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SN08211M0003 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 22/01/2021 12:05 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (22/01/2021 12:05 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 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

22/01/2021 12:05 (SGT)

19/01/2021 18:23 (SGT)

Bukit Timah, Singapore

JUNCTION OS STEVENS RD/WHITLEY

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SKT7131Z

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address Mobile Phone No

Alternative Phone No.

No

TAN HUI NAM

SXXXX114F

huinam.tan@gmail.com

(Phone) +65-96380329

+65-96380329

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Exact purpose for which vehicle was being used at time of

Private use

Audi A7

No - Reporting only

Private car

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

MSIG

Comprehensive

No

D 300123396 QMY

DRIVER

Name of Driver

NRIC No

TAN HUI NAM

SXXXX114F

09/03/1961 Date Of Driving Pass 59 YEARS AND 10 MONTHS Driving experience Gender (Phone) +65-96380329 Mobile Number +65-96380329 Alt, Phone Number huinam.tan@gmail.com Email Address 67A PASIR PANJANG HILL Address Address complement 118903 Postcode 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 Side Swipe Type of Accident Clear Weather Conditions 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) 2 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? PASSENGER 1 GRAND DAUGHTER Name Female Gender DETAILS OF POLICE ACTION No Was the accident reported to the police? No Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No No Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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 GM 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.
- 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
- (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 & Driver's Signature (# driver is not the policyholder) / Date

Time 21 Jan 3.55 p. & Time 21 Jan 3.55 p.

Sketch Plan

A) SK1 71312

Sfev on R1

Romands

Find

scribe Circumstances of the	
On Tyerda	4 19 Jan aroud 18.25 hr
	be out Robin Walk near Steven MPT
	elider are many stopping at junction to wait
	for lights to change
l me-	paged to get into center of 3 kurs
	proceeded to move straight along BT RA
At	center of road junction, I sense
	a vehicle on my left trying
	to potono islan or cut through my both
lay	nediately I slaw my vehicle through my path
	As the car was turning I saw It was
	Vary close to my car I STOPPED
	I young (at l)
The -	turning our know he was going to graze
	my left fender and he also stop. Too let
	he fissed my car.
(Z) We agre	ed to move by cars away as
+	raffic was heavy at that I home
The dr	ivor was Zainal Abidin
He	told me I was supposed to turn right
	and not go straight
te	rushed to turn right and art my path
	rushed to turn right and art my path
The same	1 7
	cky + sense his vehicle and took
	precaution to slow down + stopped my value . Else there damages to both parties would be bad.
	my vehicle tise there damages
	The party parties would be bad.
	That's all
	Mad's all.
* NOTE from	
The right	tender at my car has pad scratches brown in result of my own scratches with my artistic
Tuesday	was the the services prown in
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Declaration

We declare the foregoing particulars are true in every respect.

Policyhgider's Signature / Date & Time 21 Jan 2021

Driver's Signature (if driver is not the policyholder) / Date & Time 21 Jan 2021

Witnessed by Reporting Centre Personnel

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3.50%.

AGCIDENT STATEMENT

	CCIDENT DATE: 19 101, 21)(DD/MM/YYY), TIME: (18 : 23) (HH:MM)
	of the Charles of Charles RE
	OCATION: BY The Road Near June of There is
	1. DETAILS OF VEHICLE
	alvehicle NUMBER: SKT (131 Z
	blinsurance Company: M'5 C-
	CIPOLICY NUMBER: D3001233 96 QMY
	DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
	OMAKE & MODEL: AND I A
	FITTPE: (SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)
	g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
-	h)PURPOSE OF USING AT ACCIDENT TIME: Personal
e 22	ILADE VOIL CLAIMING LINDER YOUR OWN INSURANCE () 60/1201
	IF NO, PLEASE STATE (THIRD PARTY GLAIM / REPORTING ONLY)
	2. INSURED / POLICY HOLDER
13,00	MANAME: IN THE CONTACT: 96380329
up boult	Divide Frant Add Care
(6)	CIADDRESS: 67A Perir Penjens HILL 8903.
(4)	* CONTINUE TO 3.d IF DRIVER ALSO POUCY HOLDER
19 110 00	- A 1人の対象を見られる 10 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1
A Ho of bas	- MALE / TOVAL
Clududing	b) NRIC/FIN/PASSPORT:CONTACT:
(7)	c/ADDRESS:
1000	
	*d)DATE OF BIRTH: (0 8/ 04/ 1442)(DD/MM/YYYY) : :
	e)OCCUPATION: (INDOOR / OUTDOOR)
100	FIDATE OF DRIVING PASS PASS OF THE INSURED'S COMPANY? (XES / NO)
	5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS CLEAR
	b)ROAD SURFACE: (DRY / WET / OTHERS
	6. WAS ANYBODY INJURED DES / NO)
**	7. a) REPORTED TO POUCE DES / NOT
	IF YES, PLEASE STATE WHICH POLICE STATION:
	B. THIRD PARTY VEHICLE
4 Ho of pass	ger a) VEHICLE NUMBER: SMW 1142 (MODEL (Yang wan)
Clududing	b) DRIVER'S NAME
C maintains	C) NRIC/FIN/FASSI CAT
()	9. THIRD PARTY VEHICLE MODEL:
1 No of pa	d) VEHICLE NUMBER:
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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 PLUS Comprehensive

Certificate No.

D 300123396 QMY

Excess: SGD1,500

Windscreen Excess: SGD100

1. Index Mark and Registration Number of Vehicle

SKT7131Z

Name of Policyholder

Tan hui nam

 Effective Date of the Commencement of Insurance for the purposes of the Act 29/04/2020

4. Date of Expiry of Insurance

28/04/2021

5. Persons or Classes of Persons entitled to drive*

Tan hui nam, Chan Swee Chin

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.

Limitations 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 purpose in connection with the Motor Trade.

* 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 CAN BE CARRIED OUT AT ANY WORKSHOP OF YOUR CHOICE OR 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