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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.
   This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
- 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.

200	Principal Control of the Control of
ACCIDEN	NT STATEMENT
Date of Submission Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	20/09/2021 20:38 (SGT) 18/09/2021 16:00 (SGT) River Valley Rd, Singapore TOWARDS LOWER DELTA Singapore
DETAILS C	OF OWN VEHICLE
Vehicle Registration Number	FBR5787L
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	No LOW KEE WIE TEDDY SXXXX445G tedlow02@gmail.com (Phone) +65-81761146 +65-81761146
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 Transmission CC	Honda ADV 150 - Employment No - Reporting only Motorcycle Auto 149
INSURANCE COMPANY	
Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number	MSIG Insurance (Singapore) Pte. Ltd. ThirdPartyFireTheft No A 300467738 VMP
DRIVER	
Name of Driver	LOW KEE WIE TEDDY

SXXXX445G

NRIC No

Date Of Birth Occupation	10/12/1971 Outdoor
Date Of Driving Pass	Outdoor 16/04/2007
Driving experience	14 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81761146
Alt. Phone Number	+65-81761146
Email Address	tedlow02@gmail.com
Address	BLK 326 HOUGANG AVENUE 7 #04-327
Address complement	E
Postcode	530326
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	NO
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
W	
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident	No
Was anybody injured in the Accident?	2
Was any injured conveyed to hospital by ambulance?	No -
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No
DETAILS OF OTHE	R VEHICLE PROPERTY 1
Vahiala Designation Name	
Vehicle Registration Number	SLQ6101X
Vehicle Manufacturer Vehicle Model	Infiniti
Vehicle Variant	-
Vehicle Colour	
Vehicle Category	- Private car
Name of Driver	-
Contact Number	(Phone) +65-97224936
Address	-
Address complement	-

Postcode	-
Insurance Company Name	_
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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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)

I 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 &

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

Witnessed by Reporting Centre

Sketch Plan

| SHONGHAT 2600 | SHONGHAT 2600 | A) 138 5781U | B) SLQ (0.01X

Describe Circumstances of the Accident			
Driver Miss a Turn and Suddenly Just Jam brake and Completely Stop Causing me didn't manage to brake in time therefore I bang into the back of			
and Completely Stop Causing me didn't manage to			
brake in time therefore I bam into the back of			
the Car,			
Davices Paras dava and adapt lais Pault and			
Driver came down and admit his fault and ask to Statle this privately, as the damage is not that great I agree to it.			
ask to some this privated, as the damage			
15 not than great I agree to H.			
But later in the night Priver decided to			
lodge a police Report			

#### 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

Witnessed by Reporting Centre Personnel

### ACCIDENT'STATEMENT

ACCIDENT DATE 18 09 24	(DD/MM/YYY), TIME: (16. OD) (HH:MM).
LOCATION: RUGE VOL	My ROOD LOWBROS COWER DROTTES
1. DETAILS OF VEHICLE PB	R 5787L
DINSURANCE COMPANY:	m >1 G
CIPOLICY NUMBER: A 3	
allorica laber (combrete)	ENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
	MPV /VAN / LORRY MOTORCYCLE OTHERS)
g)VEHICLE CATEGORY: (PRI	VATE / COMMERCIAL / MOTORCYCLE)
	CCIDENT TIME: Delivers R YOUP OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRE	PARTY CLAIM (REPORTING ONLY)
2. INSURED / POLICY HOLDER A) NAME: LOW KE	E' WIR TEDDY (MALEY FEMALE)
b) NRIC/FIN/PASSPORT: S:	1144445-9 CONTACT: 8176:1146
CIADDRESS: BIK 326	G AVE T
. * CONTINUE TO 3.d IF DRIVE	the party of the same and the s
Who of passanger DRIVER AS AG	SOV.E (MALE / FEMALE)
Chichang driver) DINRIC/FIN/PASSPORT	CONTACT:
c)ADDRESS:	•
*d)DATE OF BIRTH: (10 /	12/1971 1(DD/MM/YYY) : .
e)OCCUPATION: (INDOOR	OUTDOORD LOUIS ACT
FIDATE OF DRIVING PAS 4. Was driver an employ	E OF THE INSURED'S COMPANY? (YES (NO))
if no, relationship of	THE DRIVER WITH INSURED:
5. a) WEATHER CONDITION: (C b) ROAD SURFACE: (DR) / V	
6. WAS ANYBODY INJURED (YE	3 / 10
7. a) REPORTED TO POUCE (YE  IF YES, PLEASE STATE WHICH	
B. THIRD PARTY VEHICLE  NO of passanger O) VEHICLE NUMBER: SL	
Including driver) b) DRIVER'S NAME:  C) NRIC/FIN/PASSPORT:	CONTACT: 97224936
9, THIRD PARTY VEHICLE  d) VEHICLE NUMBER:	,
NO OF POSTONATO	1 1
(Including driver) f) NRIC/FIN/PASSPORT:	CONTACT
()	

email = tedlow 02@gmail.com



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.

## MOTORCYCLE Third Party Fire And Theft

Certificate No.

A 300467738 VMP

Excess: SGD300

Windscreen Excess: NIL

Index Mark and Registration Number of Vehicle

FBR5787L

 Name of Policyholder LOW KEE WIE TEDDY

3. Effective Date of the Commencement of Insurance for the purposes of the Act 15/08/2021

4. Date of Expiry of Insurance

14/08/2022

5. Persons or Classes of Persons entitled to drive\*

LOW KEE WIE TEDDY

\*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.

6. Limitations 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 pace-making reliability trial or speed-testing.
- (3) 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 Risk and Compensation) Act (Chapter 189) and Chapter 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

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