



## 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 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 ability.
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 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 Report             | 07/12/2017 16:03                             |
| Date Of Accident           | 06/12/2017 18:05                             |
| Exact Location Of Accident | ADAM ROAD TOWARDS LORNIE ROAD INFRONT OF SPC |
| Country/State of Loss      | SINGAPORE                                    |

### DETAILS OF OWN VEHICLE

|                             |                           |
|-----------------------------|---------------------------|
| Vehicle Registration Number | SLA3366C                  |
| <b>Insured/Policyholder</b> |                           |
| Name Of Registered Owner    | LAUW HUI KIAN             |
| NRIC No                     | S2205646H                 |
| Email Address               | PUNKISH_GAL88@HOTMAIL.COM |
| Mobile Phone No             | (LOCAL) +65-96383988      |
| Alternative Phone No        | OFFICE-96383988           |

### Vehicle Particulars

|  |                      |
|--|----------------------|
| Manufacturer   | MERCEDES-BENZ        |
| Model  | C250                 |
| Exact Purpose for which vehicle was being used at time of accident           | GOING BACK TO OFFICE |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO                   |
| If No, Please state action to be taken                                       | THIRD PARTY          |
| Vehicle Category   | PRIVATE CAR          |

### Insurance Company

|                           |                                      |
|---------------------------|--------------------------------------|
| Name of Insurance Company | MSIG INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage          | COMPREHENSIVE                        |
| Fleet Policy              | NO                                   |
| Policy Number             | D27916471 QMY                        |
| Cover Note Number         |                                      |

### Driver

|                      |                           |
|----------------------|---------------------------|
| Name of Driver       | LAUW HUI KIAN             |
| NRIC No              | S2205646H                 |
| Date Of Birth        | 15/11/1956                |
| Occupation           | INDOOR                    |
| Date Of Driving Pass | 20/09/1982                |
| Driving Experience   | 35 YEARS AND 2 MONTHS     |
| Gender               | FEMALE                    |
| Mobile Number        | (LOCAL) +65-96383988      |
| Fax Number           |                           |
| Contact Number       | OFFICE-96383988           |
| EMail Address        | PUNKISH_GAL88@HOTMAIL.COM |

|   |                    |
|---|--------------------|
| Address   | 8 SWETTENHAM CLOSE |
| Postcode  | 248139             |
| Was driver an employee of the Insured's Company     | NO                 |
| If No, Relationship of the Driver with the Insured  | OWNER              |
| Vehicle Registration Number of Driver's Own Vehicle | -                  |
|   | -                  |
| Insurance Company of Driver's Own Vehicle           | -                  |
|   | -                  |
|   | -                  |

#### 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 this accident?  | NO  |
| Was any body injured in the Accident?   | NO  |
| Was any other material or property damaged?   | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO  |
| Number of Passengers (Including Driver)   | 1   |

#### Details of Police Action

|   |    |
|---|----|
| Was the accident reported to the police?  | NO |
| If Yes, Please state which Police Station |    |
| 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  |
| Was there any audio recorded?                 | NO  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                     |              |
|-------------------------------------|--------------|
| Vehicle Registration Number         | FBB3550A     |
| Vehicle Make/Model/Colour           |              |
| Details Of Properties               |              |
| Name of Driver                      | LEE CHAU LAM |
| NRIC/Passport Number                | S1483167C    |
| Contact Number                      | 97877168     |
| Address                             |              |
| Postcode                            |              |
| Insurance Company Name              |              |
| Nature Of Damage                    |              |
| No. Of Passenger (Including Driver) | 1            |

#### Details of Witness

|               |  |
|---------------|--|
| Name          |  |
| Phone Number  |  |
| Email Address |  |

## SKETCH PLAN

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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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

*Quilina* 7/12/2017

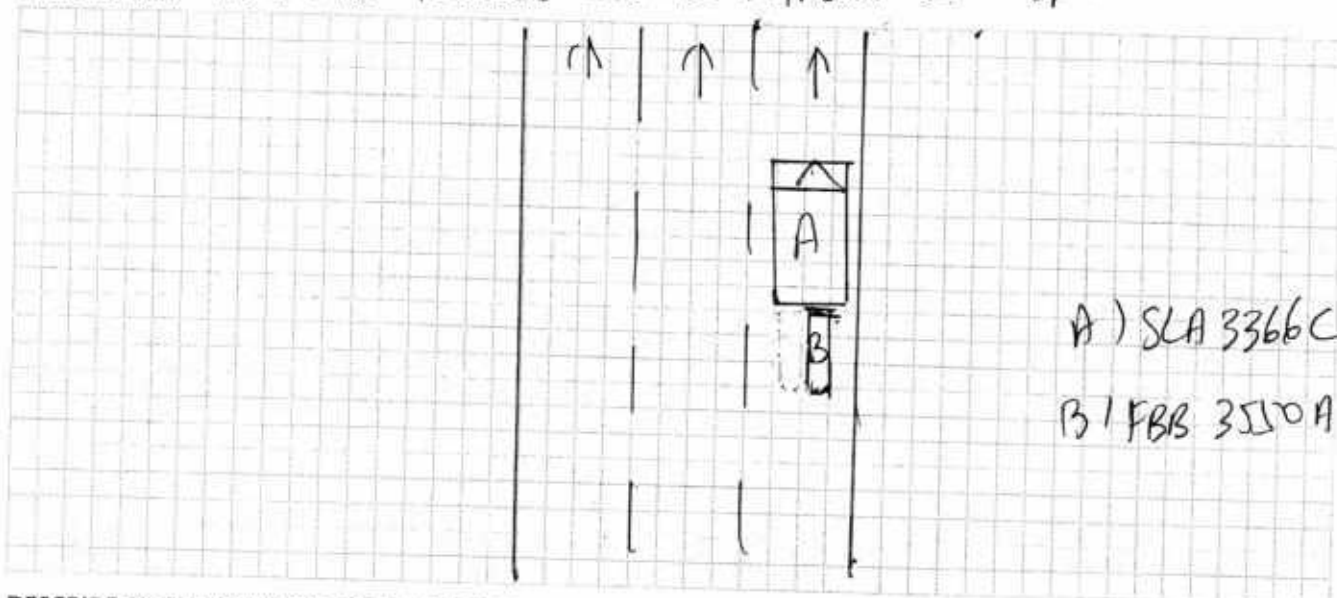
Policyholder's Signature  
Date & Time:

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

*07/12/2017*  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN

ADAM RD TOWARDS LORNE INFLOW OF SPC



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving on the 1st lane. Traffic quite heavy. The front vehicle stopped and I applied my break. Suddenly something banged on my back, then I realised there was a motorbike knocked my back. My bumper ~~to~~ was damaged.

DECLARATION

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

*H. J. J. 7/12/2017*

Policyholder's Signature  
Date & Time:

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

*07/12/2017*  
Reporting Centre Personnel's Signature  
Name: *Rishi W...*  
NRIC/FIN No.:



# ACCIDENT STATEMENT

ACCIDENT DATE: ( 6 / 12 / 2017 ) (DD/MM/YYYY), TIME: ( 18:05 ) (HH:MM)

LOCATION: Adam Road toward Cornie in front of SPC

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLA 3366 C  
 b) INSURANCE COMPANY: TAUW H HS16  
 c) POLICY NUMBER: D27916471 QMY  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: MERCEDES  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Go back office  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: LAUW HUI KIAN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S2705646 H CONTACT: 96383988  
 c) ADDRESS: 8 SWETTENHAM CLOSE  
SINGAPORE 248139

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

# No of passenger  
(including driver)  
(1)

- DRIVER  
 a) NAME: AS' BUDUK (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: ( 15 / 11 / 1956 ) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING LICENCE: 26 SEP 1982

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

# No of passenger  
(including driver)  
(1)

- a) VEHICLE NUMBER: FBB 3550 A MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: LEE CHAU LAM  
 c) NRIC/FIN/PASSPORT: S1483167 C CONTACT: 97877168

## 9. THIRD PARTY VEHICLE

# No of passenger  
(including driver)  
( )

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email: punkish\_ga188@hotmail.com

Fax: 67436691

V1080

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S2205646H



Name

LAUW HUI KIAN

刘慧娟

Race  
CHINESE

Date of Birth  
15-11-1956

Sex  
F

Country of Birth  
INDONESIA



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S2205646H  
Name

LAUW HUI KIAN

Birth Date: 15 Nov 1956  
Issue Date: 15 Nov 2003



1516391

NRIC No. S2205646H



Blood Group: O+  
Date of issue: 20-12-1993

8 SWETTENHAM CLOSE  
SINGAPORE 248139  
NRIC No: S2205646H

Date: 18/04/2012 (R) No: 7040638

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms 20 Sep 1982

NP 428A



**MSIG**

MSIG Insurance (Singapore) Pte. Ltd.  
4 Shenton 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

## Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)  
(REPUBLIC OF SINGAPORE)  
THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)  
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.X.1  
Individual Ownership

**MOTOR MAX PLUS**  
Comprehensive

Certificate No. D 27916471 QMY

Excess : SGD600  
Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle  
SLA3366C
2. Name of Policyholder  
Lauw Hui Kian
3. Effective Date of the Commencement of Insurance for the purposes of the Act  
12/06/2017
4. Date of Expiry of Insurance  
11/06/2018
5. Persons or Classes of Persons entitled to drive\*

Lauw Hui Kian  
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.

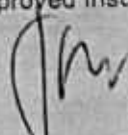
\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

**PLEASE NOTE ALL CLAIMS RELATED REPAIR CAN BE CARRIED OUT AT ANY WORKSHOP OF YOUR CHOICE OR AT ANY MSIG AUTHORISED WORKSHOP LISTED IN THE ATTACHED.**

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 offence 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 or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.  
Approved Insurers

  
for Chief Executive Office