SW0E232L0009 / WAH HONG MOTORS & CREDIT PTE LTD ENTRY DATE & TIME: 21/02/2023 16:39 (SGT) SUBMITTED BY: Suzana BTE Edros VERSION: 1 (21/02/2023 16:39 (SGT))



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 Actual 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.

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 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 21/02/2023 16:39 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 20/02/2023 14:35 (SGT) Exact Location of Accident Near 255 Jln Boon Lay, Singapore 619524 Additional Location Information ALONG JALAN BOON LAY TOWARDS CHIN BEE DRIVE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMN7503S

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner ONG CHOON SENG NRIC No SXXXX141B Email Address MANNONG.SG@GMAIL.COM Mobile Phone No (Phone) +65-97909229 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Subaru Model Forester 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 No - Claiming third party your vehicle?

Vehicle Category Private car Transmission Auto CC 1995

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number A 300625360 QMX

DRIVER

Name of Driver ONG CHOON SENG NRIC No SXXXX141B Date Of Birth 15/07/1958 Occupation Indoor

Date Of Driving Pass 27/09/1976 Driving experience 46 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-97909229 Alt. Phone Number Email Address MANNONG.SG@GMAIL.COM Address **BLK 322 TAH CHING ROAD** Address complement #02-74 Postcode 610322 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 - Change/cross lane 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? 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? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO SUMMARY AND SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number YP6198T Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle

MOHAMAD HASSAN BIN ZAINI

(Phone) +65-88941959

Name of Driver

Contact Number

Address	 	_
Address complement	 	_
Postcode		_
Insurance Company Name	 	_
Nature Of Damage		_
Details of property damaged in accident	 	_
No. Of Passenger (Including Driver)		_

SKETCH PLAN

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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)

I understand, acknowledge, agree and consent that:

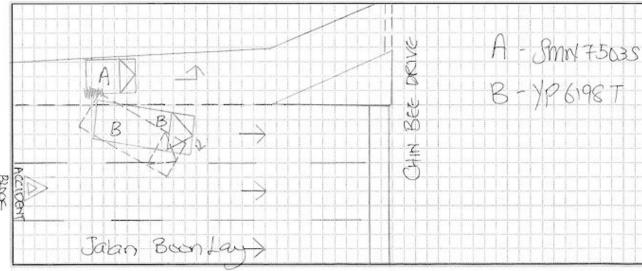
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' 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

GULANA BTC Edros
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



1

Describe Circumstance of the Accident
ON 20/02/2023 @ 1435HRS, I WAS DRIVING MY VEHICLE A (SMN7503S) ALONG JALAN BOON LAY TOWARDS AYE (SLIP RD TO CHIN BEE DRIVE). AS I WAS DRIVING MY VEHICLE A (SMN7503S) ON THE SLIP RD TO CHIN BEE DRIVE TRAFFIC JUNCTION, TRAFFIC LIGHT SHOWS RED AND VEHICLES WERE ALL STATIONARY. VEHICLE B (YP6198T) SUDDENLY MAKE A SHARP RIGHT TURN FROM LANE 4 TO LANE 3. THIS ACT CAUSES VEHICLE B (YP6198T) REAR LEFT PORTION COLLIDED ONTO THE RIGHT SIDE PORTION OF MY VEHICLE A (SMN7503T). PLEASE REFER TO VIDEO EVIDENCE AS ATTACHED.
Declaration

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

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

2

Policyholder's Signature / Date & Time

I/We declare the foregoing particulars are true in every respect.

















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 300625360 QMX

Excess: SGD700

Windscreen Excess: SGD100

Index Mark and Registration Number of Vehicle 1. SMN7503S

2. Name of Policyholder

Ong Choon Seng

- Effective Date of the Commencement of Insurance for the purposes of the Act 3.
- 4. Date of Expiry of Insurance 15/07/2023
- Persons or Classes of Persons entitled to drive* 5.

Ong Choon Seng

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 MSIGLUM, SQ FOR UST UP 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-Parly 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.

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