

## 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 .....	14/11/2024 10:25 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	13/11/2024 15:49 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	CTE
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SFS2561M
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	GAY KIM CHEOK ROLAND
NRIC No .....	SXXXX175A
Email Address .....	ROLGAY67@GMAIL.COM
Mobile Phone No .....	(Phone) +65-96667398
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Suzuki
Model .....	Swift
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 .....	1200
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	A 300555605 AS2

#### DRIVER

Name of Driver .....	GAY KIM CHEOK ROLAND
NRIC No .....	SXXXX175A
Date Of Birth .....	22/09/1960
Occupation .....	Indoor
Driving Pass Date .....	10/04/1981
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	43 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96667398
Alt. Phone Number .....	-
Email Address .....	ROLGAY67@GMAIL.COM
Address .....	BLK 754 PASIR RIS STREET 71 #03-126
Address complement .....	-
Postcode .....	510754
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 .....	DRIZZLINGS
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) .....	2
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 .....	-

#### PASSENGER 1

Name .....	TAY GUAY KIM
Gender .....	Female

#### 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

#### REF ATTACH

#### 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 .....	GBL7319Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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.**
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

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

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

## Sketch Plan

The sketch plan is a grid-based diagram showing the positions of vehicles involved in an accident. It includes handwritten labels for vehicles A, B, and an 'other vehicle'. To the right of the grid, there are handwritten vehicle registration numbers: A - SFS 3561 M and B - GBL 7319 Z.

## Describe Circumstance of the Accident

When I was driving along CTE Highway, there was other vehicle on my right lane suddenly changing into my lane, I applied brake to avoid the accident, but unfortunately a motor van GBL 7319 Z from my behind unable to stopped in time and rear ended my vehicle.

## Declaration

I/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  
(Name as in NRIC/ID card)



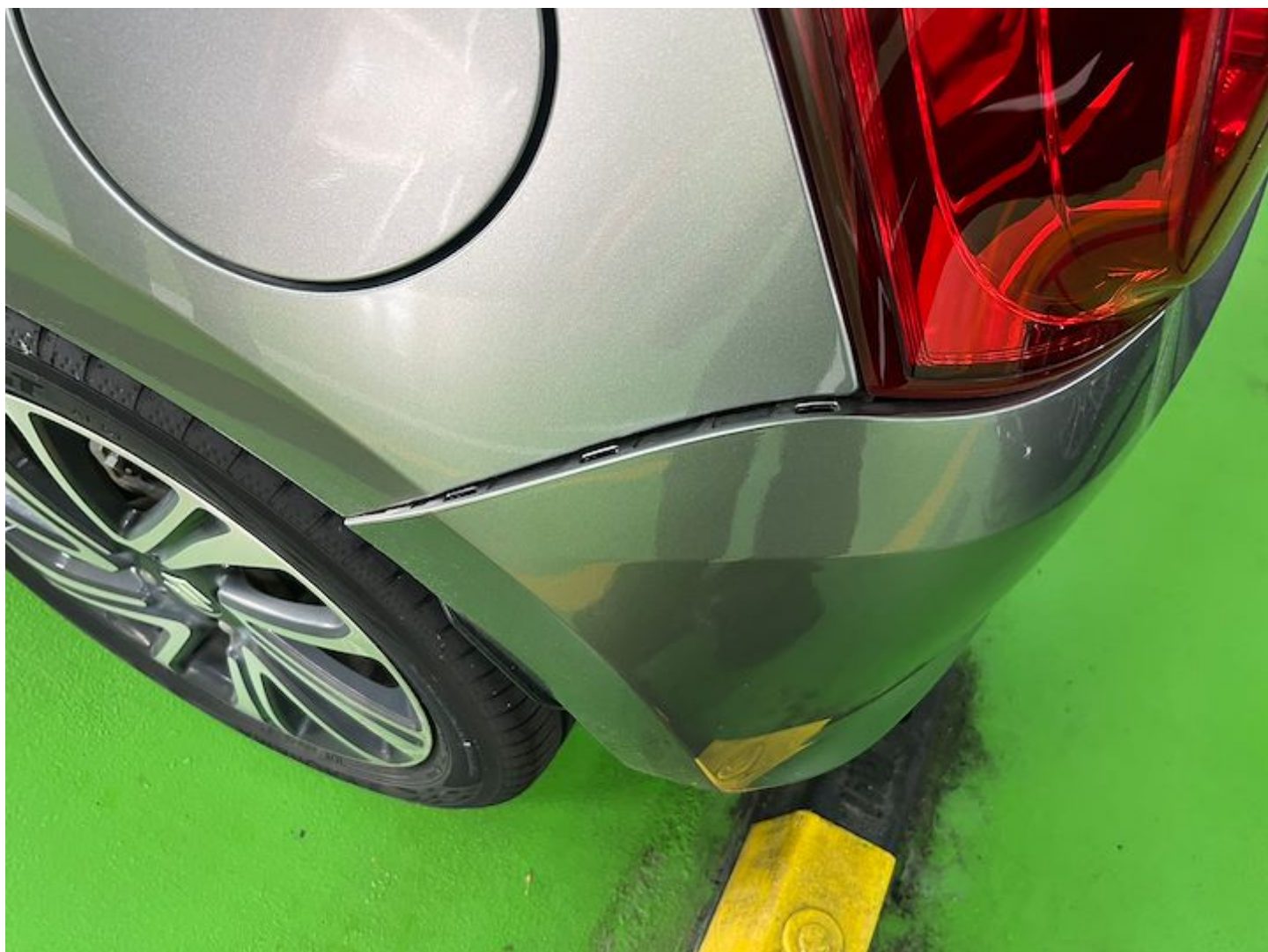



































**MSIG**

MSIG Insurance (Singapore) Pte. Ltd.  
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Co.Reg No. 200412212G GST Reg. No. 20-0412212G  
A Member of **MS&AD** INSURANCE GROUP

Administered By


**Inchcape**  
Singapore

## SUZUKI DRIVEELITE RENEWAL CERTIFICATE

### POLICYHOLDER INFORMATION

Name	: Gay Kim Cheok Roland	Date of Issue	: 07/03/2024
		Policy No.	: A 300555605 AS2
Address	: 754 Pasir Ris Street 71 #03-126 Singapore 510754	Account No.	: 3357
		Scheme Code	: CSSP023
		Period of Insurance	: 27/04/2024 to 26/04/2025
		Premium	: SGD1,387.74 (inclusive of GST)

### RISK NUMBER 1

#### Insured Details

Registration No.	: SFS2561M	Year of Registration	: 2021
Make/Model	: Suzuki Swift 1.2 GLX CVT	Capacity	: 1197 C.C.
Engine No.	: K12D1099077	Seating Capacity	: 05 (Incl. Driver)
Chassis No.	: JSAAZCA3S00523334	Off-peak Car	: No
Financial Interest	: Toyota Financial Services Singapore Pte. Ltd. as Hire Purchase Owners		

#### Coverage Details

Type of Cover	: Comprehensive	Sum Insured	: Market Value at the Time of Loss
Windscreen	: Unlimited	Windscreen Excess	: SGD100
No Claim Discount	: 50%	NCD Protector	: Covered
Annual Premium	: SGD1,273.16	Good Driver Discount	: 5%
Excess	: SGD0 (Own Damage Excess)		
Authorized Driver(s)	: Gay Kim Cheok Roland Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.		

**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.

#### Clauses/Endorsements applicable to the above Risk

This Policy extends to include the following endorsements and clauses subject otherwise to the terms conditions and exceptions/exclusions of this Policy:

#### Automobile And Medical Assistance Services Endorsement

The Automobile and Emergency Medical Evacuation and Repatriation Assistance Services are arranged by Us through Our appointed assistance company to assist You in an emergency caused by or arising out of the use of the Insured Vehicle within the Geographical Area unless otherwise stated.

The caller will be required to always identify themselves by their full name and Policy number.

MSIG 24 HOUR EMERGENCY HELPLINE

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