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 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.

- 4. The issue and acceptance of this is form by instrained 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 16/07/2021 08:58 (SGT) Date of Accident 15/07/2021 09:15 (SGT) Exact Location of Accident Singapore Additional Location Information ELIAS CTREEN (MINOR ROAD) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number SMH2404J

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN SUAT KIAU NRIC No. SXXXX140A Email Address JOSEPHINESKGOH@GMAIL.COM Mobile Phone No (Phone) +65-91396309 Alternative Phone No (Home) +65-65832760

VEHICLE PARTICULARS

Manufacturer

Model Vios 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? No - Claiming third party Vehicle Category Private car Transmission Auto CC 1500

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number A29139488AT2 Cover Note Number

DRIVER

Name of Driver TAN SUAT KIAU NRIC No. SXXXX140A

Date Of Birth 11/10/1950 Occupation Indoor Date Of Driving Pass 27/10/1971 Driving experience 49 YEARS AND 9 MONTHS Gender Female Mobile Number (Phone) +65-91396309 Alt. Phone Number (Home) +65-65832760 Email Address JOSEPHINESKGOH@GMAIL.COM Address 39 ELIAS TERRACE Address complement Postcode 519792 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 Collision - Major/Minor Rd 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 vehicle or property damaged? Yes 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? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO ATTACHED SKETCH PLAN AND STATEMENT. ATTACHMENT(S) Are accident photos available for attachment? Nο Was there any video captured by Car Camera? Yes Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1**

 Vehicle Registration Number
 GBJ5892H

 Vehicle Manufacturer
 Nissan

 Vehicle Model
 Nv200

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Private car

 Name of Driver
 TAY SIEW CHOO

 Contact Number
 (Phone) +65-98576386

 Address

 Address complement



Postcode	-
Insurance Company Name	-
Nature Of Damage	_
Details of property damaged in accident	_
	1

SKETCH PLAN

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.
- Any false reporting may be referred to the Police for investigation.
- 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 lodgment 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' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
 - (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.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, (d) 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

4.05 pm

Driver's Signature

(If driver is not the policyholder)

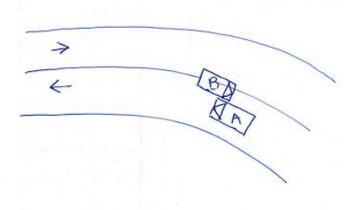
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCOVISTANCES OF				
I was dri	ving along El	ins Green	tit drove	cle
driving pron	opposite	direction	, tit drove	into
my lane	+ hit into	my ver	vile, My vi	grit
front a	va was	damaged	1.	
/				
			1	

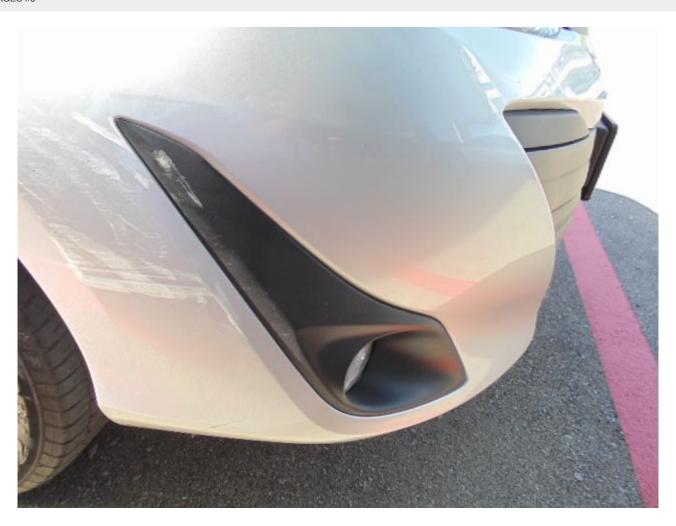
DECLARATION				
I/We declare the foregoing particular	rs are true in every respect.			
Famto			V	
Policyholder's Signature	Driver's Signature	Re	porting Centre Personnel's Signatu	ure
Date & Time: 15/7/2021	(If driver is not the policyhold Date & Time:		Ime: RIC/FIN No.:	
(

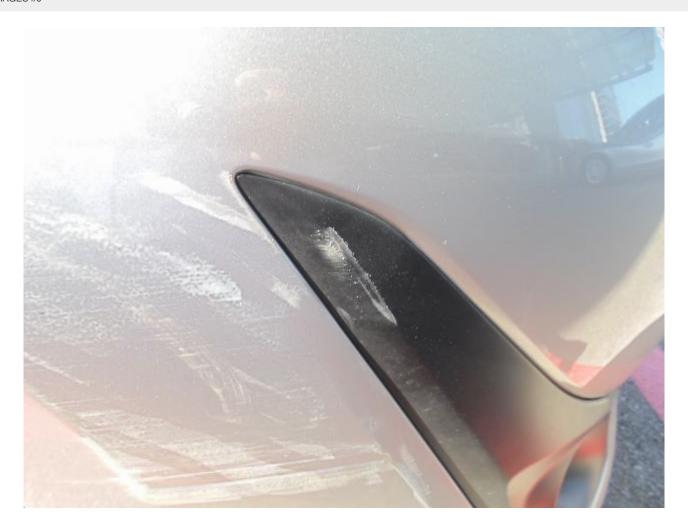


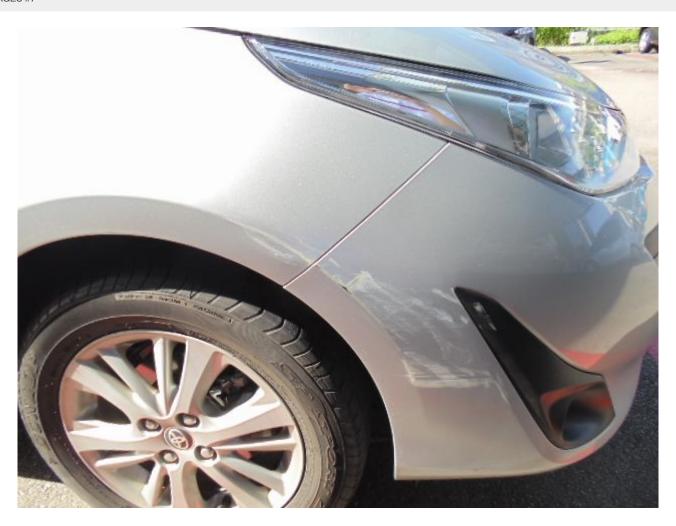


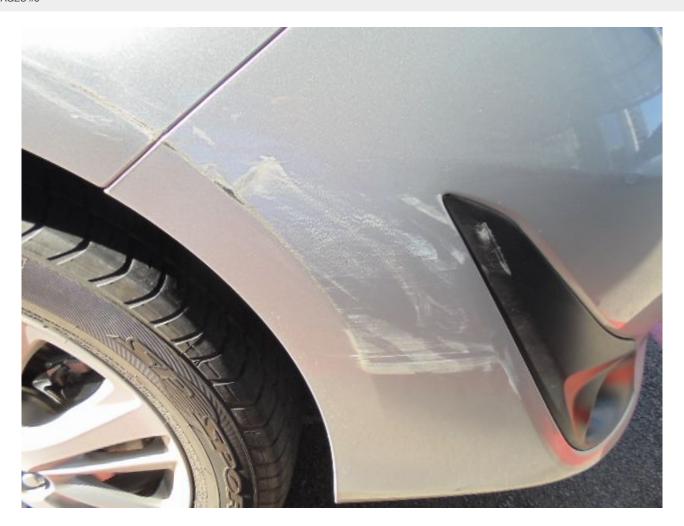


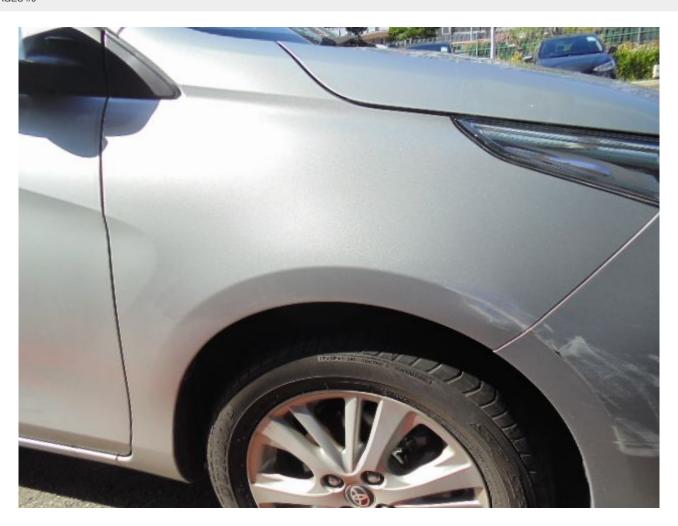




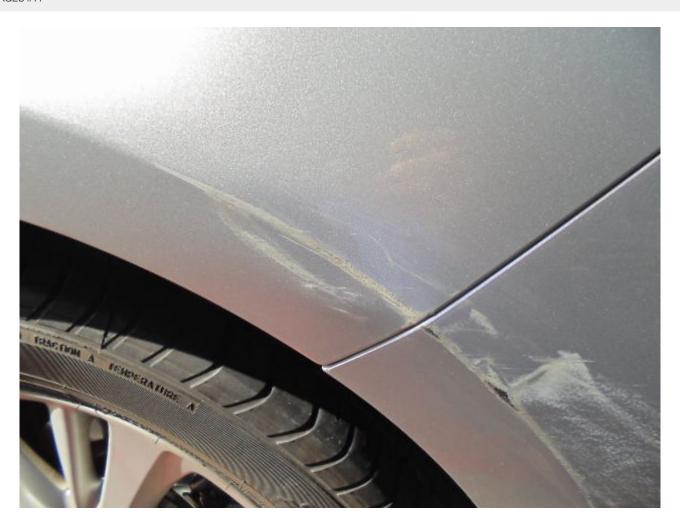














MSIG Insurance (Singapore) Pte. Ltd. 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807 Tel +65 6827 7888, Fax +65 6827 7800 Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

Toyota DriveElite 360

RENEWAL CERTIFICATE

MARKET VALUE

Policy Number Period of Insurance			Place of Issue
A 29139488 AT2	CORPORATION AVERAGE AND A	021 to 15/01/2022	SINGAPORE
Nam	Date of Issue		
Tan Suat Kiau 39			11/12/2020
Elias Terrace Singapore 519792	Account Number		
			156499U
Premium	GST		Total Due
SGD791.85	SGD55.43		SGD847.28

RISK NUMBER 1

Toyota DriveElite 360

OCCUPATION

Wealth Manager

FINANCIAL INTEREST

Hong Leong Finance Limited as Hire Purchase Owners

SCOPE OF COVER Comprehensive

INTEREST INSURED

REGISTRATION NO. SMH2404J

MAKE/MODEL Toyota Vios 1.5 E (Auto)

(Auto) INCL. COE/PARF YES
OFF-PEAK CAR NO

SUM INSURED

 ENGINE NUMBER
 2NRX408496

 CHASSIS NUMBER
 MR2B23F3101161532

2B23F3101161532 NO CLAIM DISCOUNT 50.00% '(or F/D)

YEAR OF MFG 2018 GOOD DRIVER'S CAPACITY 1496 C.C. DISCOUNT

CAPACITY 1496 C.C. DISCOUNT SGD41.68
SEATING CAPACITY 5 (INCL. DRIVER) NCD PROTECTOR COVERED
WINDSCREEN UNLIMITED EXCESS SGD500

NDSCREEN UNLIMITED EXCESS SGD500
ANNUAL PREMIUM SGD791.85

ACCESSORIES Aircon, radio/cassette/compact disc player, in-vehicle unit,

rust-proofing and other accessories that are factory fitted.

AUTHORISED DRIVERS

Tan Suat Kiau

JWGB202012111354 QMX01909