

## 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 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 06/02/2018 16:43  
Date Of Accident 05/02/2018 22:45  
Exact Location Of Accident 1 JERVOIS ROAD ESSO  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SKC9633T  
**Insured/Policyholder**  
Name Of Registered Owner KOH LIH PIN  
NRIC No S7940884J  
Email Address KOH.LIHPIN@GMAIL.COM  
Mobile Phone No (LOCAL) +65-96175509  
Alternative Phone No OFFICE-96175509

### Vehicle Particulars

Manufacturer VOLKSWAGEN  
Model SCIROCCO 1.4 TSI+R2Z+KL1+3FG  
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  
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 A80416332 AVW  
Cover Note Number

### Driver

Name of Driver KOH LIH PIN  
NRIC No S7940884J  
Date Of Birth 31/12/1979  
Occupation INDOOR  
Date Of Driving Pass 01/12/2000  
Driving Experience 17 YEARS AND 2 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-96175509  
Fax Number  
Contact Number OFFICE-96175509  
Email Address KOH.LIHPIN@GMAIL.COM

Address	BLK 348 BUKIT BATOK STREET 34 #07-240
Postcode	650348
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 - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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

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	SLR3420P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	PAY KOK HONG
NRIC/Passport Number	S7715280F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

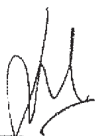
**SKETCH PLAN**


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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

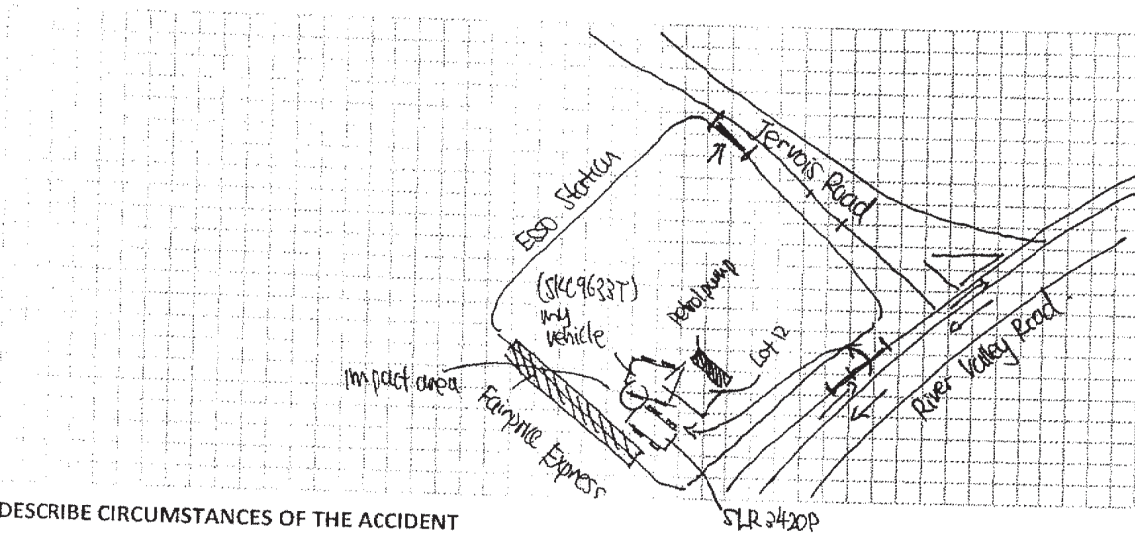
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

  
 Policyholder's Signature  
 Date & Time:

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

  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident happened on 5th Feb 2018 (Monday) at 10:55pm. Location is in Esso Petrol Station at 1 Jervois Road Singapore 248992 the pump Lot 12.

My vehicle (SKC 9633T) was turning out of the pump lot when the other vehicle (SLR 3420P) who was a GrabHitch driver was alighting passenger.

The vehicle turn into the petrol station at high speed and cut beside my vehicle.

I was not able to spot the vehicle as he was turning in at high speed into the petrol station.

The vehicle knocked into the left hand side fender and knocked ~~the~~ dents and scratches.

My vehicle was already half cut of the lot ~~and in the~~ when the other vehicle hit me.

I have also verified with multiple witnesses at the scene who verified that the other vehicle turn in at high speed and knocked into me. ~~There was also video cameras at the petrol station.~~

My vehicle was moving (turning out of the lot at low speed).

Eye witnesses include: -

- (1) Samsyol (Esso station forecourt supervisor)
- (2) Suresh (Esso station service attendant)

Esso station (1 Jervois Road Singapore 248992) Tel: 64728606.

Other vehicle and owner details: -

- (1) SLR 3420P
- (2) Pay Kok Hong (S7715280F) HP: 98890940.

## DECLARATION

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

Policyholder's Signature

Date & Time:

06-Feb-2018

Driver's Signature

(If driver is not the policyholder)

Date & Time: 06-Feb-2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



MSIG Insurance (Singapore) Pte. Ltd.  
 1, Shenton Way #21-01 SGX Centre 2 Singapore 069002  
 Tel: 65 6827 7888 Fax: 65 6827 7800  
 E-mail: msig@msig.com.sg GST Reg. No. 20 04 122120

# Certificate of Insurance

ORIGINAL

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 RULE PASSED IN SUBSTITUTION THEREOF

Form: MSIG-1  
 1. The Insured's Name:

VW DRIVE-EASY  
 Comprehensive

Certificate No. A-H0414331-A20

Excess : SGD1,500  
 Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle  
 100-100
2. Name of Policyholder  
 AND LIP PIN
3. Effective Date of the Commencement of Insurance for the purposes of the Act  
 10/01/2017
4. Date of Expiry of Insurance  
 10/01/2018
5. Persons or Classes of Persons entitled to drive\*  
 AND LIP PIN  
 Any other person provided he is permitted by 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\*  
 For only for social domestic and private purposes and for the  
 policyholder's business.  
 The Policy does not cover use for hire, reward racing, race-making  
 liability trial, speed testing, the carrying of loads other than  
 permitted in connection with any load, or use for any  
 purpose in connection with the motor vehicle.

\*Limitations rendered inoperative by Section 4 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 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 MUST BE CARRIED OUT AT VOLKSWAGEN CENTRE SINGAPORE.

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).

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, Act or Rules passed in substitution thereof.

*[Signature]*  
 Signature / Date

MSIG Insurance (Singapore) Pte. Ltd.  
 Approved Insurers

*[Signature]*  
 Amy Ler  
 Senior Vice President, Agencies


Counter-Signatory  
 Winner Consultancy Pte. Ltd.

This Certificate is not valid unless it is signed for & on behalf of the Counter-Signatory and is also signed by a duly authorised representative of the Counter-Signatory.

MSIG Insurance (Singapore) Pte. Ltd.

SKC9633T  
CONTACT : 96175509  
EMAIL : Koh.lihpin@gmail.com

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7940884J




Name  
KOH LIH PIN

高立斌  
Race  
CHINESE


Date of birth  
31-12-1979

Sex  
M

Country of birth  
SINGAPORE




REPUBLIC OF SINGAPORE / DRIVING LICENCE




Valid Date: 31 Dec 1979  
Issue Date: 11 Nov 2003


000893637K M



4613637



NRIC No. S7940884J



Date of issue  
04-01-2011

Address  
APT BLK 348 BUKIT BATOK STREET 34  
#07-240  
SINGAPORE 650348

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

Class	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	PASS DATE
3		01 Dec 2000



NP 478A