





### 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 17:10
Date Of Accident	20/04/2018 17:55
Exact Location Of Accident	MERGING LANE ON IRRAWADDY RD TOWARDS THOMSON RD
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG4414X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SIME DARBY SERVICES PTE LTD
Co Reg No	197501065W
Email Address	SIEW.LECK.HUNG@SIMEDARBY.COM.SG
Mobile Phone No	(LOCAL) +65-96396329
Alternative Phone No	OFFICE-96396329

#### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF MATCH TSI-1.4 (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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

#### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	B 29040710 TMC
Cover Note Number	

#### Driver

Name of Driver	SIEW LECK HUNG
NRIC No	S8936626G
Date Of Birth	19/10/1989
Occupation	INDOOR
Date Of Driving Pass	31/07/2015
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96396329
Fax Number	
Contact Number	OTHERS-96396329
EMail Address	SIEW.LECK.HUNG@SIMEDARBY.COM.SG

Address	BLK 325 YISHUN CENTRAL #08-371
Postcode	760325
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
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)	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?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	WC1586G
Vehicle Make/Model/Colour	BLUE LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## SKETCH PLAN

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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.

#### 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.

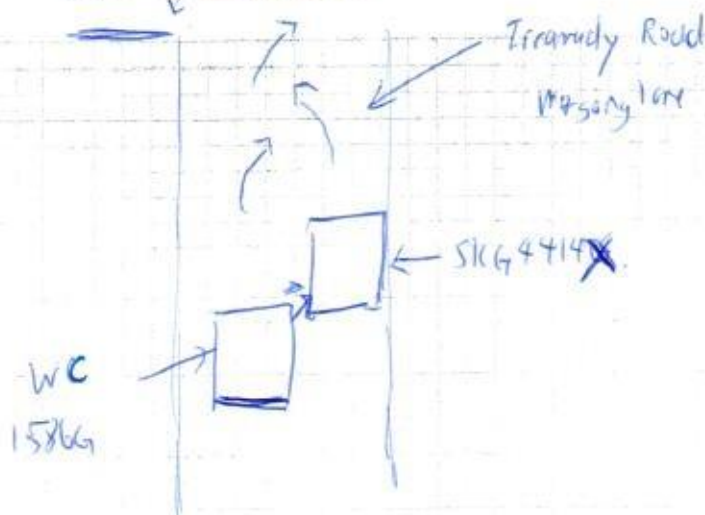


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan





# Describe Circumstances of the Accident

On 20th April 17.53 hrs I was travelling down Irrabady Road in SK64414X. I was driving into a merging lane near to the exit into Thomson Road. As I was driving, I suddenly felt an impact on my left rear side. I realised that a truck WC15866 had hit me on the left rear side. I immediately hoped to warn the truck from moving ahead and further damaging the car. After the truck driver came down, he was aggressive and did not offer to exchange any details. Since I had videos of the accident available, I took photos and left. I would like to reiterate that I was following my own lane and the truck driver was forcing himself into the merging lane without looking on for my car.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

Please State:

( ) Claim Own Policy ☒ Claim Third Party ( ) Claim OD/TP at other workshop ( ) Reporting only

## Declaration

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

Witnessed by Reporting Centre Personnel

26/04/2018



## MOTOR ACCIDENT REPORT FORM

## BASIC INFORMATION

Date of Accident	20/04/18	Time: 17:53
Exact Location of Accident	Merging lane on Irrawaddy Road entry into Thomson Road	

## DETAILS OF OWN VEHICLE

Vehicles Registration Number: SKG 4414 X	Name of Registered Owner: SIME DARBY SERVICES
NRIC / Passport No. / FIN: -	Co. Reg. No. (for Co. Vehicle Only): 197501065W

## Vehicle Particulars

Manufacturer: VW	Model: GOLF MATCH 1.4
Exact purpose of vehicle being used at time of accident.	Normal usage <input checked="" type="checkbox"/> Other <input type="checkbox"/> (please state):
Are you claiming your own insurance policy for repair to your vehicle?	Yes <input type="checkbox"/> Claiming Against 3 <sup>rd</sup> Party <input checked="" type="checkbox"/> For Reporting Only <input type="checkbox"/>

Vehicle Category: Private Car

## Insurance Company

Name of My Insurance Company: msia

Type of Coverage: Comprehensive ☐ Third Party ☒Fleet Policy (Multiple vehicles coverage): Yes ☒ No ☐ Policy / Cover Note Number:

## Driver

Name of Driver: SIEW LECK HUNG	NRIC / Passport No. / FIN: S9436266
Date of Birth: 19/10/1984	Occupation: Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>
Date of Driving Pass: 31/07/2015	Gender: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

Mobile Phone No.: 96396729

Alternative Phone No.:

Address as stated in NRIC: B1K 325, #08-371, Y2111111 CENTRAL (Post Code: 760325)

\* Email Address: siew.leck.hung @ sime-darby.com.sg

Was driver an employee of the Insured's Company? Yes ☐ No ☒ State relationship of the driver with the insured:\* Does the Driver Own Any Other Vehicle? Yes ☐ No ☒

\* Vehicle Reg. Number of Driver's Own Vehicle (if applicable): -

\* Insurance Company of Driver's Own Vehicle (if applicable): -

## Other Information of the Accident

Weather Conditions	Clear <input type="checkbox"/> Raining <input checked="" type="checkbox"/> Others <input type="checkbox"/> (please state condition):
Road Surface	Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Others <input type="checkbox"/> (please state condition):
Was anybody injured in the accident?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
* Was any foreign vehicle involved in this accident?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
Foreign Vehicle Registration Number	
Foreign Vehicle Category	Private Car/Commercial Vehicle/Motorcycle/Taxi/Bus Others <input type="checkbox"/> *Please indicate
Was any other vehicle or property involved?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
* Was there any video captured by Car Camera?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
Was the accident reported to the Police?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If Yes, which Police Station?
Was notice of Intended Prosecution given?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If Yes, against whom?
I have been approached by unknown person(s) soliciting / offering accident claim assistance.	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>

## DETAILS OF OTHER VEHICLE (Please complete Annex A Form if more vehicles involved)

Vehicles Registration No.: WCT586G	Vehicle Make / Model / Colour: BLUE LORRY
Details of Property Damaged in Accident (other than 3 <sup>rd</sup> -Party vehicle):	
Name of Driver:	NRIC/Passport Number:
Contact Number:	
Address:	(Post Code: )
Insurance Company Name:	
Nature of Damage: Front <input type="checkbox"/> Rear <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/>	No. of Passengers (Including Driver):
Details of Witness - Name:	
Details of Witness - Contact Number:	
Details of Witness - Email Address:	

## DETAILS OF INJURED PERSON (Please complete Annex A Form if more person injured)

Name:	Approximate Age:
Address:	(Post Code: )
Injuries Sustained:	Injured person in which vehicle (vehicle reg. no.):
Were seat belts worn? No <input type="checkbox"/> Yes <input type="checkbox"/>	Were injured conveyed to hospital by ambulance? No <input type="checkbox"/> Yes <input type="checkbox"/>
Type of Accident (Please tick the appropriate type on flipside of this form)	



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S8936626G**

Name: **SIEW LECK HUNG**

Birth Date: **19 Oct 1989**

Issue Date: **31 Jul 2015**

002457637F

SG 50

**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S8936626G**

Name: **SIEW LECK HUNG**

蕭歷恆

Race: **CHINESE**

Date of birth: **19-10-1989** Sex: **M**

Country of birth: **SINGAPORE**

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

Class	Description	Effective Date
Class 3A	Motor cars without clutch pedals (Auto) =< 3000kg < 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg	31 Jul 2015

Licence No: S8936626G

NP 426A

3860707

NRIC NO. **S8936626G**

Date of issue: **31-10-2006**

Address: **APT BLK 325 YISHUN CENTRAL  
#08-371  
SINGAPORE 760325**

**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

2355

## 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.Z.400  
 Cars for Hire

**MOTOR CAR - COMMERCIAL TP**  
**Third Party**

Certificate No. B 29040710 TMC

**1. Index Mark and Registration Number of Vehicle**

SKG4414X

**2. Name of Policyholder**

Sime Darby Services Pte Ltd

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

01/10/2017

**4. Date of Expiry of Insurance**

30/09/2018

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

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 for the carriage of passengers or goods in connection with the Policyholder's business.

Use for social domestic and pleasure purposes.

The Policy does not cover

- (1) Use for racing pace-making reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

\* 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.

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