

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	10/09/2018 12:43
Date Of Accident	07/09/2018 19:30
Exact Location Of Accident	ADAM ROAD TWDS PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA2243D
Insured/Policyholder	
Name Of Registered Owner	KOK CHEE HUO
NRIC No	S8122153G
Email Address	ZHIHE.G@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92722778
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	HONDA
Model	AIRWAVE-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	PTE 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	P29059757DMV
Cover Note Number	

Driver

Name of Driver	KOK CHEE HUO
NRIC No	S8122153G
Date Of Birth	02/07/1981
Occupation	OUTDOOR
Date Of Driving Pass	29/07/2004
Driving Experience	14 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92722778
Fax Number	
Contact Number	OFFICE-NOPHONE
Email Address	ZHIHE.G@GMAIL.COM

Address	BLK 37 TANGLIN HALT ROAD #10-137
Postcode	140037
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	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

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?	YES
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

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	XB9870B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	GOVINDARASU VIGNESH
NRIC/Passport Number	G3330973U
Contact Number	98694088
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJT1533Z
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	YONG KAI NANG
NRIC/Passport Number	S9706900Z
Contact Number	83839212
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SLP9191X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	S7509365I
Contact Number	90300167
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	KOK CHEE HUO
Approximate Age	
Injuries Sustain	LEG & SHOULDER
Injured person in which vehicle?	SJA2243D
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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.

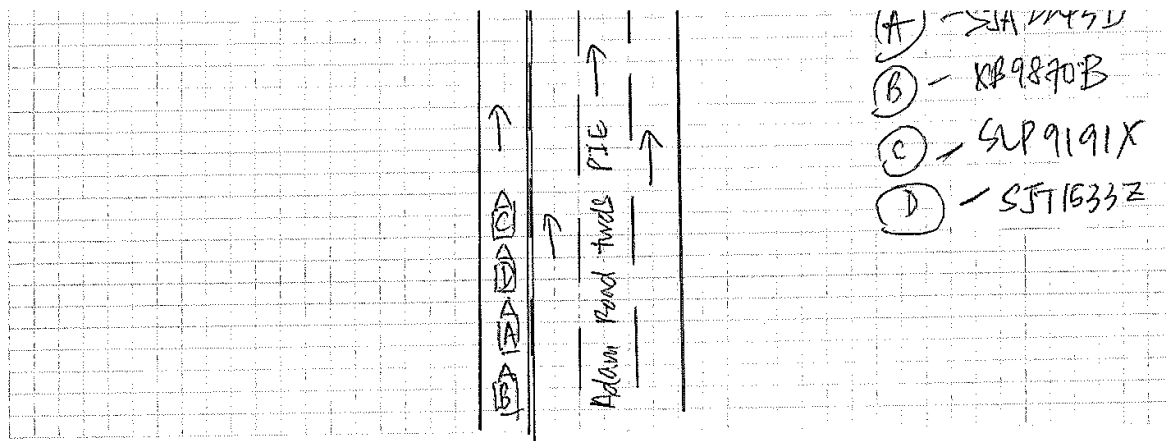
Policyholder's Signature
Date & Time:

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

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

I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL

Sketch Plan Pg. 2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 07/09/2018 at 1930 hours, I was travelling along Adam Road towards PIE. Vehicle 'D' braked and I braked as well. Suddenly I felt an impact from the rear very forcefully and this caused my vehicle to surge forward hitting onto vehicle 'D'. Upon alighting, I realised vehicle (B) has hit onto the rear of my vehicle and caused a chain collision of 4 vehicles (including mine).

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:

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

☐ Claim own policy
☒ Claim third party
☐ Claim OD / TP at other works hop
☐ For record purpose
Policy No. P29050757 DMV
Insurer MSIG Veh.No. SJA 2443 D

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8122153G



Name
KOK CHEE HUO

Race
CHINESE


Date of birth
02-07-1981

Sex
M


Country of birth
SINGAPORE

S8122153G

4174919



NRIC No. S8122153G



Date of issue
26-01-2008

APT BLK 37 TANGLIN HALT ROAD #10-137
SINGAPORE 140037

NRIC No: S8122153G Date: 17/11/2016



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

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

DRIVESHIELD - VALUE PLAN
Comprehensive

Certificate No. P 29059757 DMV

Excess : SGD500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
SJA2243D
2. Name of Policyholder
Kok Chee Huo
3. Effective Date of the Commencement of Insurance for the purposes of the Act
07/12/2017
4. Date of Expiry of Insurance
06/12/2018
5. Persons or Classes of Persons entitled to drive*
Kok Chee Huo
Lim Yuling
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.

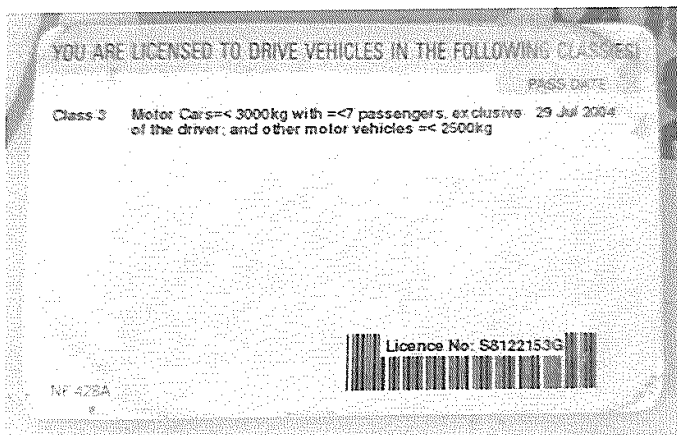
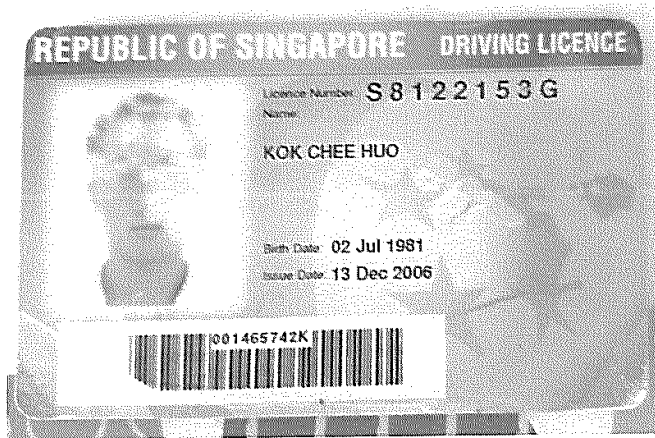
PLEASE NOTE ALL CLAIMS RELATED REPAIR MUST BE CARRIED OUT AT ANY MSIG
AUTHORISED WORKSHOP LISTED IN THE ATTACHED.

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



MEDICAL RECEIPT


Medical Trusted Partner for Health		TAX INVOICE	
GST RCN NO. : ME-0004674N VISIT NO. : 014618015666 VISIT DATE/TIME : 09-SEP-2018 11:53AM INVOICE NO. : PG14618015666-1 PAY BY : SELF PAYER NAME : KOK CHEE HUO ADDRESS : 37 TANGLIN HALL ROAD 0810137 SINGAPORE 140037		PAGE : 1 of 1 BILL TYPE : PATIENT OUT BILL DATE : 09-SEP-2018 PATIENT NAME : KOK CHEE HUO PATIENT ID NO. : S8122153G POLICY NO. :	
DESCRIPTION	QTY	S\$	S\$
PHARMACEUTICAL			
DICLOFENAC 25MG TAB	10.0	3.90	
OMEPRAZOLE 20MG CAP	10.0	15.00	18.90
PRACTICE COST			
PRACTICE COST	1.0	13.00	13.00
RADIOLOGY			
KNEE TRAUMA XRAY (AP/LAT/SKYLNE)	1.0	87.00	
SHOULDER DISLOCATION XRAY (AP/AXIAL/LAT)	1.0	87.00	
SUB-TOTAL			174.00
TOTAL CHARGES BEFORE GST			253.90
GST @ 7%			17.77
TOTAL CHARGES AFTER GST			271.67
LESS ROUNDING ADJUSTMENT			(0.02)
TOTAL AMOUNT PAID			(271.65)
TOTAL BALANCE DUE			0.00

Raffles Medical
 115 Holland Avenue
 Raffles Hospital
 Singapore 115707
 Tel: (65) 6258 1411 Fax: (65) 6258 1415

118 05-000304, HOLLAND AVENUE RAFFLES HOLLANDY SINGAPORE 278997 T:62501411

Raffles Medical Group Ltd | Company Registration No. 11801507K | UST Registration No. M5-0000467 N

MEDICAL RECEIPT

RafflesMedical Your Trusted Partner for Health		MEDICAL CERTIFICATE	
NUC NAME	SR1221530 KOK CHEE HIO	VISIT DATE VISIT NO	09 Sep 2018 (11:56) C14618215668
This is to certify that the above mentioned has been given:			
OUTPATIENT SICK LEAVE for 2 days from 09 Sep 2018 to 10 Sep 2018			
DOCTOR	Chen, Kuldarp Tasey (M161701)		
CLINIC	Holland V GP		
ADDRESS	118-05-02/03/04, HOLLAND AVENUE LEVEL RAFFLES HOLLAND 279687		
This certificate is not valid for absence from work or other official assignments unless specifically stated.			
This certificate is electronically generated. No signature is required.			
 RafflesMedical 118 Holland Avenue Raffles Holland V, #03-02 Singapore 279687 Tel: (65) 6203 1811 Fax: (65) 6203 9918			
Raffles Medical Group Ltd Company Registration No: 198601967N GST Registration No: M0-00004817N			

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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