





## 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	28/01/2019 18:21
Date Of Accident	28/01/2019 14:00
Exact Location Of Accident	AT THIRD AVENUE ESSO STATION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGN5513Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOH YONG LIM
NRIC No	S1063393A
Email Address	HAIKAL_SHAIK@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96713511
Alternative Phone No	OTHERS-96713511

### Vehicle Particulars

Manufacturer	BMW
Model	528I-2.0 D/AB 2WD 4DR GAS/D NAV (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	10119896

### Driver

Name of Driver	MUHAMMAD HAIKAL BIN NORASIKIN
NRIC No	S9031701F
Date Of Birth	27/08/1990
Occupation	OUTDOOR
Date Of Driving Pass	26/09/2014
Driving Experience	4 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96713511
Fax Number	
Contact Number	OTHERS-96713511
Email Address	HAIKAL_SHAIK@HOTMAIL.COM

Address	BLK 31 MARSILING DRIVE #02-333
Postcode	730031
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
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	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)	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 (TYPE OF ACCIDENT BOTH PARTIES REVERSE AND HIT EACH OTHERS)

#### 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	SKK3004G
Vehicle Make/Model/Colour	OPEL ZAFIRA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	FELICIA HENG
NRIC/Passport Number	S7403352J
Contact Number	91195993
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3

Passenger 1

NAME: ;

GENDER: ;

Passenger 2

NAME: ;

GENDER: ;



## SKETCH PLAN

### IMPORTANT NOTICE

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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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN

THIRD AVENUE ESSO STATION

ESSO

SHOP

DDG

DDG

SKR 30049

PROHESK

SKR 30049

PROHESK

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At 1400 Hrs, after I pumped car petrol. so I reverse the car after checking the blindspot over, so right after I reversed the car for like 25° ~~100%~~ noticed ~~there was~~ Then suddenly was hit from the car behind. Both cars were reversing at that moment.

## 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.:

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9031701F



NAME  
MUHAMMAD HAIKAL BIN  
NORASIKIN

RACE  
MALAY  
Date of birth  
27-08-1990 M  
Country of birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number  
Name S9031701F

MUHAMMAD HAIKAL BIN  
NORASIKIN

Birth Date 27 Aug 1990

Issue Date 26 Sep 2014



3769955



NRIC No. S9031701F

Date of issue  
16-09-2005

Address  
APT BLK 31 MARSILING DRIVE  
#02-333  
SINGAPORE 730031

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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) <= 3000kg 26 Sep 2014  
with <= 7 passengers, exclusive of the driver; and  
other motor vehicles without clutch pedals <= 2500kg



NP 428A



# ACCIDENT STATEMENT

ACCIDENT DATE: 28 / 01 / 2019 (DD/MM/YYYY). TIME: 14 : 00 (HH:MM)

LOCATION: Third AVE ESSO

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SUN SS15X  
 b) INSURANCE COMPANY: MSIA  
 c) POLICY NUMBER: 10119896  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: BMW  
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: WORKING  
 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: LOH YOUNG LIM (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S1063393A CONTACT: 96713511  
 c) ADDRESS: 21 THIRD AVE

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: MUHD HAICAL BIN NORASHAH (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S9081701F CONTACT: 98511705  
 c) ADDRESS: B1K 21 MARISSA DRIVE 1102-333  
YPOEE 70075021

\*d) DATE OF BIRTH: 127/08/1990 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 26 SEP 2014

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

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: S1K K 3004 G MODEL: OPEL ZAFIRA  
 b) DRIVER'S NAME: FELICIA HENH  
 c) NRIC/FIN/PASSPORT: S7403352 J CONTACT: 9119 5993

## 9. THIRD PARTY VEHICLE

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

\*No of passenger  
(Including driver)  
(1)

\*No of passenger  
(Including driver)  
(3)

\*No of passenger  
(Including driver)  
( )

Email = HA Haikal - shaik@hotmail.com

VIDEO



**MOTOR INSURANCE COVER NOTE**  
**Cover Note No. 10119896**

The Insured named in the Schedule below having proposed for insurance in respect of the Motor Vehicle described in the Schedule below the risk is hereby HELD COVERED in the terms of the Company's usual form of Policy applicable thereto for the period as stated below unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

**SCHEDULE**

Agent No. : 212165  
Name of Insured : LOH YONG LIM  
Make and Description of Vehicle : BMW 528i 2.0L AT D/AB 2WD 4DR GAS/D NAV  
Vehicle Registration No. : SGN5513Y  
Year of Manufacture : 2012  
Engine No. : A0790315N20B20A  
Chassis No. : WBAXG32020DX83109  
Capacity : 1,997 Cubic Capacity  
Cover Type : Comprehensive  
Sum Insured (SGD) : Market Value  
Period of Insurance : 30/10/2018 to 29/10/2019  
Excess (SGD) : 1,000  
Finance Company : BMW FINANCIAL SERVICES SINGAPORE PTE. LTD.

We hereby certify that this Cover Note is issued in accordance with the Provisions of the Motor Vehicles (Third Party Risks & Compensation) Act (Cap. 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

Not valid unless countersigned by the  
Company's Authorised Representative



Sime Darby Insurance Brokers (Singapore) Pte. Ltd.

MSIG Insurance (Singapore) Pte. Ltd.  
Authorised Insurers

Katherine Yeo  
Senior Vice President, Brokers

Date of Issue : 04/10/2018

This Cover Note is valid for 30 days from the date of issue.