	_)(HH:WM)-
Water	TION: Pungo	1			
	DETAILS OF VEHICLE	7			*1
1.	DETAILS OF VEHICLE	FRY LCX	8 E		878 #S :::
	b)INSURANCE COM	DANY MET	2	- 14	***
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	g)VEHICLE CATEGO	DRY: (PRIVATE / CON	AMERCIAL INC	10.0	
*	h)PURPOSE OF USIN	G AT ACCIDENT TIM	IN INCIDANCE	VES/NO1	
·	I) ARE YOU CLAIMIN	E (THIRD PARTY CLA	ALLA / DEPORTING	ONLY	100
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2.,	INSURED / POLICY H	h chai Her	Q	_(MALE / F	EMALE)
	LA LINE OF LEATING A SERVICE	pr. slights	3-7 CON	TACT: 90	691020
	C) ADDRESS: KIK	EST Moodlar	IZ MA 26	#04-4	3.
	CIADDRESS ST	20556			282 8
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Allo of bassander	-DELAKATE:	Dabue.		_(MALE / F	EMALE)
(Including driver)	b) NRIC/FIN/PASSPC		CON	TACT:	
()	c)ADDRESS:			•	
	(Date of the contract of the c				
	"d) DATE OF BIRTH: (w 10/1967	_)(DD/MM/YYY	Y) ;	
	e)OCCUPATION: (IN	NDOOR / OUTDOOL	R)		
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	bIROAD SURFACE	DRY / WEI / OTHER	(5		W
6,	WAS ANYBODY INJU	JRED (YES / NOT			8 9
7.	a) REPORTED TO PO	DOF LIES L DOT !	TATION: 4		
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8.	O) VEHICLE NUMB	E SEN 6576-	I MOD	EL: HON	DA.
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(Induding driver)	b) DRIVER'S NAME C) NRIC/FIN/PASSI	POPT: T-0000	485-A CON	TACT: 9 44	+54169
() .	THIRD PARTY VEHICL	E			1
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A No of passanger	e) DRIVER'S NAME				
(Including driver	f) NRIC/FIN/PASSI		CON	TACT:	
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email = Simin Que 1967 @ gmail. com.



CA 544717

MSIG Insurance (Singapore) Pte. Ltd. (Co Reg. No. 2004) 22120) 4 Shenton Way, # 21-01, SGX Centre2, Singapore 068807 Tel +65 6827 7888, Fax +65 6827 7800 msig.com.sg

CERTIFICATE OF INSURANCE

Road Transport Act 1987 (Malaysia), Road Transport (Amondment) Act 2019 (Malaysia)
The Moner Vehicles (Third Party Risks) Rules, 1989 (Malaysia)
The Moner Vehicles (Third Party Risks and Compensation) Act (CAP. 189 of the Revised Edition) (Republic of Singapore)
The Moner Vehicles (Third Party Risks and Compensation) Rules, 1996 Edition (Republic of Singapore)
Or any Amendment, Act or Acts passed in substitution thereof.

MSD/VMT/20-416438-CA

SUM INSURED :

EXCESS

NIL

Index mark and Registration Number of Vehicle

F8J6588F

SYM

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

Date of Expiry of Insurance

- use-provide

1201AM 03/09/2020

02/09/2021

5. Persons or Classes of Persons entitled to drive a. The Policyholder.

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 time of the accident loss or damage. Limitation as to Use

Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

- The Policy does not cover
 - 1. Use for hire or reward.
 - 2. Use for racing, page-making, reliability trial or spead-testing.
 - Use for the carriage of goods (other than samples) in connection with any trade or business.
- 4. 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 Vinicles (Third-Party Risks and Compensation) Act (Chapter, 189) and Part II was Road Transport Act, 1987 (Malauria) or any Amendment, Act or Act was a way to substitution thereof." (Malaysia) or any Amendment, Act or Ac substitution thereof."

19/08/2020 (KS) CA/CI-03 (05/13)

COMMERCIAL AGENCY PTE. LTD. erwriting For MSIG Insurance (Singapore) Pte. Ltd.



VICOM (Sin Ming) 385 Sin Ming Drive Singapore 575718 Tel: 6458 4555

VICOM (Changi) 20 Changi Nora, Crescent Singapore 499613 Tel: 6545 4808

VICOM (Bt Bate 511 Bt Batok Str Singapore 65954 Tel: 6567 7111