



## 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 18:07
Date Of Accident	14/04/2018 11:25
Exact Location Of Accident	CLEMENTI AVENUE 2 EXIT TO AYE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT9058P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WONG PERCY MAN POK
NRIC No	S7586088I
Email Address	PERCYWONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-85220416
Alternative Phone No	OTHERS-88093710

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF A7 1.4 TSI AT 5G13GZ W/O HID
Exact Purpose for which vehicle was being used at time of accident	PICKING UP SIBLING(PRIVATE USE)
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	A 28782058 AVW
Cover Note Number	

### Driver

Name of Driver	MALAIT, KEVIN NEAL PERALTA
Passport No/FIN	P4200138A
Date Of Birth	10/01/1991
Occupation	INDOOR
Date Of Driving Pass	25/04/2012
Driving Experience	5 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85220416
Fax Number	
Contact Number	OTHERS-88093710
Email Address	PERCYWONG@GMAIL.COM



Address	15 WEST COAST LANE WEST COAST GARDEN
Postcode	127745
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	SKQ7304H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHIA SWEE LOON
NRIC/Passport Number	
Contact Number	91168752
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

## 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.

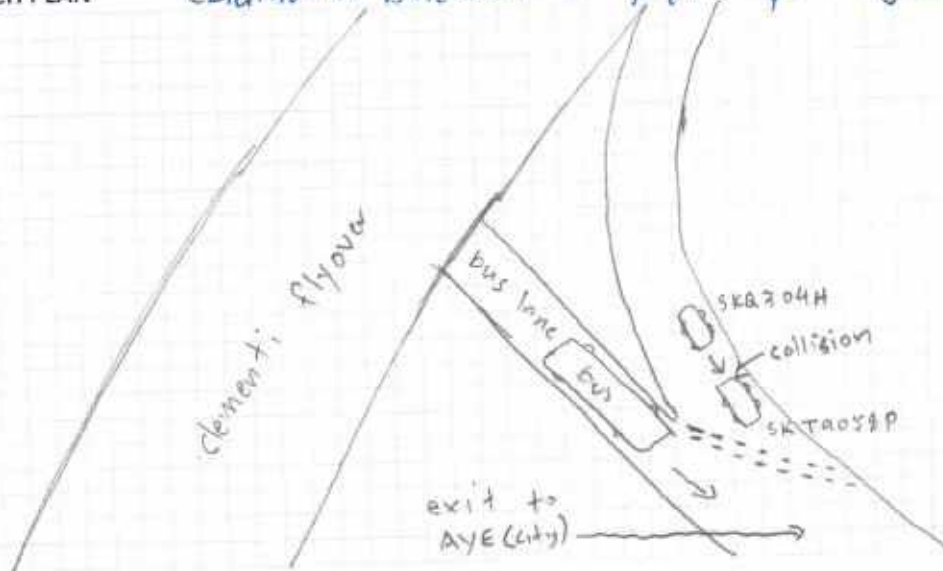
Policyholder's Signature  
Date & Time:

*Kunt*  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 04/11/2018  
16:53

*19/10/2018*  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No:

SKETCH PLAN

CLEMENTI AVENUE 2 Exit to AYE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Stopped at Clementi Avenue 2 going towards AYE (city), waited for bus to pass due to its right of way from the bus lane then 3-5 seconds later, my car was collided from the rear, although no injuries sustained by both parties, only damages to the car: SKT 9058P rear bumper and trunk damages, SKR 304H front bumper damages.

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: 04/19/2018

Reporting Centre Personnel's Signature  
Name: 19/05/2018  
NRIC/FIN No:

16:45



# ACCIDENT STATEMENT

ACCIDENT DATE: 14 / 04 / 2018 (DD/MM/YYYY), TIME: 11 : 25 (HH:MM)

LOCATION: CLEMENTI AVE 2 EXIT TO AYE

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKT9058P  
b) INSURANCE COMPANY: MSIG  
c) POLICY NUMBER: A 28782058 AUW  
d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT  
e) MAKE & MODEL: VOLKSWAGEN  
f) TYPE: (SALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE  
h) PURPOSE OF USING AT ACCIDENT TIME: PICKING UP MY SIBLING (PRIVATE 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: WONG PERCY MAN POK (MALE/FEMALE)  
b) NRIC/FIN/PASSPORT: S75960881 CONTACT: 9522 0416  
c) ADDRESS: 15 WEST COAST LANE, WEST COAST GARDENS  
127745

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

### DRIVER

- a) NAME: KEVIN MALATT (MALE/FEMALE)  
b) NRIC/FIN/PASSPORT: P4200138A CONTACT: 8809 3710  
c) ADDRESS: 15 WEST COAST LANE, WEST COAST GARDENS  
127745

\* d) DATE OF BIRTH: 10 / 01 / 1991 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 04/25/2012

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

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

- a) VEHICLE NUMBER: SKG 7304H MODEL:  
b) DRIVER'S NAME: CHIA SWEE LOON  
c) NRIC/FIN/PASSPORT: CONTACT: 9116 8752

## 9. THIRD PARTY VEHICLE

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

email = percywong@gmail.com

fax =

VIDEO =

S 090112

HONG KONG

INTERNATIONAL MOTOR TRAFFIC

INTERNATIONAL DRIVING PERMIT

Convention on International Road Traffic of 19 September 1949

Issued at **HONG KONG**

Date **19 DEC 2017**



\* Signature or Seal of  
issuing authority

for Commissioner for Transport.

1. MALAIT
2. KEVIN NEAL PERALTA
3. PHILIPPINES
4. 10A11/227
5. FLAT C 1/F FU KING BUILDING 14-18  
ON FU ROAD TAI PO NT. HONG KONG



Signature du titulaire

EXCLUSIONS  
(P4V)

- |      |       |
|------|-------|
| I.   | V.    |
| II.  | VI.   |
| III. | VII.  |
| IV.  | VIII. |







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

ORIGINAL

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

VW DRIVEEASY  
Comprehensive

Certificate No. A 28782058 AVW

Excess : SGD1,000

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle

SKT9058P

2. Name of Policyholder

Wong Percy Man Pok

3. Effective Date of the Commencement of Insurance for the purposes of the Act

25/06/2017

4. Date of Expiry of Insurance

24/06/2018

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

Wong Percy Man Pok

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.

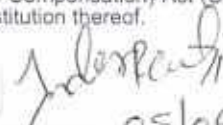
The Policy does not cover use for hire or reward racing pace-making reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

\* 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 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).

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.

  
05/06/2017  
Signature / Date

Counter-Signatory:

Winner Consultancy Pte. Ltd.

MSIG Insurance (Singapore) Pte. Ltd.  
Approved Insurers



Amy Ler  
Senior Vice President, Agencies

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



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MINA0418052058 Vehicle Registration No: SK79058P  
Name (as shown in NRIC) : MALAI, KEVIN KHAAC PHUONG NRIC/FIN/Passport No : SK79058P  
(☒ Vehicle Driver / ☐ Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 88093710  
Email Address : \_\_\_\_\_  
Date of Accident : 14/04/2018 Time of Accident : 11:25  
Place of Accident : CLANKAN AVENUE 2 EXIT 70 BYE  
Insurance Company : MSL

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

ACCIDENT LOCATION SHOULD BE CLANKAN 1 AVENUE 2 EXIT 70 BYE

Policyholder / Driver's Signature  
Date:

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