

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 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. 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	27/12/2018 12:28
Date Of Accident	26/12/2018 18:30
Exact Location Of Accident	BOON LAY WAY TURNING LEFT TO JURONG GATEWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFW818R
Insured/Policyholder	
Name Of Registered Owner	WEE HWEE PING MICHELLE
NRIC No	S7100628Z
Email Address	MICHW1212@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96221212
Alternative Phone No	OTHERS-91011212

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE-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 80462934 QMX
Cover Note Number	

Driver

Name of Driver	TEO LAI HEE ANDREW
NRIC No	S1818126F
Date Of Birth	30/12/1967
Occupation	INDOOR
Date Of Driving Pass	14/01/1986
Driving Experience	32 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91011212
Fax Number	
Contact Number	OTHERS-96221212
EMail Address	MICHW1212@HOTMAIL.COM

Address	BLK 12 FARRER PARK ROAD #11-17
Postcode	210012
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	NO COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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)	5
Passenger 1	NAME: : WIFE GENDER: : FEMALE
Passenger 2	NAME: : SON GENDER: : MALE
Passenger 3	NAME: : SON GENDER: : MALE
Passenger 4	NAME: : SON GENDER: : MALE

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:	NOT WORKING
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJP3423R
Vehicle Make/Model/Colour	KIA RIO

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) 1

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: 27/12/2018
11am

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

Ng Teng Fong Hospital (Clinic)

Ban Lay Way →

Jinrong Gateway

HOSPITAL

A

B

A) SFW 818R

B) SJP 3423R

Date: 26/12/2018 Time: 6:28pm Photos: Yes In Car Camera: Wasn't working

(the driver)
My husband, me and my children was travelling from the direction of Boon Lay Way road, turning left towards Jurong Gateway (toward Toloah Rd). On the turning left (slip road) a car was in front of us (SJP 3422P). Our car was close to his car and he suddenly jammed brake. We brake in time but he stopped his car thinking we may have bang him. We came down to see and checked both cars, took pictures (of his car) and he agree that his car was not bang and there nothing wrong with his car as shown in the pictures.

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

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

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

Timberland® Official Store

Gear Up For The Next Adventure - Shop Iconic Boots, Footwear And Apps
shop.timberland.com.sg

streetdirectory.com

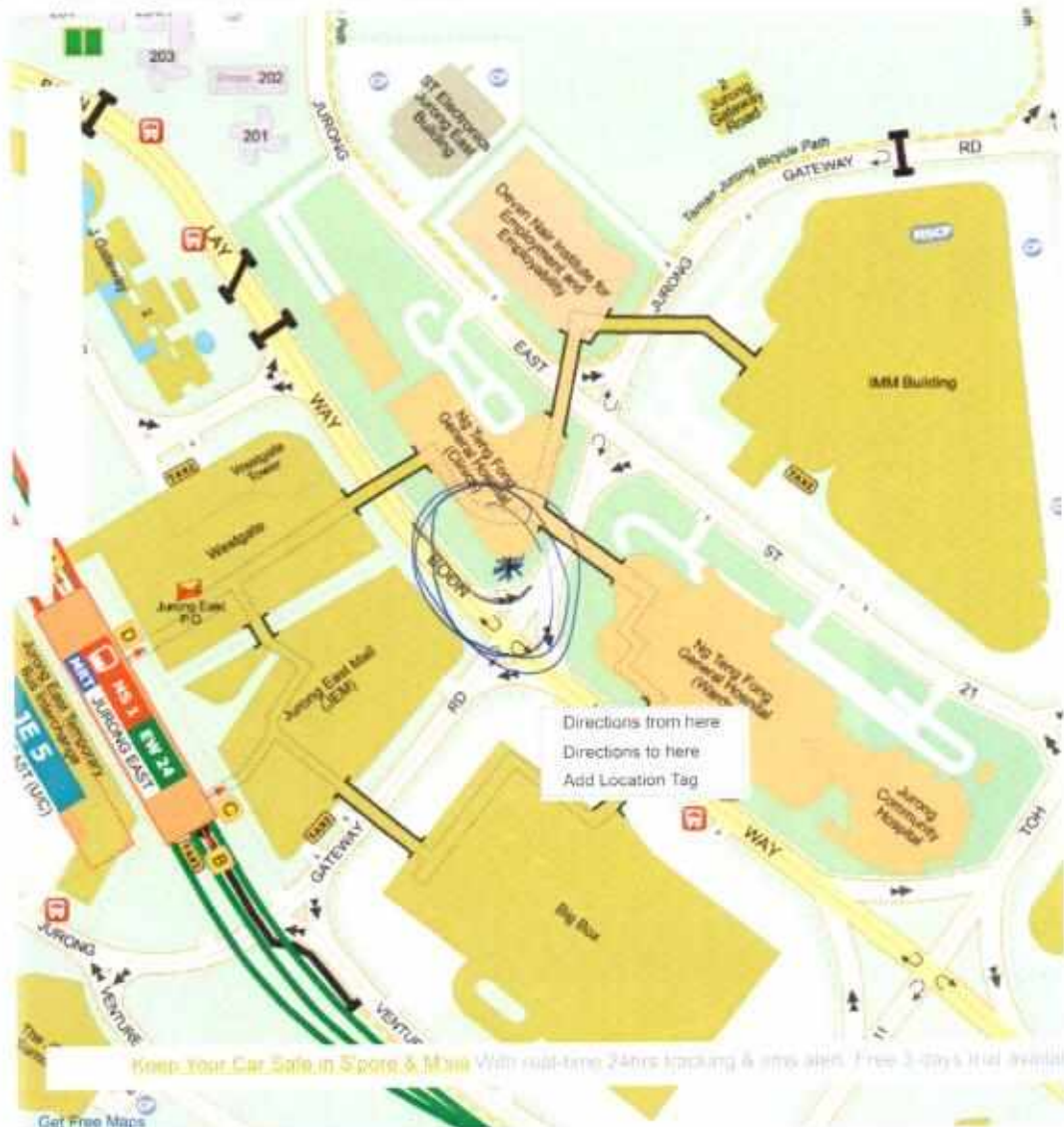
18@TradeHub 21, 18 Boon Lay Way 609966

18@TradeHub 21

 18 Boon Lay Way
(S)609966

[Map](#) [Directions](#)
[Map](#)
[Building Directory](#)
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5 Things You Shouldnt Do
If Hes Cheating On You

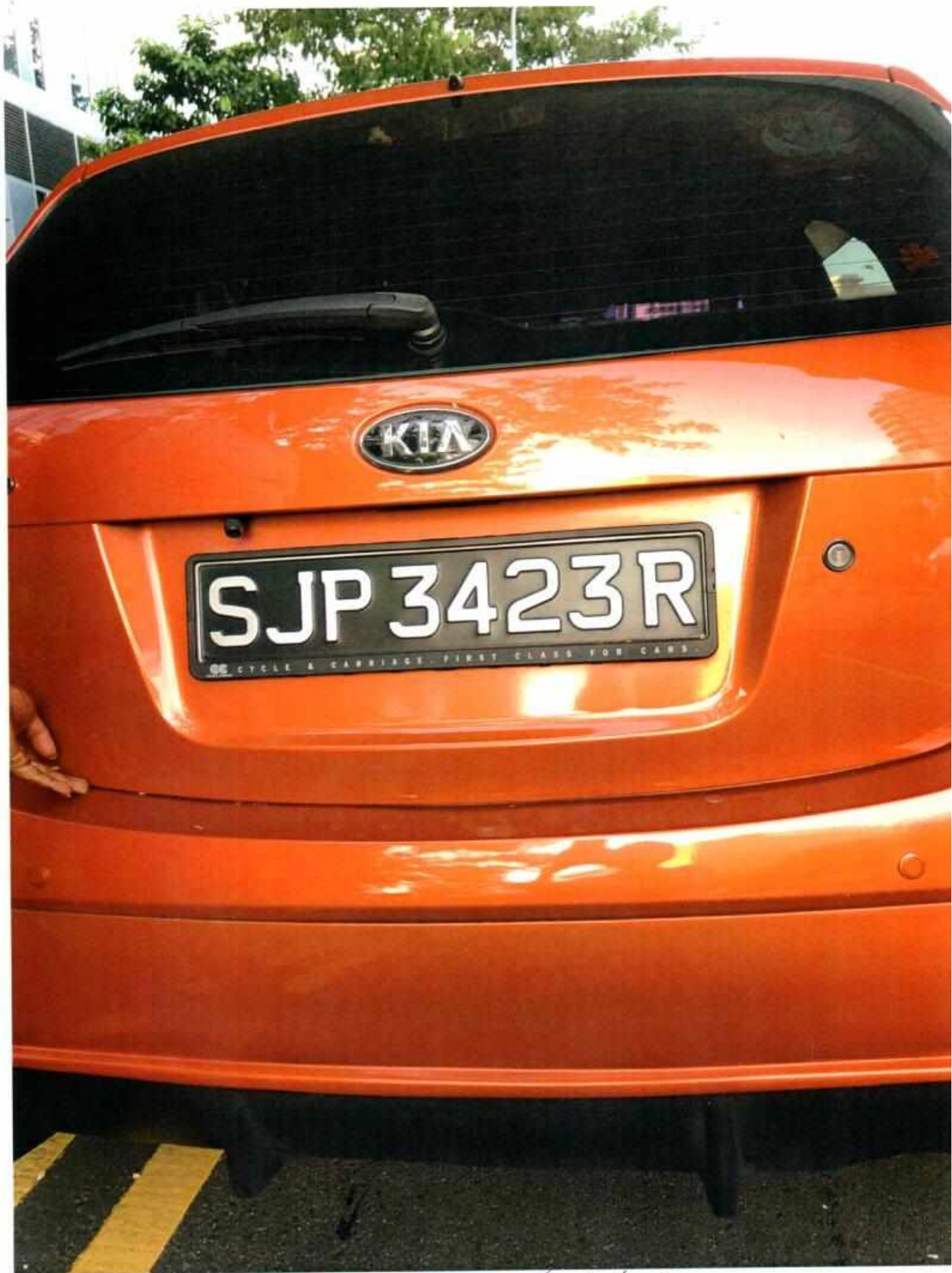


an/27/12/2018

See 27/12/2018



aw 07/12/2018



aw 28/12/2018



en 27/12/2018



27/11/2018



20/12/2018

ACCIDENT STATEMENT

ACCIDENT DATE: 26/12/2018 (DD/MM/YYYY) TIME: 6:28 (HH:MM)

LOCATION: Boon Lay Way Rd turning left to Jurong Gateway

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SFW 818 R
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: A 80462934 QMY
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Hyundai Avante 1.6 GLS
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Leisure
 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: WEE HWEI ANN MICHELLE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S71006282 CONTACT: 96221212
 c) ADDRESS: Blk 12 Farrer Park Rd # 11-17 S210012

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: TEO LAI HEE ANDREW (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1818126F CONTACT: 91011212
 c) ADDRESS: Blk 12 Farrer Park Rd # 11-17 S210012

* d) DATE OF BIRTH: 30/12/1967 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 22/09/14/01/1986

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

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: SJP3422R MODEL: KIA RIO
 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 = michal212@hotmail.com

VIDEO

3 - Son
WIFE

* No of passengers
(Including driver)
(5)

* No of passengers
(Including driver)
(1)

* No of passengers
(Including driver)
()

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1818126F



Name

TEO LAI HEE ANDREW

張 泳 喜

Race

CHINESE

Date of birth

30-12-1967

Sex

M

Country of birth

SINGAPORE



NRIC No. S1818126F



Date of issue

11-06-2010

Address

APT BLK 12 FARRER PARK ROAD
#11-17
SINGAPORE 210012

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S1818126F

TEO LAI HEE ANDREW

Birth Date: 30 Dec 1967

Issue Date: 27 Apr 2004

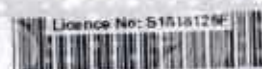


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

PASSIVE

Class 2B Motorcycles not exceeding 200 cc
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

23 Sep 1965
14 Jan 1966



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. 200412212G GST Reg. No. 20-0412212G

MOTOR MAX**THE SCHEDULE**

Policy Number		Period of Insurance	Place of Issue
A 80462934 QMX		16/11/2018 to 15/11/2019	SINGAPORE
Name and Address of Insured			Date of Issue
MICHELLE WEE HWEE PING BLK 12 FARRER PARK ROAD #11-17 FARRER PARK VIEW SINGAPORE 210012			10/10/2018
			Account Number
			156378
Premium	GST	Total Due	
SGD1,098.49	SGD76.89	SGD1,175.38	

RISK NUMBER 1**MOTORMAX****OCCUPATION**

Indoor Occupation

SCOPE OF COVER Comprehensive**INTEREST INSURED**

REGISTRATION NO. SFW818R
REGISTERED OWNER MICHELLE WEE HWEE PING
MAKE/MODEL Hyundai Avante 1.6 GLS
ENGINE NUMBER G4FC9U652020
CHASSIS NUMBER KMH DU41BR9U757552
YEAR OF MFG 2009
CAPACITY 1,591 C.C.
SEATING CAPACITY 5 (INCL. DRIVER)
WINDSCREEN UNLIMITED

SUM INSURED	MARKET VALUE
INCL. COE/PARF	YES
OFF-PEAK CAR	NO
NO CLAIM DISCOUNT	10.00 % (or F/D)
NCD PROTECTOR	NOT COVERED
EXCESS	SGD500
ANNUAL PREMIUM	SGD1,098.49

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

AUTHORISED DRIVERS

MICHELLE WEE HWEE PING
TEO LAI HEE ANDREW

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