SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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

aforesaid.								
AND THE RESERVE OF THE PARTY OF	ACCIDENT STATEMENT							
Date Of Report	15/08/2019 16:36							
Date Of Accident	14/08/2019 14:00							
Exact Location Of Accident	JALAN BAHAR EXIT JURONG WEST AVENUE 5							
Country/State of Loss	SINGAPORE							
D	ETAILS OF OWN VEHICLE							
Vehicle Registration Number	GX1576P							
Insured/Policyholder								
Name Of Registered Owner	WKV SERVICES PTE LTD							
Co Reg No	201403838H							
Email Address	NOEMAIL							
Mobile Phone No								
Alternative Phone No	OFFICE-94578838							
Vehicle Particulars								
Manufacturer	TOYOTA							
Model	HIACE							
Exact Purpose for which vehicle was being used at time of accident	COMPANY USE							
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	THIRD PARTY							
Fleet Policy	NO							
Policy Number	D 300102838 MKC							
Cover Note Number								
Driver								
Name of Driver	WONG KOK VOON							
NRIC No	S1638129B							
Date Of Birth	16/12/1964							
Occupation	OUTDOOR							
Date Of Driving Pass	30/06/1987							
Driving Experience	32 YEARS AND 1 MONTH							
Gender	MALE							
Mobile Number	(LOCAL) +65-94578838							
Fax Number								

WONGKV64@GMAIL.COM

Address

268 WESTWOOD AVENUE

Postcode

648468

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

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle) involved in the accident

NO 2

Was any body injured in the Accident?

NO

was any body injured in the Accidents

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)

NO

soliciting/offering accident claims assistance.

110

Number of Passengers (Including Driver)

2

Passenger 1

NAME: :

: WONG KWAN JIE

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

REFER TO SKETCH PLAN.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMH7032R

Vehicle Make/Model/Colour

HONDA / GREY

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

Contact Number

SOH JYR MINN

NRIC/Passport Number

S9126225H 90468436

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 14

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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
- 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:

- 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)
 - (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
- 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:

Policyholder's Signature Date & Time:

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

Name:

NRIC/FIN No .:

Reporting Centre Personnel's Signature Jenny Lim

S6927273H

WKV SERVICES (PTE) LTD

268 Westwood Ave

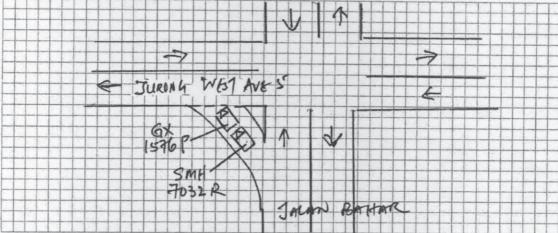
Singapore 648468 15 AUG 2019

HP: 9457 8838

1 5 AUG 2019

Page 3 of 14

SKETCH PLAN



DN 1	4-8-2	219	A) A	ROUL	n) 14	OU HA	4, 5	1 4	SAC	DRI	inh	m	y va	her
AND	STOPP	(-)	m -	146	Sul	D R	DF	2	CH	EUKI	Nh	ON	Comi	NG
TRA	Agric .	VEH	rul	. Sw	川和	32 R	- Co	lli	6	007	1	my	Veste	CT
Rem	. WE	Excet	ouht	- por	e71cm	ian	for	in	sun	to CE	Cus	tim	٨٥	ONE
	19/11													
												7		
-					-	-	****					THE REAL PROPERTY.		
					-			U-168	-		- 1			
				-	-	-		-						
								-	-	-		-		-

DECLARATION

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

WKY SERVICES (PTE) LTD

268 Westwood Ave GSingapore 648468 HP: 9457 8838 1 5 AUG 2019

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

Date & Time:

15 AUG 2019

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.: Jenny Lim S6927273H



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
A Member of MS&AD INSURANCE GROUP

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 RISKS AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE) OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

COMMERCIAL VEHICLE Third Party

Certificate No.

D 300102838 MKC

Excess: NIL

Windscreen Excess: NIL

 Index Mark and Registration Number of Vehicle GX1576P

 Name of Policyholder WKV Services (Pte) Ltd

- Effective Date of the Commencement of Insurance for the purposes of the Act 19/02/2019
- Date of Expiry of Insurance 18/02/2020
- 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.

6. 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 Risk and Compensation) Act (Chapter 189) and Chapter 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

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

Michael W Gourlay Chief Executive Officer

Enquire Vehicle Registration Details

Owner Particulars

NRIC/Passport/Company Cert No.:

Owner ID Type:

Owner Name:

Registered Address:

Mailing Address: Birth Date:

Vehicle Particulars Vehicle No.:

Previous Vehicle No.: Effective Date of Ownership: Original Regn Date : Registration Date: Year of Manufacture:

Vehicle Scheme: Vehicle Attachment 1: Vehicle Attachment 2:

Vehicle Type:

Vehicle Attachment 3: Vehicle Make: Vehicle Model: Primary Colour: Secondary Colour: Passenger Capacity: Chassis No.:

Engine No.: Engine Capacity / Power Rating: Maximum Power Output:

Propellant: Max Unladen Weight: Maximum Laden Weight: Open Market Value: PARF Eligibility: PARF Eligibility Expiry Date: Minimum PARF Benefit:

No. of Transfers: IU Label No.: COE No.: COE Expiry Date:

COE Category: COE Registration Category: Quota Premium (QP) / Prevailing Quota Premium :

PQP Paid: QP (Regn Cat): OPC Cash Rebate Eligibility:

QP during COE Bidding Exercise: Additional Registration Fee Rate: Actual ARF Paid: Vehicle Lifespan Expiry Date:

CO2 Emission: CO Emission: HC Emission: NOx Emission: PM Emission: Message:

201403838H Company

WKV SERVICES (PTE) LTD

268 WESTWOOD AVENUE WESTVILLE SINGAPORE 648468

GX1576P

Goods (Closed) Van/Van Panel (Delivery)

No Attachment

TOYOTA HIACE DIESEL Green

> LH1621010591 5L5408700 2986 cc/-

Diesel 1500 kg 3030 kg \$21,926.00 No

1041889768 2004010105000983W 18 Feb 2024 C - Goods Vehicle & Bus C - Goods Vehicle & Bus

\$6,508.00/-\$13,688.00 \$6,508.00 No \$6,508.00 5.00 % \$1,097.00

18 Feb 2024

OK

Save as PDF