





## 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 15/03/2019 15:04  
Date Of Accident 15/03/2019 07:50  
Exact Location Of Accident BOON LAY WAY BEFORE JURONG TOWN HALL ROAD  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SLW7441B  
**Insured/Policyholder**  
Name Of Registered Owner GUO SHAOKUN  
NRIC No S7889082G  
Email Address ADAMGUO@HOTMAIL.COM  
Mobile Phone No (LOCAL) +65-98508009  
Alternative Phone No OTHERS-98508009

### Vehicle Particulars

Manufacturer VOLKSWAGEN  
Model SPORTSVAN-1.4 (A)  
Exact Purpose for which vehicle was being used at time of accident GOING TO WORK

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 A 29073751 AVW  
Cover Note Number

### Driver

Name of Driver GUO SHAOKUN  
NRIC No S7889082G  
Date Of Birth 18/12/1978  
Occupation INDOOR  
Date Of Driving Pass 24/08/2013  
Driving Experience 5 YEARS AND 6 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-98508009  
Fax Number  
Contact Number OTHERS-98508009  
Email Address ADAMGUO@HOTMAIL.COM

Address 5 JURONG LAKE LINK  
#09-21  
Postcode 648162  
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 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 3  
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) 4  
Passenger 1  
NAME: : WIFE  
GENDER: : FEMALE  
Passenger 2  
NAME: : FRIEND  
GENDER: : MALE  
Passenger 3  
NAME: : FRIEND  
GENDER: : FEMALE

#### 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? NO  
Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGF4699T  
Vehicle Make/Model/Colour TOYOTA  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver BRIDGET ANGELA THESEIRA  
NRIC/Passport Number S6807923C

Contact Number 97595050  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SFT3000D  
Vehicle Make/Model/Colour NISSAN  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver CHENG WANJIE, KRISTIAN  
NRIC/Passport Number S8242635C  
Contact Number 97908921  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)


## SKETCH PLAN

### IMPORTANT NOTICE

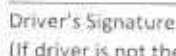
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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. 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:

15/03/2019.

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

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



SKETCH PLAN BOON LAY WAY BLF JURONG TOWN HALL ROAD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

This morning (15.03.2019) around 7.50am. When I stop to wait Traffic light turn green. My car was rear-ended by the following car which rear-ended by the car following.

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:

 15/03/2019  
Reporting Centre Personnel's Signature  
Name:   
NRIC/FIN No.:

# ACCIDENT STATEMENT

ACCIDENT DATE: 15/03/2019 (DD/MM/YYYY), TIME: 07:50 (HH:MM)

LOCATION: Opp Chinese Garden Mrt Station (Boon Lay way) P. Turog Town

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLW7441B  
 b) INSURANCE COMPANY: MSIG  
 c) POLICY NUMBER: A29073751 AXW  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: Volkswagen Sports Van 1.4T  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: go to work  
 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: Guo Shaokun (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S78870826 CONTACT: 9850 8109  
 c) ADDRESS: 5 Turog Lake Link #09-21, S648162

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

## DRIVER

- a) NAME: Guo Shaokun (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S78870826 CONTACT: 9850 8109  
 c) ADDRESS: 5 Turog Lake Link #09-21, S648162

\* d) DATE OF BIRTH: 18/12/1978 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 24.08.2013

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner

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: SGF4699T MODEL: 97595050 Toyota  
 b) DRIVER'S NAME: BRIDGET ANGELA THESEIRA  
 c) NRIC/FIN/PASSPORT: S6807823C CONTACT: 9759 5050

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SFT3000D MODEL: 9790 8721 Nissan  
 e) DRIVER'S NAME: CHENG WANTIE, KRISTIAN  
 f) NRIC/FIN/PASSPORT: S8242635C CONTACT: 9790 8721

email = adamguo@hotmail.com

VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7889082G



Name

GUO SHAOKUN

郭 绍 昆

Race

CHINESE

Date of birth

18-12-1978

Sex

M

Country/Place of birth

CHINA



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number

S7889082G

Name

GUO SHAOKUN

Birth Date: 18 Dec 1978

Issue Date: 22 Aug 2017



9384GB7



NRIC No. S7889082G



Nationality

CHINESE

Date of issue

19-08-2015

5 JURONG LAKE LINK #08-21  
SINGAPORE 648162

NRIC No: S7889082G

Date: 04/07/2017

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq$  2500kg 24 Aug 2013

NP 428A





MSIG Insurance (Singapore) Pte. Ltd.  
 100 Robinson Way, # 21-01, SGX Centre 2, Singapore 068807  
 Tel: 65 6827 7888, Fax: 65 6827 7800  
 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

**VW DRIVEEASY**  
**Comprehensive**

Certificate No. A 29073751 AVW

Excess : SGD500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle  
 SLW7441B

2. Name of Policyholder  
 Guo Shaokun

3. Effective Date of the Commencement of Insurance for the purposes of the Act  
 28/02/2019

4. Date of Expiry of Insurance  
 27/02/2020

5. Persons or Classes of Persons entitled to drive\*

Guo Shaokun

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 VOLKSWAGEN CENTRE SINGAPORE.**

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