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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
- 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 22/09/2021 17:00 (SGT) Date of Accident 21/09/2021 19:00 (SGT) **Exact Location of Accident** Bukit Batok East Ave 2, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

Vehicle Registration Number FBR4796S

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner LAU KIM SENG NRIC No SXXXX629C Email Address jameslau48@singnet.com.sg Mobile Phone No (Phone) +65-96176370 Alternative Phone No +65-96176370

VEHICLE PARTICULARS

Manufacturer

Model **ADV150** Variant Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Motorcycle Transmission Auto CC 149

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd. Type of Coverage ThirdPartyFireTheft Fleet Policy Policy Number MSD/VMS/21-425505-CA Cover Note Number

DRIVER

Name of Driver LAU KIM SENG NRIC No SXXXX629C

Date Of Birth 09/11/1966 Occupation Date Of Driving Pass 23/05/1992 Driving experience 29 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-96176370 Alt. Phone Number +65-96176370 Email Address jameslau48@singnet.com.sg Address BLK 300 BUKIT BATOK WEST AVENUE 5 #08-386 Address complement Postcode 650390 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? Yes Was any injured conveyed to hospital by ambulance? No 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? Yes Police Station Name Queenstown Neighbourhood Police Centre Police Station Phone No. (Phone) +65-18004719999 Alt. Police Station Phone No (Fax) +65-64715299 Police Station Address No. 3 Queensway #01-03 Singapore 149073 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20210922/2035 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 OTHER VEHICLE PROPERTY 1** Vehicle Registration Number GBB1662M Vehicle Manufacturer Vehicle Model Vehicle Variant

Commercial vehicle

Vehicle Colour Vehicle Category

Name of Driver NRIC No Contact Number Address	TAY KIAT BOON SXXXX306J (Phone) +65-88143264
	-
*Address complement Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	="
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No Address	LAU KIM SENG Male (Phone) +65-96176370
Address Complement	•
	9
Post Code	•
Approximate Age Years Old	_
Injuries Sustained	SUCHT IN HIDY
Injured person in which webisted	SLIGHT INJURY
Mara and halts and	FBR4796S
	No
Was this injured conveyed to hospital by ambulance?	No

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.
- 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, acknow ledge, 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.

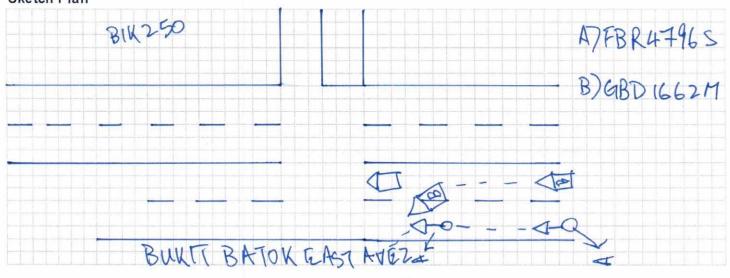
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre

Personnel

Sketch Plan



to BIKITHS

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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

ACCIDENT DATE: (21 07 302) (DD/MM	(19:00) (HH:MM)
	K EAST AVEZ
1. DETAILS OF VEHICLE a) VEHICLE NUMBER: FBR479 b) INSURANCE COMPANY: MS 169 c) POLICY NUMBER: MSD/VMST d) POLICY TYPE: (COMPREHENSIVE / THIR e) MAKE & MODEL: HONDA (49 f) TYPE: (SALOON / COUPE / MPV / VAN / 19 g) VEHICLE CATEGORY: (PRIVATE / COMMA) h) PURPOSE OF USING AT ACCIDENT TIME i) ARE YOU CLAIMING UNDER YOUR OWN IF NO, PLEASE STATE (THIRD PARTY CLAIM 2. INSURED / POLICY HOLDER A) NAME: LAUKIM SENCE b) NRIC/FIN/PASSPORT: S/750629 c) ADDRESS: BIK 390 BUKIT BATO SIPOLE (650390)	D PARTY / THIRD PARTY FIRE & THEFT) LORRY / MOTORCYCLE / OTHERS) MERCIAL / MOTORCYCLE) INSURANCE (YES/NO) M / REPORTING ONLY) (MALE / FEMALE) C CONTACT: 16176370 OK WEST AVE 5 4708-38
Tho of passanger DRIVER	HOLDER
(Including driver) a)NAME: AS ABOBY b)NRIC/FIN/PASSPORT:	(MALE / FEMALE)
	CONTACT:
CJADDRESS:	
*d)DATE OF BIRTH: (07 / 1/ 1966) (1 e)OCCUPATION: (INDOOR / DUTDOOR) f)DATE OF DRIVING PASC 4. WAS DRIVER AN EMPLOYEE OF THE INS IF NO, RELATIONSHIP OF THE DRIVER V 5. a)WEATHER CONDIDON: (CLEAR / RAINING b)ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. a)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATIC 8. THIRD PARTY VEHICLE Who of passenger a) VEHICLE NUMBER: GBD (662 M) Including driver) b) DRIVER'S NAME: (AY KIAT B) C) NRIC/FIN/PASSPORT: \$ 700 73067	DD/MM/YYYY) FURED'S COMPANY? (YES XNO) WITH INSURED: S/OTHERS ON: MODEL: LOVICY
*d)DATE OF BIRTH: (09 / (/) 1966)(e)OCCUPATION: (INDOOR / OUTDOOR) f)DATE OF DRIVING PASS 4. WAS DRIVER AN EMPLOYEE OF THE INS IF NO, RELATIONSHIP OF THE DRIVER V 5. a)WEATHER CONDITION: (CLEAR / RAINING b)ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. a)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATIC B. THIRD PARTY VEHICLE AND CONTROL OF THE DRIVER INCLUDING INCLUDING ON PRICE NUMBER: GROUND ON PRICE NUMBER: GROUND ON PRICE NUMBER: GROUND ON PRICE NAME: THE TREE ON PRICE NAME: THE TR	DD/MM/YYYY) SURED'S COMPANY? (YES XNO) WITH INSURED: SOUTHERS ON: MODEL: LOVY CONTACT: 88143264
#d)DATE OF BIRTH: [09 / 1/ / 966)(I) e)OCCUPATION: (INDOOR / DUTDOOR) f)DATE OF DRIVING PASC 4. WAS DRIVER AN EMPLOYEE OF THE INS IF NO, RELATIONSHIP OF THE DRIVER V 5. a)WEATHER CONDIDON: (CLEAR / RAINING b)ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. a)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATIC 8. THIRD PARTY VEHICLE WEHICLE NUMBER: GIBD (662 M Including driver) b) DRIVER'S NAME: TAY KIAT B c) NRIC/FIN/PASSPORT: \$700 73063 THIRD PARTY VEHICLE d) VEHICLE NUMBER: e) DRIVER'S NAME:	DD/MM/YYYY) SURED'S COMPANY? (YES XNO) WITH INSURED: ON: WHATTIMA MODEL: CONTACT: 88143264 MODEL:
"d) DATE OF BIRTH: (09 / (/) 1966) (I) e) OCCUPATION: (INDOOR / OUTDOOR) f) DATE OF DRIVING PASS 4. WAS DRIVER AN EMPLOYEE OF THE INS IF NO, RELATIONSHIP OF THE DRIVER V 5. a) WEATHER CONDITION: (CLEAR / RAINING b) ROAD SURFACE: (IDRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATIC 8. THIRD PARTY VEHICLE A) VEHICLE NUMBER: GIBD (662 M INDUMING DIVER'S NAME: THY KIAT B C) NRIC/FIN/PASSPORT: S 700 +3063 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER:	DD/MM/YYYY) SURED'S COMPANY? (YES XNO) WITH INSURED: SOUTHERS ON: MODEL: LOVY CONTACT: 88143264

email = jameslau48@singnet.com.sg.





1 of 3

Report No. T/20210922/2035

Police Station Of Origin: Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/09/2021 13:21		ade:	Vide Report No.:	Station Diary No.:	
Informar	nt's Particu	lars	National Section 1981		
Name of Informant: LAU KIM SENG			Address: APT BLK 390 BUKIT BATOK WEST AVENUE 5 #08-386 SINGAPORE 650390		
ID Type / ID No.: NRIC NO / S1750629C		29C	Contact No.: Home/Office:	Mobile: 96176370	
Nationality: SINGAPORE CITIZEN		EN	Email:		
Sex: Male	Age: 54	Date of Birth: 09/11/1966	Type of Informant: Rider		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Private security officer		cer	Driving Licence Information: Class: 2B,3	Date of Expiry:	

Private security officer		Class: 2B,3 Date of Expiry:		Expiry.
General Infor	mation of the Acci	dent		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/09/2021 19:00	Type of Location: Straight Road
BUKIT BATO	K EAST AVENUE 2	2		
Weather:		Road Surface:		Road Speed Limit:
Weather: Clear Traffic Flow:		Road Surface: Dry Traffic Control:		Road Speed Limit: Traffic Volume: Light

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBR4796S					Seriously Damaged	0
GBD1662M	Lorry				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





T/20210922/2035

2 of 3

Report No. T/20210922/2035

Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

CONTINUATION OF REPORT

Rider					《自己》 《大學》
Name	LAU KIM SENG				S1750629C
Related Vehicle	FBR4796S (Motorcycle)			ct No.	96176370
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL			of g ce & Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	21/09/2021 Date Disc				
No. of Days granted Medical Leave 07 Degree of				Sligh	
Driver					
Name	TAY KIAT BOON		ID No		S9007306J
Related Vehicle	GBD1662M (Lorry)			ct No.	88143264
Hospital/Clinic	NIL			of g ce & Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave NIL	Degree of	f Injury	NIL	

Brief Details.

On 21/09/21 at about 1900hrs, I was riding on my motorcycle registration number FBR4796S along Bukit Batok East Avenue 2 towards PIE on lane 2 of a two lane road. After riding passed by Ar-Raudhah mosque, I saw from a distance there was one vehicle on lane 1, made a stop to make a right turn. Suddenly one pick up lorry registration GBD1662M which was travelling on lane 1, suddenly cut into my lane. It subsequently collided onto the front part of my motorcycle. The impact of the collision caused the motorcycle and me to fall. The driver of the lorry then stopped and came over o me to assist me. The left side of the lorry was damaged. Both the right and left as well as the front part of my motorcycle were damaged. I suffered injuries on my left ankle and also my left and right elbow. I seek medical at Ng Teng Fong Hospital as was given 7 days of MC. I do not have any camera install on me.





Police Station Of Origin: Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

3 of 3

Report No. T/20210922/2035

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature of Officer Recording The Report D / Sgt 3 MUHAMMAD ZAMIR BIN MAZELAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 22/09/2021 13:21
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN Contact No.: 65476404	Classification Of Case:
SIGN	NATURE



MSIG Insurance (Singapore) Pte. Ltd. (co. Reg. No. 2004122126) entre2, Singapore 05290 4 Shenton Way, # 21-01, 56X Centre2, Sin Feb +65 6827 7888, Fax +65 6827 7995 msig.com.sg

CERTIFICATE OF INSURANCE

Road Transport Act 1987 (Malaysia), Road Transport (Amendment) Act 2019 (Malaysia)

The Motor Vehicles (Third-Party Risks) Robes, 1959 (Malaysia)

Webicles Traine Postry Risks and Compensation) Act (CAP, 1989 of the Revised Edition) (Republic of Singap

The Motor Vehicles (Third Party Risks and Compensation) Kaites, 1976 Edition (Republic of Singapores)

Or any Amendment, Act or Acts passed in substitution thereof.

CENTRE VO

MSD/VMS/21-425505-CA A0074-001/10110

SUM DISURUD

PHY

EXCESS

\$300(FIRE&THEFT) \$600(ENDT 2K)

1. Index mark and Registration Number of Vehicle

FBR47965

HONUA

119 0.0.

2. Name of Policyholder

LAU KIM SENG

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

1201AM 17/07/2021

4. Date of Expiry of Insurance

16/07/2022

5. Persons or Classes of Persons entitled to drive

a. The Policyholder.

Provided that the person driving is permitted in accordance with the licensing ulations 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 registration and licensing under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. 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 hime 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 Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these incutings.

I/WE HEREBY CERTIFY that the Policy at 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 Asis pages of in substantion thereof."

COMMERCIAL AGENCY PTE. LTD.

30/06/2021 (KP) CA/CI-03 (08/13)

For MSIG Insurance (Singapore) Pte. Ltd.

06/2021 (KP)

COMMENCIAL AGENCY PTE. LTD.

Underwriting Agent
For MSIG Insurance (Singapore) Pte. Ltd.

Pleaned 16/7/21

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