

**NOTIFICATION OF ACCIDENT & PRE-REPAIR INSPECTION**

Date : 25 OCT 2024

Time :

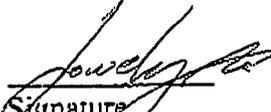
By Fax :

TO :

MSIA INSURANCE (SPORE) PTE LTD

Accident involving Your insured vehicle No. SNL8789 with  
My vehicle No. SJJ203K on 21/10/24 along C.T.E.

1. the owner of Vehicle No. SJJ 203K intend to make a 3<sup>rd</sup> 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 Low Cheong Foon  
NRIC: S1308804G

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

# Enquire Vehicle's Insurance Particulars

Enquire Vehicle's Insurance Particulars ( As At 21 Oct 2024 / 13:10:00 )

## Vehicle Insurance Details

Vehicle No.:

**SNL8278J**

Make Description/Model:

**PEUGEOT / 2008 1.2 EAT8 GT**

Insurance Company Name:

**MSIG INSURANCE (SINGAPORE) PTE LTD**

Business Transaction Reference No.:

**20241021155535283383**

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

Save as PDF

OK →

Print

# 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 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 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	21/10/2024 15:51 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	21/10/2024 13:10 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	EXIT YIO CHU KANG
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ203K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LOW CHEONG FOON
NRIC No	SXXXX804G
Email Address	albertlowcf@gmail.com
Mobile Phone No	(Phone) +65-91162323
Alternative Phone No	-

## VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Tiguan
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1395
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

## INSURANCE COMPANY

Name of Insurance Company	Indie International Insurance Pte Ltd
Policy Number / Cover Note Number	D19MPC0000564_05

## DRIVER

Name of Driver	LOW CHEONG FOON
NRIC No	SXXXX804G
Date Of Birth	12/11/1958
Occupation	Indoor
Driving Pass Date	06/02/1979
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	45 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91162323
Alt. Phone Number	-
Email Address	albertlowcf@gmail.com
Address	23 LENTOR GREEN
Address complement	-
Postcode	789272
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)	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 ATTACHED SKETCH PLANS

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	SNL8278J
Vehicle Manufacturer	

Vehicle Model .....  
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 concisely 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 willful 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.
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.

**6 Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

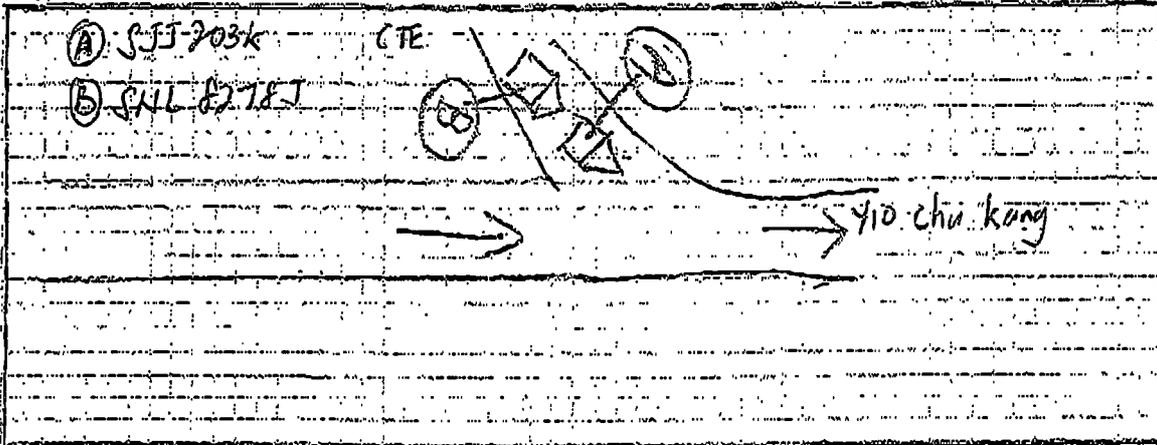
- (a) my insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the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

*[Signature]*  
 Policyholder's Signature / Date & Time

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

*[Signature]*  
 Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



LUN2022

Describe Circumstances of the Accident

ON 21/10/2024 at 1-10 PM  
I vehicle A stopped at  
give way suddenly.  
vehicle B hit onto rear  
portion of my car (vehicle) A.  
  
It caused damages to my  
car (vehicle) A.

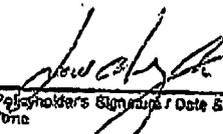
Claim OD     Claim Third Party     Claim OD/TP at other workshop     Reporting Only

Please forward a copy of my site accident report to:  
My workshop :  
Email address :  
Myself email :

Note: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own Insurer for more information.

Declaration

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