





## 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	14/02/2018 12:38
Date Of Accident	14/02/2018 10:00
Exact Location Of Accident	HOLLAND VILLAGE CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFK7800H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HO KA-HUA
NRIC No	S0013826F
Email Address	ERICHOKAHUA@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96396623
Alternative Phone No	OTHERS-96396623

### Vehicle Particulars

Manufacturer	BMW
Model	X4 XDRIVE28I-2.0 AWD LED SR NAV HUD (A)
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 28917570 QMY
Cover Note Number	

### Driver

Name of Driver	HO KA-HUA
NRIC No	S0013826F
Date Of Birth	24/06/1953
Occupation	INDOOR
Date Of Driving Pass	22/02/1971
Driving Experience	46 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96396623
Fax Number	
Contact Number	OTHERS-96396623
EMail Address	ERICHOKAHUA@YAHOO.COM

Address	5 HOLT ROAD #04-01
Postcode	249444
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
Number of vehicles involved in the accident	2
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

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	SKK5000D
Vehicle Make/Model/Colour	PORCHE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAM ON MING
NRIC/Passport Number	S7033782G
Contact Number	96900009
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1


## 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 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. 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.

 14/02/18

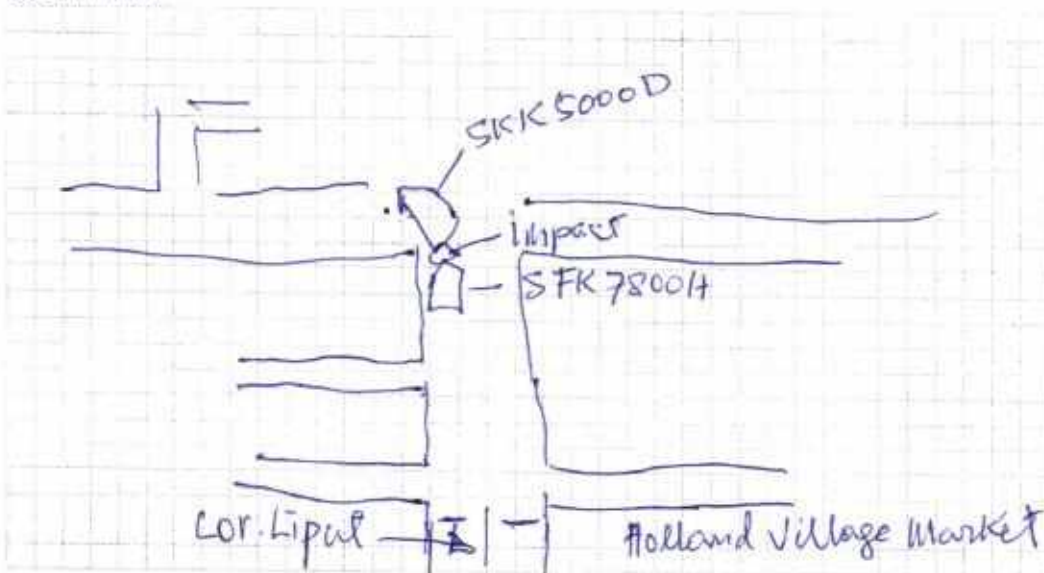
Policyholder's Signature  
Date & Time:

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

 14/02/2018  
Reporting Centre Personnel's Signature  
Name:   
NRIC/FIN No.:



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At around 10am on Feb 14, 2018, I was driving behind SKK 5000D, We came to a junction of the carpark. We both stopped, SKK 5000D subsequently move forward when cleared of vehicles from the left and right. I followed behind. As there were no traffic on both sides, I followed behind SKK 5000D. Suddenly SKK 5000D jam on the brakes as he saw a car coming out of the carpark a few cars away. I then bumped into him. We were both alone in the car at that time and there are no injuries to anyone or ourselves.

## DECLARATION

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

*[Signature]* 14/02/18

Policyholder's Signature  
Date & Time:

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

*[Signature]* 14/02/2018  
Reporting Centre Personnel's Signature  
Name: *[Signature]*  
NRIC/FIN No.:

# ACCIDENT STATEMENT

ACCIDENT DATE: 14/02/2018 (DD/MM/YYYY), TIME: 10 am (HH:MM)

LOCATION: Holland Village carpark

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SFK 7800H  
 b) INSURANCE COMPANY: MBIG  
 c) POLICY NUMBER: A 28917570 QMY  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: B.m.w.  
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: Pte use  
 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: HO KA - HUA (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S0013826F CONTACT: 96396623  
 c) ADDRESS: 5 HOLT ROAD #104-01 (249444)

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

\* No of passenger  
 (including driver)  
(1)

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

\* d) DATE OF BIRTH: 24/06/1953 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 22/02/1971

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) NO

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

IF YES, PLEASE STATE WHICH POLICE STATION: PORCHE

## 8. THIRD PARTY VEHICLE

\* No of passenger  
 (including driver)  
(1)

- a) VEHICLE NUMBER: SKK 5000D MODEL: PORCHE  
 b) DRIVER'S NAME: LAM ON MING  
 c) NRIC/FIN/PASSPORT: S7033782G CONTACT: 96900009

## 9. THIRD PARTY VEHICLE

\* No of passenger  
 (including driver)  
( )

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

email: erichokahua@yahoo.com

fax: \_\_\_\_\_

V1080



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0013826F



HO KA-HUA  
何家驊  
Race  
CHINESE  
Date of Birth  
24-06-1953  
Country of Birth  
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S0013826F  
Name  
HO KA-HUA  
Birth Date 24 Jun 1953  
Issue Date 11 Apr 2003



1328892



NRIC No. S0013826F



Blood Group Date of Issue  
A+ 06-10-1993

5 HOLT ROAD #04-01  
SINGAPORE 249444  
NRIC No. S0013826F Date: 17-06-2007 No. 5719501

YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

Class 3 Motor Cars and Motor Trucks of weight of which total does not exceed 2000 Kilograms

ISS DATE 22 Feb 1971



License No. S0013826F



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. A 28917570 QMY

Excess : SGD600

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle  
SFK7800H

2. Name of Policyholder  
Ho Ka-Hua

3. Effective Date of the Commencement of Insurance for the purposes of the Act  
27/04/2017

4. Date of Expiry of Insurance  
26/04/2018

5. Persons or Classes of Persons entitled to drive\*

Ho Ka-Hua

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 (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 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, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.  
Approved Insurers

  
for Chief Executive Officer