





## 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	01/02/2019 14:09
Date Of Accident	01/02/2019 12:30
Exact Location Of Accident	ALONG UBI CRESCENT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMC6454P
Insured/Policyholder	
Name Of Registered Owner	THEHERA AUTOMOBILE PTE LTD
Co Reg No	201629740C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96830923
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	SLK 250
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	THIRD PARTY
Fleet Policy	NO
Policy Number	A 28975653 MTR
Cover Note Number	-
Driver	
Name of Driver	WONG CHEE KEONG (WANG ZHIQIANG)
NRIC No	S8405125Z
Date Of Birth	02/03/1984
Occupation	INDOOR
Date Of Driving Pass	22/04/2009
Driving Experience	9 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96830923
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 335 WOODLANDS ST 32 #04-41
Postcode	730335
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	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?	
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 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	SKG9712C
Vehicle Make/Model/Colour	
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

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to allow 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 be 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 purposes 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 of 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 be 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.

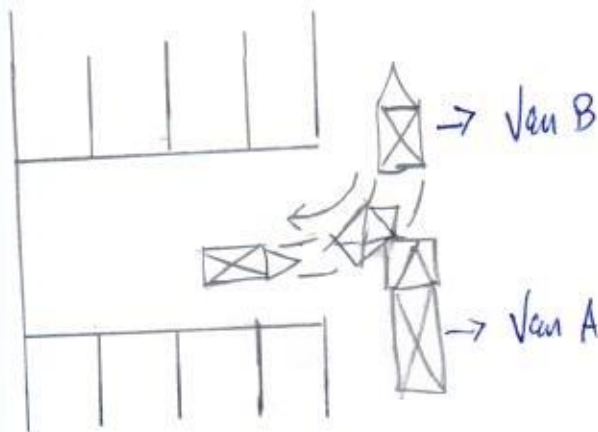


Policyholder's Signature  
Date & Time

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

Reporting Centre Personnel's Signature  
Name  
NRIC No.

SKETCH PLAN



Van A → SMC 6454 P  
Van B → SKG 9712C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary waiting for veh B to reverse into parking spaces, out of a sudden without looking out for any vehicles beside, hit into the front left portion of my veh. I alighted and veh B owner apologise for not realising that I was beside his veh when he reverse.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.

DECLARATION

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

Policyholder's Signature  
Date & Time

Driver's Signature  
Date & Time

Reporting Centre Person's Signature  
Name  
Date & Time



VEHICLE NO: Jmc 6454P

MAKE &amp; MODEL : J/LK 250

DATE OF ACCIDENT	1 / 2 / 2019
TIME OF ACCIDENT	12.30 AM / PM
LOCATION OF ACCIDENT	Along Ubi Crescent
Exact Purpose use during accident	
NAME OF OWNER	Thehera Automobile Pte Ltd
TELP NO	9683 0923
NRIC	201629740L
CLAIM TYPE	OD / <u>THIRD PARTY</u> / Reporting Only
INSURANCE CO.	MSIG
TYPE OF CAVERAGE	Comprehensive / <u>Third Party</u> / Third Party Fire & Theft
POLICY NO.	A28975653 MTR
NAME OF DRIVER	As above / If No: Wong Chee Keang
NRIC	88405125Z Any passengers: 0
DATE OF BIRTH	02 / 03 / 1984
OCCUPATION	Outdoor / <u>Indoor</u>
DATE OF DRIVING PASS	22 / 04 / 2009
GENDER	<u>Male</u> / Female
CONTAC NO.	9683 0923 Office: Home:
ADDRESS	Blk 335 Woodlands St 32 #04-41 S(730335)
DRIVER HAVE ANY OWN Vehicle	NO / If yes : Reg No:
RELATIONSHIP	Employee / If No: owner.
WEATHER CONDITION	<u>Clear</u> / Raining / Other :
ROAD SURFACE	<u>Dry</u> / Wet / Other :
ANY INJURIES	<u>No</u> / If yes : Who?
CONTAC NO.	
POLICE REPORT	No / If yes : Where?
VEHICLE B NO.	SKG 9712C Any Passenger :
NAME	
CONTAC NO.	No camera.
VEHICLE C NO.	Any Passenger :
VEHICLE D NO.	Any Passenger :
VEHICLE E NO.	Any Passenger :
VEHICLE F NO.	Any Passenger :
ANY WITNESS	
WITNESS CONTACT NO.	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO
PARTICULAR WORKSHOP	JD Motorsports Pte Ltd
TELP NO	
CONTACT PERSON	
FAX NO.	64514516 / wei_845@outlook.com

PUBLIC OF SINGAPORE DRIVING LICENCE

Identity Number: S8405125Z

WONG CHEE KEONG  
(WANG ZHIQIANG)

Birth Date: 02 Mar 1984

Issue Date: 22 Apr 2009



001734371E

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8405125Z



Name

WONG CHEE KEONG  
(WANG ZHIQIANG)

王志强

Race

CHINESE

Date of birth

02-03-1984

Country/Place of birth

SINGAPORE

Sex

M



06121

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

PASS DATE

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg 22 Apr 2009



Licence No: S8405125Z

NP 428A

5403182



NRIC No. S8405125Z



Date of issue

23-12-2014

Address

APT BLK 335 WOODLANDS STREET 32  
#04-41  
SINGAPORE 730335



**MSIG**

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.Z.26  
 Motor Trade (Demonstration Driving)  
 -Named Drivers

**MOTOR TRADE INSURANCE**  
**Third Party**

Excess: SGD500 (TPPD)

Certificate No. A 28975653 MTR

1. **Index Mark and Registration Number of Vehicle**  
 Any Motor Vehicle the property of the Policyholder or in his custody or control. All steam-driven vehicles are excluded.
2. **Name of Policyholder**  
 Thehera Automobile Pte Ltd
3. **Effective Date of the Commencement of Insurance for the purposes of the Act**  
 19/06/2018
4. **Date of Expiry of Insurance**  
 18/06/2019
5. **Persons or Classes of Persons entitled to drive \***  
 (1) In respect of vehicles being used for purposes of demonstration -  
 Wong Chee Keong, Tan Hua Feng Ronnie, Tan Boon Chye (Chen Wencai), Heng Wee Loon,  
 Cassandra Tan Shiyi, Lo Tai Seah (Luo Dasheng)  
  
 Any other person provided he is driving with the Policyholder's permission and is accompanied by  
 Wong Chee Keong, Tan Hua Feng Ronnie, Tan Boon Chye (Chen Wencai), Heng Wee Loon,  
 Cassandra Tan Shiyi, Lo Tai Seah (Luo Dasheng)  
  
 (2) In respect of vehicles being used for other Motor Trade purposes:-  
  
 "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 Motor Trade purposes.  
 The Policy does not cover use for hire or reward racing pace-making reliability trial or speed-testing.  
 N.B. Use solely for "Breakdown" purposes is not deemed to be use for hire or reward.  
  
 \*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.

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