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 witholding 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

By the lodgement of this report to the insurers, you hereby consaforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	28/02/2019 14:58
Date Of Accident	27/02/2019 19:10
Exact Location Of Accident	MCE NEAR TO FORT RD EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBC5681L
Insured/Policyholder	
Name Of Registered Owner	B S DEVELOPMENT PTE LTD
Co Reg No	198703918D
Email Address	BS_DEVELOPMENT@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91878880
Alternative Phone No	OFFICE-62863702
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV200-1.5 D MT ABS AIRBAG 2WD 6DR (A)
Exact Purpose for which vehicle was being used at time of accident	
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A29057748MKF

Policy Number A29057748MKF

Cover Note Number

Driver

Name of Driver **KWEK JOON KIAT**

NRIC No S8106147E Date Of Birth 27/02/1981 Occupation **OUTDOOR Date Of Driving Pass** 16/11/2000

Driving Experience 18 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91889218

Fax Number

Contact Number

EMail Address NOEMAIL

BLK 28 BALAM RD #06-29 Address

370028 Postcode

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 **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

4

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

YES

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : KONG HUI YIN

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes.Please state which Police Station

Police Station Name JOO CHIAT NEIGHBOURHOOD POLICE POST

ROAD: 267 ONAN ROAD, POSTCODE: 424773, COUNTRY: SINGAPORE Police Station Address

TEL NO: 1800-3459999 - FAX NO: 64474181 Police Station Contact

NO

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

AS PER POLICE REPORT NO.T/20190227/2168.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: VIDEO MEMORY CARD IS WITH TRAFFIC POLICE

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJS4064X

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver MICHAEL GOH BOON KIAT

NRIC/Passport Number S1253037D Contact Number 94568838

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLS6839G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver TAN CHOON BOON

NRIC/Passport Number S7728295E Contact Number 97828784

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLG9262Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE HIRE

Name of Driver LIEW THAI SWEE

NRIC/Passport Number S1644245C Contact Number 96682345

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name KONG HUI YIN

Approximate Age Injuries Sustain

Injured person in which vehicle? GBC5681L

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

DETAILS OF INJURED PERSON 2

Name KWEK JOON KIAT

Approximate Age Injuries Sustain

Injured person in which vehicle? GBC5681L

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

Sketch Plan Pg. 1

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
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- 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.

Date & Time:

o luendo

Policyholder's Signature Date & Time:

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

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

I AM AWARED THA TMY IN SURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

Sketch Plan Pg. 2

SKETCH PLAN	monym cycle character as a constraint of the con	
	MCE near to Fort Rd Exit	
	the 1 1 1 1 vehicle	(P: GBC 5681L
		B: SJS4064X
	A	20: SLS 6839G
	r il_p	and the second of the second o
	Acc	60: SLG9>6>Y
DESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	
Refer to Police	Report No. 7/20190227/216	& .
The impact can	using my seats rear cove	open.
,	· /	
		☐ Claim own policy
		Claim third party Claim OD / TP at other works hop For record purpose
DECLARATION	articulars are true in every respect.	Policy No. A 29057748 MKF Insurer MSIG CC) Veh.No. GBC 5681
(10.00)	Ot. 1	
o udo s		Janill Banasting Control Banasting
Policyholder spature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

GIAPASC SkerenPlucForm [V7]

POLICE REPORT Pg. 1





Police Station Of Origin: Joo Chiat NPP 267 Onan Road SINGAPORE 424773 Tel No: 1800-3459999 . 1 of 3 Report No. T/20190227/2168

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 27/02/2019 21:19		Vide Report No.: A/20190227/0127	Station Diary No.: 29	
Informa	nformant's Particulars				
	f Informant: OON KIAT		Address: APT BLK 28 BALAM ROAD #06-29 SINGAPORE 370028		
• •	/ ID No.: O / S810614	.7E	Contact No.: Home/Office:	Mobile: 91889218	
National SINGAP	ity: PORE CITIZE	ΞN	Email:		
Sex: Male	Age: 38	Date of Birth: 27/02/1981	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: M&E Consultant			Driving Licence Information: Class: 3	Date of Expiry:	

	Injury	Drink	Date/Time of	Type of Location:	
Type of	Conveyed By Ambul		Accident:	Straight Road	
Accident:		No	27/02/2019 19:10		
Location:			•	•	
Along Road 1	•				
MARINA COASTAL DRIVE					
<u>MCE near to l</u>	Fort Road Exit			-	
Weather: Road S		Road Surface:		Road Speed Limit:	
Clear Dry 80 Km/h			80 Km/h		
Cieai			Traffic Volume:		
		Traffic Control:		Traffic Volume:	
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Heavy	
Traffic Flow: One Way	ion:	i	The second secon		
Traffic Flow: One Way Type of Collis	ion: ing Vehicles - Head To Re	Not Controlled	nodvonietomieta.	Heavy	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBC5681L	Van				Seriously Damaged	1
SJS4064X	Car				Seriously Damaged	0
SLG9262Y	Car				Slightly Damaged	1.
SLS6839R	Car				Seriously Damaged	0

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POLICE REPORT Pg. 2



T/201

Police Station Of Origin: Joo Chiat NPP 267 Onan Road SINGAPORE 424773 Tel No: 1800-3459999 2 of 3 Report No. T/20190227/2168

CONTINUATION OF REPORT

Brief Details.

On 27/02/2019, at about 1910hrs, I was driving my company van (GBC5681L), along MCE towards KPE. At that point of time, my wife (Kong Hui Yin, S8856178C, H/P: 96616042) who was 8 months pregnant, was also inside the van, and the traffic at the said location was very congested.

While I was driving along the said road near to Fort Road exit, suddenly I heard a loud bang from the rear of my van. The force then pushes my van forward, and I knocked onto the rear of the car (SLG9262Y) infront of my van. I then went out of my van to make a checked only to realise that the car (SJS4064X) behind my van had knocked onto the rear of my van, and the said car was knocked by another car (SLS6839R), from the rear. In total 4 vehicles was involve in the said accident.

Ambulance was then called down to the accident, as my wife is 8 months pregnant. She was then conveyed to KKH by the ambulance. Traffic police was also at the scene, and informed us to lodge a police report regarding this accident.

Other than my wife, no other people was conveyed or injured during the accident.

POLICE REPORT Pg. 3





Police Station Of Origin: Joo Chiat NPP 267 Onan Road SINGAPORE 424773 Tel No: 1800-3459999 3 of 3 Report No. T/20190227/2168

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:	Signature Of Informant:
G/	
Staff Sgt KWOK WEI JIE, DANIEL	MMX.
Signature Of Interpreter:	Date/Time:
Not applicable	27/02/2019 21:19
Officer In Charge Of Case:	Classification Of Case:
TP / GIT /	
Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD	
YUSOF	
Contact No.: 65476358	
Authentication Stamp	
NP168	
	\sim 11)



corresponding.

Keened dot: 24/2/18

- Original policy with XDE390

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.300

COMMERCIAL VEHICLE - FLEET

Comprehensive

Goods Carrying Vehicle - Sch I

Certificate No. A 29057748 MKF

Excess: SGD600

- Index Mark and Registration Number of Vehicle GBC5681L
- Name of Policyholder

B S Development Pte Ltd

- Effective Date of the Commencement of Insurance for the purposes of the Act 16/12/2018
- 4. Date of Expiry of Insurance

15/12/2019

5. Persons or Classes of Persons entitled to drive*

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.
- Limitations as to use'

Use in connection with the Policyholder's business. Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
Use for social domestic and pleasure purposes.
The Policy does not cover

- (1) Use for hire or reward or for racing pace-making reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- * 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).

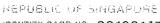
I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

> MSIG Insurance (Singapore) Pte. Ltd. Approved Insurers

> > for Chief Executive Officer

nxt201811261545

IC,DL,CI Pg. 2



IDENTITY CARD NO. \$8106147E





KWEK JOON KIAT

軍 俊 傑

CHINESE Date of birth 27-02-1981

Country of birth
SINGAPORE

Licence Number: S 8 1 0 6 1 4 7 E
Name:

KWEK JOON KIAT

Birth Date: 27 Feb 1981
Issue Date: 25 Oct 2003



