

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	10/05/2018 12:15
Date Of Accident	09/05/2018 11:35
Exact Location Of Accident	TURNING RIGHT AT JUNCTION OF STEVENS RD/DUNEARN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN2252J
Insured/Policyholder	
Name Of Registered Owner	LEE WEE KIAT
NRIC No	S1607051C
Email Address	MALINIWEEKIAT@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97883735
Alternative Phone No	OTHERS-97883735

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (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 27247437 QMY
Cover Note Number	

Driver

Name of Driver	LEE WEE KIAT
NRIC No	S1607051C
Date Of Birth	31/12/1963
Occupation	INDOOR
Date Of Driving Pass	19/01/1987
Driving Experience	31 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97883735
Fax Number	
Contact Number	OTHERS-97883735
Email Address	MALINIWEEKIAT@GMAIL.COM

Address	34 NAMLY CRESCENT
Postcode	267549
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)	2
Passenger 1	NAME: : MOTHER 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

PLEASE REFER TO SKETCH AND ATTACHMENT

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	SLH2383Y
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


SKETCH PLAN

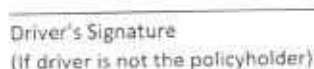
IMPORTANT NOTICE


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:

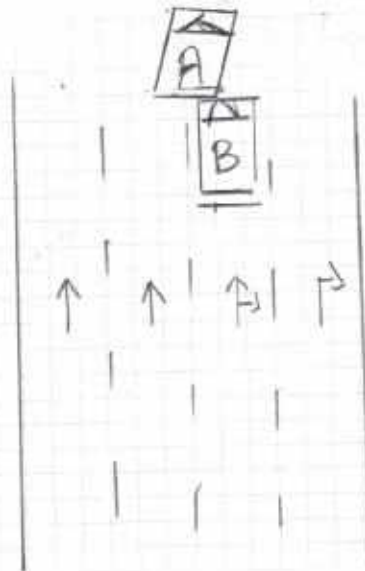
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.


Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN



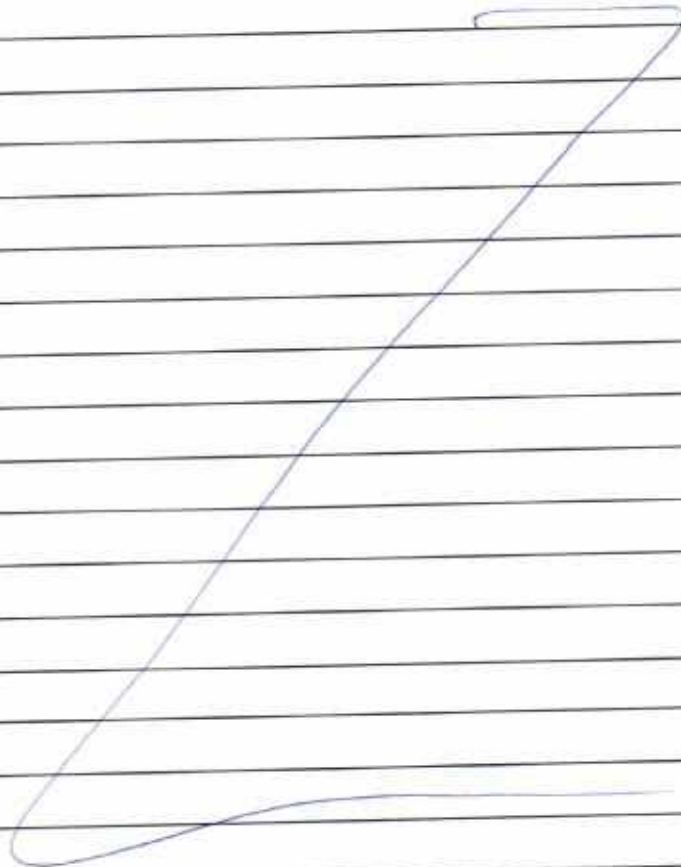
TURNING RIGHT ON INTERSECTION
OF STEVENS RD / BUNKER ROAD

A) SJN 2252J

B) 32H 2383Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHMENT



DECLARATION

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

Lee Wee Kiat 10/5/18
10:36am
Policyholder's Signature
Date & Time:

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

10/05/2018
Reporting Centre Personnel's Signature
Name: Rosal WATSON
NRIC/FIN No.:

My car : SJN2252J

Other car that hit my car : SLH 2383Y

Date and time of accident : 9 May 2018 at 11.34am

Place of accident : Turning right on Intersection of Stevens Rd and Dunearn Rd.

I was following the car in front of me to complete the right turn into Dunearn Road when the driver suddenly stopped. I then stopped moving to avoid hitting him. The next thing I knew was that the car SLH2383Y came behind and hit the rear end of my car.

The driver asked for my IC and address which I refused to give. I requested that he reports to his insurer and I would do the same. He did not seem to like the proposal and said that "I bully him". I told him that he should not worry because the insurers should know what to do.

After a while a police officer came and I gave the officer my IC as requested and told him I would be happy to allow the respective insurers to decide and deal with the case.

 10/05/2018

Lee Wee Kiat





ACCIDENT STATEMENT

ACCIDENT DATE: 09/05/2018 (DD/MM/YYYY), TIME: 11:34 (HH:MM)

LOCATION: TURNING RIGHT ON INTERSECTION OF SEVERAL RD / DUKKARAN ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJN 2252J
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: A 22247437 QMY
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA COROLLA ALZA
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 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: IAA IAA IAA (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 97853735
 c) ADDRESS: _____

* 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: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: _____

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)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLH 2383Y MODEL: HONDA VEZAL
 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 = maliniweekat@gmail.com

fax = _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1607051C



Name

LEE WEE KIAT

Race

CHINESE

Date of Birth

31-12-1963

Sex

M

Country of Birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S1607051C
Name

LEE WEE KIAT

Birth Date 31 Dec 1963

Issue Date 16 Dec 2002



1816732



NRIC No. S1607051C



Blood Group Date of issue

A+ 23-03-1994

34 NAMLY CRESCENT
SINGAPORE 26754B

NRIC No: S1607051C

Date: 24-05-2000 (R) No: 3806798

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

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

19 Jan 1987

NP 428A





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. Z00412212G GST Reg. No. Z0-0412212G

MOTOR MAX PLUS

RENEWAL CERTIFICATE

Policy Number	Period of Insurance	Place of Issue
A 27247437 QMY	09/02/2018 to 08/02/2019	SINGAPORE
Name and Address of Insured	Date of Issue	
Lee Wee Kiat 34 Namly Crescent Singapore 267549	11/01/2018	
Premium		Amount Insured
SGD1,013.05		122022D
Premium	GST	Total Due
SGD1,013.05	SGD70.91	SGD1,083.96

RISK NUMBER 1

MOTORMAX PLUS

OCCUPATION

Manager

SCOPE OF COVER Comprehensive

INTEREST INSURED

REGISTRATION NO.	SJN2252J	SUM INSURED	MARKET VALUE
MAKE/MODEL	Toyota Corolla Altis 1.6 Auto	INCL. COE/PARF	YES
ENGINE NUMBER	3ZZZ4830071	OFF-PEAK CAR	NO
CHASSIS NUMBER	MR0532EE106128972	NO CLAIM DISCOUNT	50.00% (or F/D)
YEAR OF MFG	2008	GOOD DRIVER'S	
CAPACITY	1598 C.C.	DISCOUNT	SGD53.32
SEATING CAPACITY	5 (INCL. DRIVER)	NCD PROTECTOR	NOT COVERED
WINDSCREEN	UNLIMITED	EXCESS	SGD1,500
		ANNUAL PREMIUM	SGD1,013.05

ACCESSORIES Aircon, radio/cassette/compact disc player, in-vehicle unit, rust-proofing and other accessories that are factory fitted.

AUTHORISED DRIVERS

Lee Wee Kiat

Any other person provided he is driving on the Insured's order or with the Insured's permission.

LIMITATION AS TO USE