

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 | 15/05/2018 11:35 |
| Date Of Accident | 08/04/2018 17:00 |
| Exact Location Of Accident | JUNC OF YISHUN AVE 1 & YISHUN AVE 2 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SKU9283A |
| Insured/Policyholder | |
| Name Of Registered Owner | MDM EE CHEW HWA |
| NRIC No | S1176488F |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96454620 |
| Alternative Phone No | OTHERS-96454620 |

Vehicle Particulars

| | |
|--|-----------------|
| Manufacturer | HONDA |
| Model | STEPWAGON SPADA |
| 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 | 28991417 SMF |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------------|
| Name of Driver | GOH KOEK LEONG(WU GUOLIANG) |
| NRIC No | S8623753I |
| Date Of Birth | 27/08/1986 |
| Occupation | INDOOR |
| Date Of Driving Pass | 26/09/2007 |
| Driving Experience | 10 YEARS AND 6 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96454620 |
| Fax Number | |
| Contact Number | |
| E-Mail Address | NOEMAIL |

| | |
|---|-----------------------------------|
| Address | BLK 401 WOODLANDS ST 41 #09-24 |
| Postcode | 730401 |
| 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 | |
| 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

PLS REFER TO THE ATTACHED STATEMENT.

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 | SJG8547G |
| Vehicle Make/Model/Colour | NISSAN SYLPHY |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | LOW KWEE CHIONG FELIX |
| NRIC/Passport Number | S1636677C |
| Contact Number | 98185798 |
| 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:



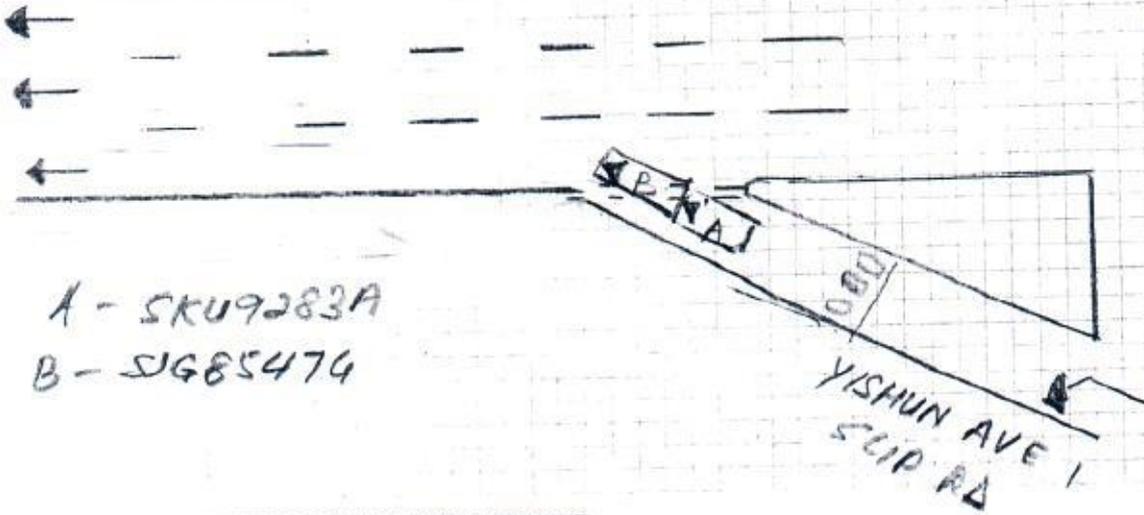
Driver's Signature
(If driver is not the policyholder)
Date & Time: 9/5/18

 15/05/18

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

SKETCH PLAN

YISHUN AVE 2



A - SKU9283A
 B - SJG85474

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the statement.

DECLARATION

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

 Policyholder's Signature
 Date & Time:

[Signature]
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 9/5/18

[Signature] 15/05/18
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

I WAS TRAVELLING FROM YISHUN AVE 1 SLIP RD TWDS YISHUN AVE 2. INFRT OF MY VEH STOP TO GIVEWAY FOR ONCOMING VEH AND I FOLLOWED SUIT. WHEN THE INFRT VEH START TO MOVE OFF, I JUST LIFT UP BRAKE PEDAL WITHOUT STEPPING ON THE ACCELERATE PEDAL, SUDDENLY INFRT OF THE VEH STOP AND MY VEH JUST TOUCH THE REAR PORTION OF VEH B. THERE'S NO ANY DAMAGED TO THE VEH B.

ACCIDENT STATEMENT

ACCIDENT DATE: (08/04/2018) (DD/MM/YYYY), TIME: (17:00) (HH:MM)

LOCATION: Junction Yishun Ave 1 & YISHUN AVE 2

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKU 9283A
b) INSURANCE COMPANY: MSIG
c) POLICY NUMBER: 2899/417 S MF
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HONDA STEPWAGON SPADA
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: OWN USE
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: EE CHEW HWA (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S176488F CONTACT: 9880 96454620
c) ADDRESS: BIC 401 WOODLANDS ST 41 #09-24,
S730401

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: GOH KOEK LEONG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S86237532 CONTACT: 96454620
c) ADDRESS: BIC 401 WOODLANDS ST 41 #09-24,
S730401

*d) DATE OF BIRTH: (27/08/1986) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 11

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

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: SJG 8547G MODEL: HISSAN SWIRHY
b) DRIVER'S NAME: LOW KWEE CHIONE FELIX
c) NRIC/FIN/PASSPORT: S163667AC CONTACT: 9818 5798

9. THIRD PARTY VEHICLE

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

*No of passenger
(Including driver)
(L)

*No of passenger
(Including driver)
()

*No of passenger
(Including driver)
()

09/05/18
waiting for
C

email = marcusgk1@live.com.sg
fax =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S86237531



Name
GOH KOEK LEONG
(WU GUOLIANG)
吳國良

Race
CHINESE

Date of Birth
27-08-1986

Sex
M

Country of Birth
SINGAPORE



S86237531

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S86237531

Name
GOH KOEK LEONG
(WU GUOLIANG)

Birth Date 27 Aug 1986

Issue Date 27 Aug 2010




001887116C

A0083685



NRIC No. S86237531



Blood Group: O+ Date of Issue: 30-11-2001

APT BLK 401 WOODLANDS STREET 41 #09-24
SINGAPORE 730401

NRIC No: S86237531 Date: 16/07/2011 No: 6710447

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

| Class | Description | EFFECTIVE DATE |
|----------|--|----------------|
| Class 2B | Motorcycles <= 200 cc | 18 Feb 2005 |
| Class 3 | Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg | 26 Sep 2007 |

NP 428A



License No: S86237531

LKK Paya Ubi

From: Katherine Wong <katherine_wong@sg.msig-asia.com>
Sent: Monday, 14 May 2018 10:08 AM
To: rspu@lkkauto.com
Subject: SKU9283A & SJG8547G on 8.4.18

Dear Sir/Madam

Our insured has misplaced his certificate of insurance and is getting a duplicate. Meanwhile we need the accident report and we are now providing you his policy number, which is SMF28991417 and the period of insurance is from 21.8.17 to 20.8.18.

Please proceed to E-file. Thank you.

Best Regards

Katherine Wong
Executive, Claims Services (Motor)
Direct line +65 6594 2544 | Direct fax +65 6225 7402 | katherine_wong@sg.msig-asia.com



Insurer Claims
Team of the Year
2016

MSIG Insurance (Singapore) Pte Ltd 16 Raffles Quay, #24-01 Hong Leong Building, Singapore 048581 | T: +65 6220 9644 | F: +65 6225 6371 | Co. Reg. No. 200412212G | msig.com.sg



A Member of **MS&AD** INSURANCE GROUP

CONFIDENTIALITY NOTICE

This e-mail (including any attachments) may contain information that is privileged or confidential. The sending of this e-mail to any person other than the intended recipient is not a waiver of the privilege or confidentiality that attaches to it. If you are not the intended recipient, please notify the sender immediately, delete the email and do not copy, distribute or disclose its contents.



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 6225 7402
www.msig.com.sg

Your Ref : SKU9283A
Our Ref : 555791 (Please quote our reference when replying)

18 Apr 2018

URGENT

Mdm Ee Chew Hwa
401 Woodlands Street 41
#09-24
Singapore 730401

Dear Madam

Accident involving SKU9283A and SJG8547G along JUNCTION YISHUN AVE 1 & YISHUN AVE 2

Policy No : 28991417SMF
Date of Accident : 08 Apr 2018

We have received a property damage claim from workshop acting on behalf of the owner of SJG8547G. However, we have yet to receive your report on the accident.

Under the Motor Claims Framework, motorists are required to report any traffic accident involving their insured vehicles to their insurers within 24 hours of the accident or by the next working day. Any non-reporting may affect the motorist's No Claim Discount and their rights to seek indemnity under their policy.

We urge you to make a report immediately at any of our authorized workshops or IDAC centres. The list is enclosed for your reference. Please bring your vehicle and the following documents with you:

1. Driving license
2. Identity card
3. Police report, if any

If you have already filed an accident report, please accept our thanks and ignore this reminder.

Thank you.

Yours sincerely

Katherine Wong
Executive Officer
Claims Services (Motor)

Tel : 6594 2544
Fax : 6225 7402
Email : katherine_wong@sg.msig-asia.com

A Member of

INSURANCE GROUP

