

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	24/04/2018 15:00
Date Of Accident	23/04/2018 14:00
Exact Location Of Accident	ALONG GHIM MOH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ8178K
Insured/Policyholder	
Name Of Registered Owner	HO HENG KOON
NRIC No	S0138571B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97646072
Alternative Phone No	OTHERS-88219899

Vehicle Particulars

Manufacturer	BMW
Model	316I
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	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	B 27514245 SMP
Cover Note Number	

Driver

Name of Driver	HO HENG KOON
NRIC No	S0138571B
Date Of Birth	17/05/1952
Occupation	INDOOR
Date Of Driving Pass	15/07/1974
Driving Experience	43 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97646072
Fax Number	
Contact Number	OTHERS-88219899
Email Address	NOEMAIL

Address	BLK 323 CLEMENTI AVENUE 5 #03-127
Postcode	120323
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 - MAJOR/MINOR RD
Weather Conditions	RAINING
Road Surface	WET

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)	2
Passenger 1	NAME: : WIFE GENDER: : FEMALE

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

ON 23-04-2018 AT ABOUT 14:00 I WAS TRAVELLING ALONG GHIM MOH ROAD AND WAS ON THE 1ST LANE OF 2 LANE ROAD TRAVELLING STRAIGHT, JUST AFTER I ABOUT TO PASS A SMALL LANE ON THE RIGHT I SAW A CAR SJU1892G CAME OUT AND I TRY TO SWERVE TO THE LEFT BUT THE CAR STILL HIT THE REAR RIGHT SIDE OF MY CAR THAT ALL. (TYPE OF COLLISION IS HEAD TO SIDE)

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	SJU1892G
Vehicle Make/Model/Colour	MITSUBISHI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JANET YEE
NRIC/Passport Number	
Contact Number	90478886
Address	
Postcode	
Insurance Company Name	

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:

24/04/18
1500hr

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

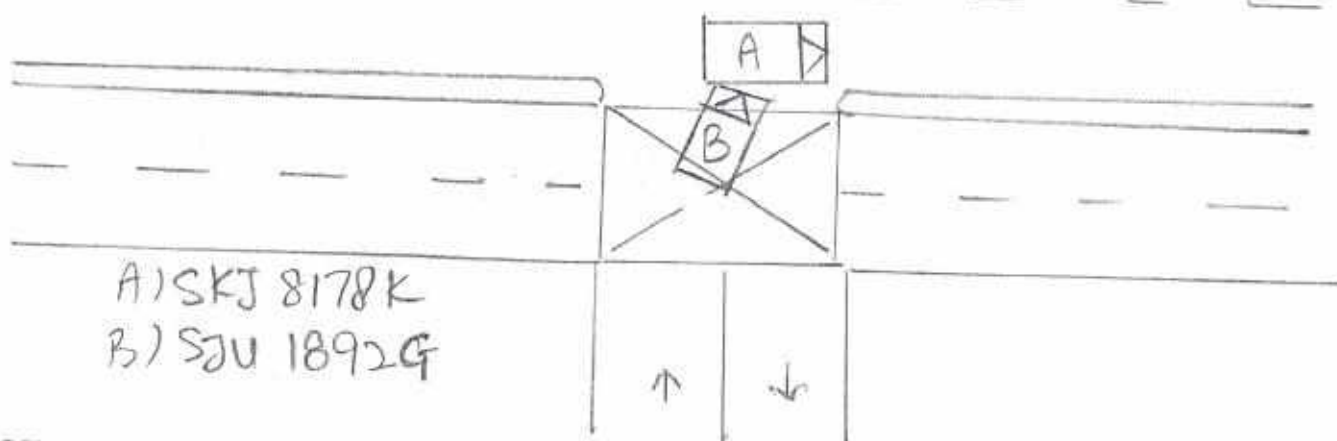
Name:

NRIC/FIN No.:

24/04/2018
Kaeli Winters

SKETCH PLAN

Along Ghim Moh Road



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO STATEMENT

DECLARATION

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

Policyholder's Signature

Date & Time: 28/04/18
1500h

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

28/04/2018
Fedi WAP

ACCIDENT STATEMENT

ACCIDENT DATE: (23/04/18) (DD/MM/YYYY), TIME: (14:00) (HH:MM)

LOCATION: Along Glimmah Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKJ 8178 K
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: B2T514245SMP
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: 316 TA / 4
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: 2.01 PM
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Ho HENG KOON (MALE / FEMALE)
 B) NRIC/FIN/PASSPORT: S0138511-B CONTACT: 97646072 / 88219899
 C) ADDRESS: BLK 323, #03-127 Clementi Ave 5
(S) 120323

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Ho HENG KOON (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S0138511-B CONTACT: 97646072 / 88219899
 c) ADDRESS: BLK 323, #03-127 Clementi Ave 5
(S) 120323

*d) DATE OF BIRTH: (17/05/52) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 15-Jul-1974

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:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJU 1892G MODEL: MINI HATCHBACK
 b) DRIVER'S NAME: JANET VER
 c) NRIC/FIN/PASSPORT: _____ CONTACT: 90478886

9. THIRD PARTY VEHICLE

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

Email =

Fax =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0138571B



HO HENG KOON

Race
CHINESE
Date of Birth 17-05-1952 Sex M
Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



DRIVER'S CATEGORY S0138571B

Name
HO HENG KOON

Birth Date 17 May 1952
Valid Date 31 May 2003



NRIC No. S0138571B



Blood Group: O+ Date of issue: 30-08-1993

APRIL 1, 1994 CLEMENTI AVENUE 5 #03-127
SINGAPORE 120327

NRIC No: S0138571B

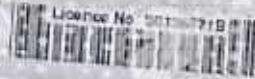
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No: 6714963

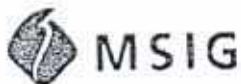
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

- Class 1 Motor Cars and Motor Tractors the weight of which, unladen, does not exceed 2000 kilograms 13 Jul 1974
- Class 2 Heavy Motor Cars and Motor Tractors the weight of which, unladen, exceeds 2000 kilograms 24 Aug 1978
- Class 3 Motor Vehicles which are not constructed themselves to carry any load and the total or water unladen exceeds 750 kilograms 21 Feb 1978

NR 0224



Licence No: S0138571B



MSIG Insurance (Singapore) Pto. 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

COPY

ROAD TRANSPORT ACT 1987 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1958 (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

SIME MOTOR PRIVATE
Comprehensive

Certificate No. B 27514245 SMP

Excess: S\$500

1. Index Mark and Registration Number of Vehicle
SKJ6178K
2. Name of Policyholder
Ho Heng Xoon
3. Effective Date of the Commencement of Insurance for the purposes of the Act
16/05/2017
4. Date of Expiry of Insurance
15/05/2018
5. Persons or Classes of Persons entitled to drive*

Ho Heng Xoon
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 6 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 PERFORMANCE MOTORS LTD OR AT ANY WORKSHOP OF YOUR CHOICE.

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) Pto. Ltd.
Approved Insurers

Signature / Date

Counter-Signatory:

Sime Darby Insurance Brokers (Singapore) Pto. Ltd.

Katharina Yoo
Senior Vice President, Brokers

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.

XSIGCP2018042414383392