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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 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.

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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

10/04/2023 17:22 (SGT) Both Policyholder and Actual Driver 08/04/2023 16:39 (SGT) Bideford Rd, Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SDZ9217Z

Singapore

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No

Email Address Mobile Phone No Alternative Phone No No

ZAHID MAHMUD FARUKI SXXXX169J zahidfaruki420@gmail.com (Phone) +65-96701085

VEHICLE PARTICULARS

Manufacturer Model

Variant

Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category Transmission

CC

Nissan

X-trail

1997

Private use

No - Reporting only Private car Auto

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

MSIG Insurance (Singapore) Pte. Ltd. A 300361332 QMX

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

ZAHID MAHMUD FARUKI SXXXX169J 13/02/1963 Indoor



Date Of Driving Pass 03/06/2003 Driving experience 19 YEARS AND 10 MONTHS Gender Male Mobile Number (Phone) +65-96701085 Alt. Phone Number Email Address zahidfaruki420@gmail.com Address BLK 7 DRAYCOTT DRIVE #05-01 Address complement Postcode 259421 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 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) 1 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? 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	SKW125Y
Vehicle Manufacturer	Honda
Vehicle Model	Vezel
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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

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 <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 Traffic Police Department for investigation.

- 6. 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.
- 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' 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

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

Witnessed by Reporting Centre Personnel

(Name as in NRIC/ID card)

Describe Circums	stance of the Accident
	,
,	
1,	Crossed across Orchard link to Bideford Road
3	Other Car weak across from third lane into
	Crossed across Orchard Link to Bideford Road I was in middle lane sowing straight. I Other car went across from third lane into my fromt Right hand corner. My front Right Bumper + Bide View mirror.
	my brook Richt Related to the Williams issue
	my from raging purple of star miller.

Declaration

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

10/4/23

Policyholder's Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder) Witnessed by Reporting Centre Personnel / Date & Time

(Name as in NRIC/ID card)

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ACCIDENT DATE: (8.1.4.) 23)(DD/MM/YYYY),	TIME: 4. 39 (HR:MM)
LOCATION: BIDEFORD ROAD	1 1/2
	1
a) VEHICLE NUMBERS SOZ 92 172	
OPOLICY HUMBER: A 30036/332 OM	<u> </u>
dipolicy Type: (Comprehensive / Third Part	17 THIRD PARTY CIRCULATION
FITZPENICATOON / COURT / MPV /VAN / LORRY	/MOTORCYCLE./OTHERS)
GIVEHICLE CATEGORY: (PRIVATE / COMMERCIA h)PURPOSE OF USING AT ACCIDENT TIME:	7 - [] - [
I) ARE YOU CLAIMING UNDER YOUR OWN INSUR	RANCE (YES/NOT PORTING ONLY)
2. INSURED / POLICY HOLDER	FARUKTIMALE / FEMALE)
HINDIM VEINIA SCHORT P26841617	_CONTACT
CIADDRESS: TURRYCOTT DETOR	
* CONTINUE TO 3.d IF DRIVER ALSO POUCY HO	DLDER
WHO OF PRISTON DE DRIVER AS ABOUT	MALE / FEMALE)
(Including driver.) DINRIC/FIN/PASSPORTI.	VIII ()
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	OTHERS
6. WAS ANYBODY INJURED (YES ANO)	1 1
7. a) REPORTED TO POUCE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATIO	NL Des 2
8, THIRD PARTY VEHICLE SKW IN T	MODEL HONDA BEZEL
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9. THIRD, P'ARTY VEHICLE	MODEL!
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email. = Zahidfaru Li 42° & Djunail. Com VIDRO



MSIG Insurance (Singapore) Pte. Ltd.
4 Sheriton 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 MSRAD 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 300361332 QMX

Excess: SGD700

Windscreen Excess: SGD100

- Index Mark and Registration Number of Vehicle SD29217Z
- Name of Policyholder Zahid Mahmud Faruki
- Effective Date of the Commencement of Insurance for the purposes of the Act 30/11/2022
- Date of Expiry of Insurance 29/11/2023
- Persons or Classes of Persons entitled to drive*
 Zahid Mahmud Faruki

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 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-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

Mack Eng Chief Executive Officer