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SL0Y22BN0001 / LKK Auto Consultants Pte Ltd [159721] ENTRY DATE & TIME: 23/11/2022 16:06 (SGT) SUBMITTED BY: LKK Auto BM VERSION: 1 (23/11/2022 16:06 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be <u>completed by the Policyholder and/or the Actual 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

A. 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 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 23/11/2022 16:06 (SGT) Reported by Both Date of Accident 22/11/2022 09:33 (SGT) **Exact Location of Accident** TPE, Singapore Additional Location Information **TOWARDS TAMPINES** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLK5741L

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner TAN ZHENNI, FELICIA (CHEN ZHENNI) NRIC No SXXXX436H Email Address felicia_tony3@hotmail.com Mobile Phone No (Phone) +65-90605366 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Corolla Variant Exact purpose for which vehicle was being used at time of Private use

accident Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category Transmission

CC

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

MSIG Insurance (Singapore) Pte. Ltd. A 300406658 QMX

No - Reporting only

Private car

Auto

1598

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

TAN ZHENNI, FELICIA (CHEN ZHENNI) SXXXX436H 03/02/1988 Indoor

Date Of Driving Pass 30/04/2008 Driving experience 14 YEARS AND 7 MONTHS Gender Female Mobile Number (Phone) +65-90605366 Alt. Phone Number Email Address felicia_tony3@hotmail.com Address BLK 203 YISHUN STREET 21 #11-243 Address complement Postcode 760203 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 - Head to Rear Weather Conditions Clear 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 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 Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement **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 **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SLP9666T Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver Contact Number

Address complement	
Address complement	
Postcode	
	•
Nature Of Damage	
Details of proporty domand in	
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 Form must be completed by the Policyholder and/or the Actual 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 Traffic Police Department for investigation.
- This report will be forwarded by the insurers to 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.
- 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 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) 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' 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.

Policyholder's Signature / Date & Time

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

Namessed by Reporting Centre Personnel Name as in NRIC/ID card)

Sketch Plan

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Describe Circumstance of the Accident	
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THE TOTAL PROPERTY OF THE PROP	2.
I SIGNALLED AND WANTED TO SHIFT TO LANE 3. AS I	
WAS CHANGING LANE , THE VEHICLE IN FRONT E-BRAKED	
et .	
AND I COLLIDED ONTO HIM.	

Declaration

I/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 (Name as in NRIC/ID card)

Email: sm@idac.com.sg Tel no: 6555 6888 *If no proper documents are produced, IDAC shall not file the report. Information will be discarded aft	
Date of Accident: 22 / 11 /2022 (dd/mm/yy) Time of Accident: 09 : 33 (24-1	er one week.
Vehicle No.: SLK5741L Vehicle Make & Model / Engine (cc): Toyota Actis	R-FORMAT)
Exact location of Accident: TPE TOWAPPS TAMPINES	rivate Hire: (Y/N)
Policyholder's Name / IC No. : TAN ZHENNI, FELICIA (CHEN ZHENNI) ROC/UEN (Company)	
Driver's Name / IC No.: TAN ZHENNI, FELICIA (CHEN ZHENNI) 58803436H	A - A I
Driver's Contact No.: 9060 5366 Company Contact No / Owner Contact No:	(As Above)
Driver's Address: BUK 203 YISHUN STREET 21 #11-243 SINGAPORE 760203	The second secon
Owner Email address : FEUGA_TONYZ@HOTMAIL.com Insurance Company : MSIG	Marrie par ten anno a partir de como marrie de como de
Driver Email address:	
Relationship between Owner & Driver: (Please CIRCLE one only) Owner Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify:	
What do you wish to claim? (Please TICK one only)	
Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Pur	pose)
Exact purpose for which the vehicle Was being used at time of accident? Occupation (nature of job) Indoor/ Outdoor	
Private use / Work purpose *No. of Passengers (Including Driver):	
*Passenger Name: Gender: Ma *Passenger Name: Gender: Ma	le / Female x()
Weather condition & Road conditions? (On the day of accident)	le / Female x()
Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others:	
Was there any video captured by your Car Camera? Yes / No Remarks:	
Tes / 1 No Remarks	
Any Injuries: Yes / No (If YES) Injured Person' Name:	
Any Injuries: Yes / No (If YES) Injured Person' Name: Injuries Sustain: Injured Person in Which Vehicle:	
Any Injuries: Yes / No (If YES) Injured Person' Name: Injuries Sustain: Injured Person in Which Vehicle: Police Report filed: Yes / No (If YES) Which Police Station: The Other Party(s) Details:	
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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 Comprehensive

Certificate No.

A 300406658 QMX

Excess: SGD500

Windscreen Excess : SGD100

Index Mark and Registration Number of Vehicle
 STK57411

- Name of Policyholder TAN ZHENNI FELICIA
- Effective Date of the Commencement of Insurance for the purposes of the Act 20/01/2021
- Date of Expiry of Insurance 19/01/2022
- 5. Persons or Classes of Persons entitled to drive*

TAN ZHENNI FELICIA

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.

6. 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 MUST BE CARRIED OUT AT ANY MSIG AUTHORISED WORKSHOP. REFER TO MSIG.COM.SG FOR LIST OF

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