

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	19/04/2018 17:35
Date Of Accident	19/04/2018 08:15
Exact Location Of Accident	ALONG KENT RIDGE CRESCENT TOWARDS CLEMENTI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA5100P
Insured/Policyholder	
Name Of Registered Owner	NG LEE CHONG (HUANG LICHONG)
NRIC No	S7903603Z
Email Address	LCNGS@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97597010
Alternative Phone No	OTHERS-97597010

Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI-1.2 (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	THIRD PARTY
Fleet Policy	NO
Policy Number	
Cover Note Number	8VPCP1776490

Driver

Name of Driver	NG LEE CHONG (HUANG LICHONG)
NRIC No	S7903603Z
Date Of Birth	31/01/1979
Occupation	INDOOR
Date Of Driving Pass	22/03/2005
Driving Experience	13 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97597010
Fax Number	
Contact Number	OTHERS-97597010
Email Address	LCNGS@YAHOO.COM.SG

Address	BLK 12C MARSILING LANE #29-77
Postcode	733012
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	COLLIDED INTO PEDESTRIAN
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
Was any body injured in the Accident?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	DOVER NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 3 DOVER ROAD , POSTCODE: 130003 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7788999 - FAX NO: 67762859
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180419/2033

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	NA/UNKNOWN
Name of Driver	RAJESWARI BROWN
NRIC/Passport Number	S0018228A
Contact Number	86882744
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

SKETCH PLAN

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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.

Policyholder's Signature

Date & Time:

19/04/2018

1455 HRS

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

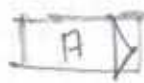
Name:

NRIC/FIN No.:

SKETCH PLAN

KARIT RIDGE CRUSCHIN, CLEMENTI ROAD

A) SLA5100P



PEDESTRIAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Q2 Report to Police Report
1/26/04/2033

DECLARATION

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

Policyholder's Signature
Date & Time: 19/04/2018
1455 hrs

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

Reporting Centre Personnel's Signature
Name: 19/04/2018
NRIC/FIN No: [Signature]



SINGAPORE POLICE FORCE



T/20180419/2033

1 of 3

Police Station Of Origin:
Dover NPP
3 Dover Road #01-368 SINGAPORE 130003
Tel No: 1800-7788999

Report No. T/20180419/2033

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/04/2018 12:16		Vide Report No.:		Station Diary No.: 7	
Informant's Particulars					
Name of Informant: NG LEE CHONG		Address: APT BLK 12C MARSILING LANE #29-77 SINGAPORE 733012			
ID Type / ID No.: NRIC NO / S7903603Z		Contact No.: Home/Office: Mobile: 97597010			
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 39	Date of Birth: 31/01/1979	Type of Informant: Driver		
Race: Chinese		Language:		Institution / School Name:	
Occupation: Sale executive		Driving Licence Information: Class:		Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 19/04/2018 08:15	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 KENT RIDGE CRESCENT CLEMENTI ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLA5100P	Car	NISSAN	QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR	Red	No Damage	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLA5100P	MSIG INSURANCE (SINGAPORE) PTE. LTD.	8VPCP1776490	02/03/2018	01/03/2019



Police Station Of Origin:
Dover NPP
3 Dover Road #01-368 SINGAPORE 130003
Tel No: 1800-7788999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG LEE CHONG	ID No.	S7903603Z
Related Vehicle	SLA5100P (Car)	Contact No.	97597010
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Rajeswari Brown	ID No.	S0018228A
Related Vehicle	NIL	Contact No.	86882744
Hospital/Clinic	NUH	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	19/04/2018	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On 19/04/2018 at about 0815hrs after I dropped my wife at near to AS8 building drop off area at Kent Ridge Crescent I checked my right side on coming vehicle and it cleared hence I move off. When I pick up the speed to move off, suddenly I saw a lady crossing the road and I immediately applied braked however it still hit onto the female pedestrian. I went to check on her and she sustained some bruises and blood at the elbow and I quickly sent her to NUH for treatment. She also told me that she felt uncomfortable at her neck area. I had inbuilt CCTV camera footage when the incident happened.



**SINGAPORE
POLICE FORCE**



T/20180419/2033

Police Station Of Origin:
Dover NPP
3 Dover Road #01-368 SINGAPORE 130003
Tel No: 1800-7788999

3 of 3

Report No: T/20180419/2033

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
D /
Sgt 2 LIAN YONG MING

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sgt 2 YEO KIA HUAT
Contact No.: 65476325

Signature Of Informant:

Date/Time:
19/04/2018 12:16

Classification Of Case:

Authentication Stamp

NP168



SN 51

SIGNATURE

ACCIDENT STATEMENT

ACCIDENT DATE: 19/04/2018 (DD/MM/YYYY), TIME: 08:15 (HH:MM)

LOCATION: Along Kert Ridge Road towards Clementi Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLA5109P
 b) INSURANCE COMPANY: MSIA
 c) POLICY NUMBER: 8VPCP1226490
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: NISSAN QASHQAI 1-2
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL
 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: NG LEE (Mrs) (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S79056032 CONTACT: 97597010
 c) ADDRESS: BLK 12C MARILYN LANE #29-77 X733012

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER
 a) NAME: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 31/01/1979 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 22/03/2015

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

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: Doree app

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

email = LCNHS@YAHOO.COM.SG

fax =

VIDEO = Yes

Type	Country Code	Passport No
PA	SGP	E5418994H
Name		
NG LEE CHONG		
(HUANG LICHONG)		




Sex	Nationality
M	SINGAPORE CITIZEN
Date of birth	Place of birth
31 JAN 1979	SINGAPORE
Date of issue	Date of expiry
16 MAR 2015	19 SEP 2020
Modifications	Authority
SEE PAGE 2	MINISTRY OF HOME AFFAIRS
National ID No	
S7903603Z	


E5418994H

PASGPNG<<LEE<CHONG<<<<<<<<<<<<<<<<<<<
E5418994H9SGP7901313M2009199S7903603Z<<<<<58

REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number: **S7903603Z**
 Name:
NG LEE CHONG
(HUANG LICHONG)

Birth Date: 31 Jan 1979
 Issue Date: 10 Oct 2003


 000910576E

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

	PASS DATE
Class 2B Motorcycles \leq 200 CC	09 Nov 2008
Class 2A Motorcycles between 201 CC and 400 CC	28 May 2002
Class 3 Motor cars \leq 3000 kg w/o \leq 7 passengers, exclusive of the driver; and motor tractors/vehicles \leq 2500 kg	22 Mar 2003

S7903603Z
 S / No. 9000007671
 Licence No. S7903603Z


**MSIG**

MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G)
 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
 Tel +65 6827 7888, Fax +65 6827 7800
 www.msig.com.sg

MOTOR VEHICLE COVER NOTE

Motor Vehicles (Third Party Risks And Compensation) Act (Chapter 189)

Motor Vehicles (Third Party Risks And Compensation) Rules, 1960

Road Transport Act, 1987 (Malaysia)

Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

01 Feb 2018

1A0676

MOTORMAX PLUS

COVER NOTE No.

: 8VPCP1776490

1. Index Mark and Registration Number of Vehicle : SLA5100P
2. Chassis Number of Vehicle : SJNFEAJ11U1591551
3. Name of Policyholder : NG LEE CHONG
4. Effective date of the Commencement of Insurance for the purposes of the Act : 02 Mar 2018 00:01AM
5. Date of Expiry of Insurance : 01 Mar 2019
6. Persons or Classes of Persons entitled to drive*
- (a) The Policyholder.
- (b) Any other person who is driving on the Policyholder's order or with his permission.

Provided that the person driving is permitted in accordance with the licensing or other 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.

And provided further that the Motor Vehicle is registered and licensed under the Road Traffic Act and its registration and licensing under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

7. Limitations as to Use*

Use only for social, domestic & pleasure purposes and for the Policyholder's business.

The Policy does not cover use for hire or reward, tuition, driving test, 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 Vehicle (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.

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 & Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).

For MSIG Insurance (Singapore) Pte. Ltd.

Not valid unless countersigned by Authorized Person

Approved Insurer

IMPORTANT NOTICE

This temporary Cover Note is valid for a maximum of 14 days only.

You must exchange the Cover Note for the Certificate of Insurance from the insurer within 14 days from the date of this Cover Note.

If you are involved in an accident, full details must be forwarded immediately to the Company.

FORM M.X.1 (001)

TVPCP1689150

(For the Issuance of Motor Cover Note only)

MSD/QMY/28-888978