





## 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             | 31/01/2020 12:40                               |
| Date Of Accident           | 30/01/2020 09:30                               |
| Exact Location Of Accident | YISHUN AVENUE 11 IN FRONT OF BLK 348 MAIN ROAD |
| Country/State of Loss      | SINGAPORE                                      |

### DETAILS OF OWN VEHICLE

|                             |                                      |
|-----------------------------|--------------------------------------|
| Vehicle Registration Number | SLR2192D                             |
| <b>Insured/Policyholder</b> |                                      |
| Name Of Registered Owner    | HITACHI CAPITAL ASIA PACIFIC PTE LTD |
| Co Reg No                   | -                                    |
| Email Address               | YEONGEE_EUGENE@YAHOO.COM.SG          |
| Mobile Phone No             | (LOCAL) +65-97937985                 |
| Alternative Phone No        | OFFICE-97937985                      |

### Vehicle Particulars

|                                                                              |                      |
|------------------------------------------------------------------------------|----------------------|
| Manufacturer                                                                 | TOYOTA               |
| Model                                                                        | C-HR HYBRID 1.8G CVT |
| Exact Purpose for which vehicle was being used at time of accident           | PRIVATE 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          | COMPREHENSIVE                        |
| Fleet Policy              | NO                                   |
| Policy Number             | G 300052882 MCY                      |
| Cover Note Number         |                                      |

### Driver

|                      |                             |
|----------------------|-----------------------------|
| Name of Driver       | YEO NGEE (YANG YI)          |
| NRIC No              | SXXXX554D                   |
| Date Of Birth        | 16/12/1976                  |
| Occupation           | INDOOR                      |
| Date Of Driving Pass | 10/02/1999                  |
| Driving Experience   | 20 YEARS AND 11 MONTHS      |
| Gender               | MALE                        |
| Mobile Number        | (LOCAL) +65-97937985        |
| Fax Number           |                             |
| Contact Number       | OTHERS-97937985             |
| EMail Address        | YEONGEE_EUGENE@YAHOO.COM.SG |

|                                                     |                                      |
|-----------------------------------------------------|--------------------------------------|
| Address                                             | BLK 348C YISHUN AVENUE 11<br>#13-585 |
| Postcode                                            | 763348                               |
| 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   | COLLISION - HEAD TO REAR |
| 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

#### 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         | SMK5495K    |
| Vehicle Make/Model/Colour           | HONDA       |
| Details Of Properties               |             |
| Vehicle Category                    | PRIVATE CAR |
| Name of Driver                      |             |
| NRIC/Passport Number                | SXXXXX061D  |
| Contact Number                      |             |
| Address                             |             |
| Postcode                            |             |
| Insurance Company Name              |             |
| Nature Of Damage                    |             |
| No. Of Passenger (Including Driver) |             |

## SKETCH PLAN

Veh A: SLR 2192 D  
Veh B: 8WK 5495K

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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 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.

\*\* I AM AWARE THAT MY INSURER 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.

Policyholder's Signature  
Date & Time:

31/3/2022

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

31/3/2022

Reporting Centre Personnel's Signature  
Name:

NRIC/FIN No.:

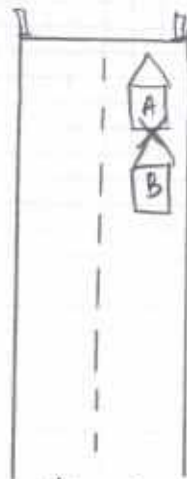
31/01/2022  
[Signature]  
[Signature]



SKETCH PLAN

Veh A: SLR 2192D

Veh B: 9mk 5495K



Bik 348

Yishun Ave 11

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I Stationary at the traffic junction (traffic light was red).  
Suddenly Vehicle B bang onto my rear of Vehicle.

DECLARATION

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

Policyholder's Signature

Date & Time:

31/Jan/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

31/Jan/2020

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

31/01/2020

281

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# Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: [avclaims@mycarworkshop.com](mailto:avclaims@mycarworkshop.com)

## Particular Of Insured/Driver & Details Of The Accident

### Motor Accident Report

\*Date of Accident: 30/3/2020

\*Time of Accident: 9.30 am

\*Accident Location: Yishun Ave 11 in front of 615 348 main road

### Vehicle Details

\*Vehicle Number: SLR 2192 D

\*Make & Model: CHR Toyota C-HR Hybrid 1.8 G CVT

### Insured / Policyholder

\*Owner Name: Yeo Ngee

\*NRIC: 8764155410

\*Address: Yishun Ave 11, B15 348c #13-585

\*Email: yeonge.eugene@yahoo.com.sg

\*HP: 97937985

\*Occupation: Sales Engineer (Indoor / Outdoor) \*Tel / H / Other: \_\_\_\_\_

### Driver ☒ same as above

\*Driver Name: \_\_\_\_\_ \*NRIC: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ \*Driving Pass Date: 10/2/1999 \*HP: \_\_\_\_\_

\*Email: \_\_\_\_\_ \*Gender: Male / Female

\*Occupation: \_\_\_\_\_ (Indoor / Outdoor) \*Tel / H / Other: \_\_\_\_\_

\*Driver an employee: Yes / No (\*If no, what is relationship with the policyholder: \_\_\_\_\_)

### Passengers Details

\*P/Name: \_\_\_\_\_ (Male/Female) \*P/Name: \_\_\_\_\_ (Male/Female)

\*P/Name: \_\_\_\_\_ (Male/Female) \*P/Name: \_\_\_\_\_ (Male/Female)

### Insurance Company

\*Insurer: \_\_\_\_\_ \*Coverage: C / TPFT / TPO \*Policy No: \_\_\_\_\_

### Detail of other vehicle / Property 1

Vehicle No.: SMK 5495 K

Make & Model: Honda

Vehicle Category: \_\_\_\_\_

Name of Driver: \_\_\_\_\_

NRIC : 812470610

HP : \_\_\_\_\_

No. of Passengers (Including Driver): \_\_\_\_\_

### Detail of other vehicle / Property 2

Vehicle No.: \_\_\_\_\_

Make & Model: \_\_\_\_\_

Vehicle Category: \_\_\_\_\_

Name of Driver: \_\_\_\_\_

NRIC : \_\_\_\_\_

HP : \_\_\_\_\_

No. of Passengers (Including Driver): \_\_\_\_\_

### For Official Use Only

\*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims)

### General Information of the accident

\*Type of accident: Head-Rear / Side swipe / others: \_\_\_\_\_

\*Weather conditions: Clear / Raining / others: \_\_\_\_\_

\*Any video cam: Yes / No

\*Road Surface: Dry / Wet / others: \_\_\_\_\_

\*Witness: Yes / No (Name: \_\_\_\_\_

NRIC: \_\_\_\_\_

HP: \_\_\_\_\_)

\*Accident reported to police: Yes / No

\*Summon against whom: \_\_\_\_\_

\*Injured party: Yes / No

\*No. of passengers (include driver): \_\_\_\_\_

-I/Name: \_\_\_\_\_

\*Fasten seat belt: Yes / No \*Conveyed by Ambulance: Yes / No

-I/Name: \_\_\_\_\_

\*Fasten seat belt: Yes / No \*Conveyed by Ambulance: Yes / No



**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  
 A Member of **MS&AD** INSURANCE GROUP

**CERTIFICATE OF INSURANCE**

ROAD TRANSPORT ACT 1987 (MALAYSIA), ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)  
 THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (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.

**MOTORMAX PLUS****Comprehensive**Certificate No. **G 300052882 MCY****Excess : SGD1,500****Windscreen Excess : SGD100**

1. **Index Mark and Registration Number of Vehicle**  
 SLR2192D

2. **Name of Policyholder**  
 Hitachi Capital Asia Pacific Pte. Ltd.

3. **Effective Date of the Commencement of Insurance for the purposes of the Act**  
 04/08/2019

4. **Date of Expiry of Insurance**  
 03/08/2020

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 for the carriage of passengers or goods in connection with the Policyholder's business. Use for social domestic and pleasure purposes and business purposes of any person to whom the vehicle is hired  
 The Policy does not cover:

- (1) Use for racing pace-making reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
- (3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

\* 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.

PLEASE NOTE ALL CLAIMS RELATED REPAIR CAN BE CARRIED OUT AT ANY WORKSHOP OF YOUR CHOICE OR AT ANY MSIG AUTHORISED WORKSHOP LISTED IN THE ATTACHED.

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

Craig Ellis  
 Chief Executive Officer