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SL0Y234I0001 / LKK Auto Consultants Pte Ltd [159721] ENTRY DATE & TIME: 18/04/2023 16:26 (SGT) SUBMITTED BY: LKK Auto BM

VERSION: 1 (18/04/2023 16:26 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### 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 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**

18/04/2023 16:26 (SGT) Date of Submission **Actual Driver** Reported by 17/04/2023 18:30 (SGT) Date of Accident **Exact Location of Accident** Simei Rd, Singapore **BUS STOP TOWARDS TAMPINES** Additional Location Information Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SNC7314S

INSURED/POLICYHOLDER

VEHICLE PARTICULARS

INSURANCE COMPANY

No Is company? YAP SIEW LENG Name Of Registered Owner SXXXX303G NRIC No marcusseah\_sailing@hotmail.com **Email Address** 

(Phone) +65-96672476 Mobile Phone No

Alternative Phone No

Manufacturer Mazda Model 3

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? No - Claiming third party

Private car Vehicle Category Auto Transmission CC 1496

MSIG Insurance (Singapore) Pte. Ltd. Name of Insurance Company A 300683706 QMY

DRIVER

Policy Number / Cover Note Number

SEAH YONG JIE MARCUS Name of Driver SXXXX825C NRIC No 09/08/1994 Date Of Birth Occupation Indoor

Date Of Driving Pass 30/06/2014 Driving experience 8 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-96672476 Alt. Phone Number Email Address marcusseah sailing@hotmail.com Address **BLK 154 SIMEI STREET 1 #10-57** Address complement Postcode 520154 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Child 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 Collision - Head to Rear Type of Accident 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? Yes Traffic Police Police Station Name (Phone) +65-65470000 Police Station Phone No (Fax) +65-65474900 Alt. Police Station Phone No 10 Ubi Avenue 3 Singapore 408865 Police Station Address No Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH AND POLICE REPORT T/20230417/7082 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes DETAILS OF OTHER VEHICLE PROPERTY 1

SKC8486H

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant

Vehicle Colour	-	
Vehicle Category	Private car	
Name of Driver	MOHAMAD BIN MOHAMED	TAHIR
Contact Number	(Phone) +65-91911967	
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 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
- 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)

Lunderstand, 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
- (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
- (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/ca including their law yers/law firms),	which may be sited outside of Singapore, for one or more of t	the above Purposes.
Policyholder's Signature / Date &	Driver's Signature (If driver is not the policyholder) / Date	Witnessed by Reporting Centre
Time Sketch Plan	& Time	Personnel
SIMIET	D BUSEP BDIAD	TAMPINES
Expo	ACP manual and a second and a s	A) SNC73145
		B SKC 82486H

# Describe Circumstances of the Accident

On 16 April 2023 at 630pm , along sime Rd	
towards Tamphes, My car was waiting at the	
bus step area as the traffic light was red. My	car was
stationary and my wake was engaged. I heard	a bump
towards Tamphes, My car was waiting at the bus step area as the traffic light was red. My stationary and my wake was engaged. I heard sound and saw that a vehicle hard contacted	1 with
my reav	
- J	
I got day to see what happened The vehicle	7
I got dann to see what happened The vehicle behind rear-ended my car. His barnet was	in direct
contact with my rear bumper. I took photos.	The driver
contact with my rear bumper. I took photos. Suggest that I drive forward a little to assess the	ne damage
better.	J
I drove forward a little bit. I came down & took me	are photos.
I exchanged contacts with the oliver and to	ok a photo
of his diver's licence	
I get back into my car and draw off.	
	0
Before I drave off, the driver told me that I	ne was tired
and olid not engage brake properly. He also told was keen for private spttlement.	he that he
was keen for private spttlement.	
After I got home I texted the man driver a acknowledged that he would be responsible for	nd he
acknowledged that he would be responsible for	the damages
Police Raport 7/20230417/7082	
paine region (120150 411/ 1082	
:	

## Declaration

We declare the foregoing particulars are true in every respect.

Valore 18/4123 1352

AA 18/4/23 135

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

Witnessed by
Personnel

Witnessed by Reporting Centre Personnel

x D

Policyholder's Signature / Date & Time





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20230417/7082

REPORT OF	A TRAFFIC	ACCIDENT		
Date/Time Report Made: 17/04/2023 18:52		ade:	Vide Report No.:	Station Diary No.:
Informan	t's Particul	ars		
Name of I SEAH YO	nformant: NG JIE MA	RCUS	Address: 154 SIMEI STREET 1 #10-57	SINGAPORE 520154
ID Type / ID No.: NRIC NO / S9429825C		5C	Contact No.: Home/Office:	Mobile: 96672476
Nationality SINGAPO	/: PRE CITIZE	N	Email: MARCUSSEAH_SAILING@F	IOTMAIL.COM
Sex: Male	Age: 28	Date of Birth: 09/08/1994	Type of Informant: Driver	
Race: Chinese			Language: English	
Occupation General p	n: ractitioner/	physician	Driving Licence Information: Class:	Date of Expiry:

Type of Accident:	Non-Injury Others	Drink   Date/T     Drive: Accide     No   17/04/2		Type of Location: Straight Road
Location:				
SIMEI ROAD			5 00 X	
		Dood Curtoon		
Weather:		Road Surface:		
		Dry		
Cloudy Traffic Flow: Two Way		Dry Traffic Control: Traffic Light - Working		fic Volume: lerate

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SKC8486H	Car			Black	No Damage	0
SNC7314S	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	S SA SALL SINCE STONE ST
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20230417/7082

### CONTINUATION OF REPORT

Driver	*		***************************************		
Name	MOHAMAD BIN MOR	HAMED		ID No.	S2193391J
Related Vehicle	SKC8486H (Car)	SKC8486H (Car)			91911967
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL	
No. of Days granted Medical Leave NIL			Degree of	NIL	
Driver					
Name	SEAH YONG JIE MA	RCUS		ID No.	S9429825C
Related Vehicle	SNC7314S (Car)			Contact No.	96672476
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	NIL	

## Brief Details.

This accident took place at 6:30pm 17 April 2023, at the area at the bus stop on Simei road towards Tampines (https://goo.gl/maps/zzvT4u7DvhxKVYz48).

The traffic light was red and my car (SNC4314S) was stationary, waiting for traffic light to turn green. I heard a bump and saw from my rear camera that I was rear ended by a vehicle (SKC 8486H). I got out from my vehicle to assess the damage. The driver from SKC 8486H did as well. He asked me to drive forward to assess the damage. I drove forward and we took photos and exchanged contact number. I drove off shortly after. I reached my house carpark at 635pm.

Name: Mohamad Bin Mohamed

NRICL S2193391J

Vehicle plate number: SKC 8486H





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20230417/7082

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 17/04/2023 18:52
Officer In Charge Of Case: TP / TPIB / MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476219	Classification Of Case:

HATCHBACK. MAKE & MODEL: MAZDA 3 ACTINA (AUTO) MANUAL VEHICLE'NO: SAIC 73145 DATE OF ACCIDENT 17/04/2023 TIME OF ACCIDENT AM / PM 6:30 LOCATION OF ACCIDENT BUS STUP at SIMEIRD TOWARDS TAMPIMES EXACT PURPOSE USED AT TIME OF ACCIDENT EMPLOYMENT / PRIVATE USE / PRIVATE HIRE MAP SIEW LENG 1 NAME OF OWNER marausseah - Sailing @ hotmail can Office: MOBILE: 9667 2476 EMAIL: NRIC S13853036 OD- / (THIRD PARTY) CLAIM TYPE / REPORTING ONLY YES / NO ? FLEET POLICY: MSIG INSURANCE CO. TYPE OF COVERAGE Comprehensive / Third Party / Third Party Fire & Theft POLICY NO. A 300683706 Cemy AS ABOVE / IF NO: SEAH YONG JIE MARCUS NAME OF DRIVER NRIC 394298250 09 108 / 1994 DATE OF BIRTH ANY PASSENGER YES /(NO). NAME OF PASSENGER MALE / FEMALE GENDER OF PASSENGER Outdoor / Indoor OCCUPATION 106/2014 DATE OF DRIVING PASS 30 Male ) / Female GENDER Mobile: 9667 247 Office. CONTACT NO. Home. marcus seah - sailing (a hoturail can EMAIL. BIK 154 SIMEL STI, #10-57, S 520154 ADDRESS INSURER MOTHER NO ) If yes : Reg No: DOES DRIVER OWN OTHER VEHICLES? Employee / If No. CON RELATIONSHIP Clear) / Raining / Other. WEATHER CONDITION Dry) / Wet / Other: ROAD SURFACE No /If yes : Who? ANY INJURIES No If yes . Who? CONVEYED BY AMBULANCE No / If yes . Where? Online POLICE REPORT (NOVIF YES: WHO? NOTICE OF INTENDED PROSECUTION GIVEN? Any Passenger : VEHICLE B NO. SKC 8486H BIN MOHAMED TAHIR NAME MOHAMAD CONTACT NO. 9191 1967 Any Passenger . VEHICLE C NO. VEHICLE D NO. Any Passenger. VEHICLE E NO. Any Passenger: VEHICLE F NO. Any Passenger. ANY WITNESS WITNESS CONTACT NO. YES) NO WAS THERE ANY VIDEO CAPTURE? YES / NO) WAS THERE ANY AUDIO RECORDED? SCENE ACCIDENT PHOTOS TAKEN? YESY NO \*\*WORKSHOP: AUTO WORKSTLOP. Have you been approach by unknown person soliciting (s) /

YES (NO

offering accident claims assistance?



MSG Insurance (Singapore) Pte. Ltd. 4 Shenton Way, #21-01, SGX Centre 2, Singapore 068807 Tel +65 6827 7888, Fax +65 6827 7800 Co. Peg No. 200412212G GST Peg. No. 20-0412212G A Member of MSAAD INSURANCE GROUP

# CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA), ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
(PEPUBLIC 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 PLUS Comprehensive

Certificate No.

A 300683706 OMY

Excess: SGD500

Windscreen Excess: SGD100

 Index Mark and Registration Number of Vehicle SNC7314S

- Name of Policyholder Yap Sew Leng
- Effective Date of the Commencement of Insurance for the purposes of the Act 11/11/2022
- Date of Expiry of Insurance 10/11/2023
- Persons or Classes of Persons entitled to drive\* Yap Sew Leng

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 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 Fisk and Compensation) Act (Chapter 189) and Chapter 95 of the Poad Transport Act, 1987 (Malaysia), are not to be included under these headings.

PLEASE NOTE ALL CLAIMS PELATED FEPAIR CAN BE CAPRIED OUT AT ANY WORKSHOP OF YOUR CHOICE OR AT ANY MGG AUTHORISED WORKSHOP. FEFTER TO MGG.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 Poad Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

MSG Insurance (Singapore) Pte. Ltd.
Approved Insurers

Mack Eng Chief Executive Officer