NOTIFICATION OF ACCIDENT & PRE-REPAIR INSPECTION

Date : 15 OCT 2024

Time :

By Fax :

TO :

MSIG INSURANCE (S) PTE LTD

Accident involving Your insured vehicle No. SLM3020L with My vehicle No SL8339Z on 12/10/24 along P.I.E

1. I, the owner of Vehicle No. SLA8339Z intend to make a 3rd party claim against your insured.

2. My Vehicle is now at the workshop **Guan Motor Works** Tel : **6453 6111** and is available for your inspection before repairs are carried out.

3 Please acknowledge receipt of this Notification by return fax to **6453 8292** and reply within 2 days whether you wish to inspect the vehicle or waive inspection.

Signature

Name : TAN GEOK CHOO

NRIC : S1603229A

CK TEO & CO
Advocates & Solicitors
101A Upper Cross Street
#08-17 People's Park Centre
Singapore 058358
Tel: 6535 4788 Fax: 6535 4245

Land Transport Authority

Enquire Vehicle's Insurance Particulars (As At 12 Oct 2024 / 13:55:00)

Vehicle No.:	Make Description/Model:
SLM3020L	**B.M.W. / 318I LED NAV**

Insurance Company Name:

MSIG INSURANCE (SINGAPORE) PTE LTD

Business Transaction Reference No.:

20241014123045590007

Please retain the business transaction reference number for Enquire Vehicle Owner Details (if required).

Printed on 14 Oct 2024 12:32:05

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 First Submission	14/10/2024 11:27 (SGT)
Reported by	Actual Driver
Date of Accident	12/10/2024 13:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS CHANGI, 1ST LANE NEAR LAMP POST 770
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA8339Z

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN GEOK CHOO
NRIC No	SXXXX227A
Email Address	ANNATAN@KEMMS.COM.SG
Mobile Phone No	(Phone) +65-96334426
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Lexus
Model	LS200T
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2000
Vehicle Fuel	Petrol
First Regisration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Etiqa Insurance Pte Ltd
Policy Number / Cover Note Number	M0037407

DRIVER

Name of Driver	TAN YAT HONG
NRIC No	SXXXX093J
Date Of Birth	28/01/1982
Occupation	Indoor
Driving Pass Date	27/04/2007
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	17 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98762263
Alt. Phone Number	-
Email Address	PHALANX_7@YAHOO.COM
Address	BLK 163 LORONG 1 TOA PAYOH 10-1022 SINGAPORE 310163
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	NEPHEW
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	Raining
Road Surface	Wet

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) 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

REFER TO THE 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	SLM3020L
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LEE FU RONG
NRIC No	SXXXX084F
Contact Number	(Phone) +65-97600381
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

B-Hag
Vehicl SLA5239Z
14/10/2024

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 receipt 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 to the Car 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 insurer, you hereby consent to the archiving of this report at the centre and to copies of this 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 be 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 the accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law/adjuster 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 complaints 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, administering, processing, handling and/or dealing with (i)-(iv) above.

(collectively the "Purposes")

(b) all Insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law/adjuster firms, may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

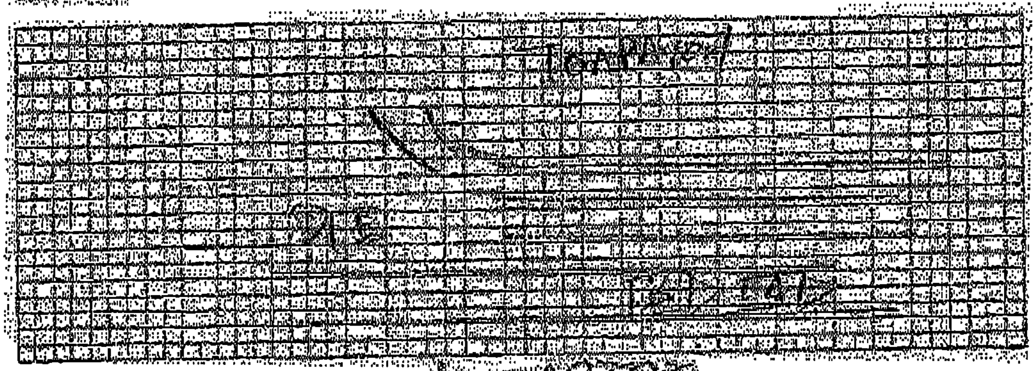
(c) my Personal Information may be disclosed to, used by any of the Insurers and/or GIA in their third party service providers or agents, including their law/adjuster firms, which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A: SLA5239Z
B: SLM3021L

Date of accident: 12/10/2024 Time: 1555 Location: PIE [illegible] [illegible]

My Vehicle A: [illegible] Vehicle B: [illegible] Vehicle C:

SKETCH PLAN

Describe Circumstances of the Accident:

On 12/10/2024 at around 1555 hrs I was travelling along PIE towards [illegible] on lane 1 when the [illegible] [illegible] came to a stop.
I stopped my car as well and was subsequently rear-ended by [illegible].
There was [illegible] [illegible] and the [illegible] [illegible]. I got out of the vehicle and met with the other driver as we inspected for damages and verified that no [illegible] party was injured.

Note: Please take note that your insurer has a [illegible] days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

☐ Claim OD/TP at Ah Lim Motor ☑ Claim OD/[✓ TP] at other workshop ☐ Reporting Only

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

TP driver's signature or owner [illegible] / Date & Time

Workshop/Accident Reporting Centre Endorsement

[illegible]