





## 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 GlA 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	04/02/2020 14:20
Date Of Accident	03/02/2020 17:00
Exact Location Of Accident	RIGHT TURN FROM DUNEARN ROAD TO FARRER ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV9121S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SIM WEIHENG
NRIC No	SXXXX044H
Email Address	SIM.WEIHENG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96465826
Alternative Phone No	OTHERS-96465826

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 A
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D-20094816MVPC
Cover Note Number	

### Driver

Name of Driver	SIM WEIHENG
NRIC No	SXXXX044H
Date Of Birth	24/04/1984
Occupation	INDOOR
Date Of Driving Pass	18/03/2005
Driving Experience	14 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96465826
Fax Number	
Contact Number	OTHERS-96465826
Email Address	SIM.WEIHENG@GMAIL.COM

Address	BLK 58 STRATHMORE AVENUE #15-109
Postcode	142058
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?	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

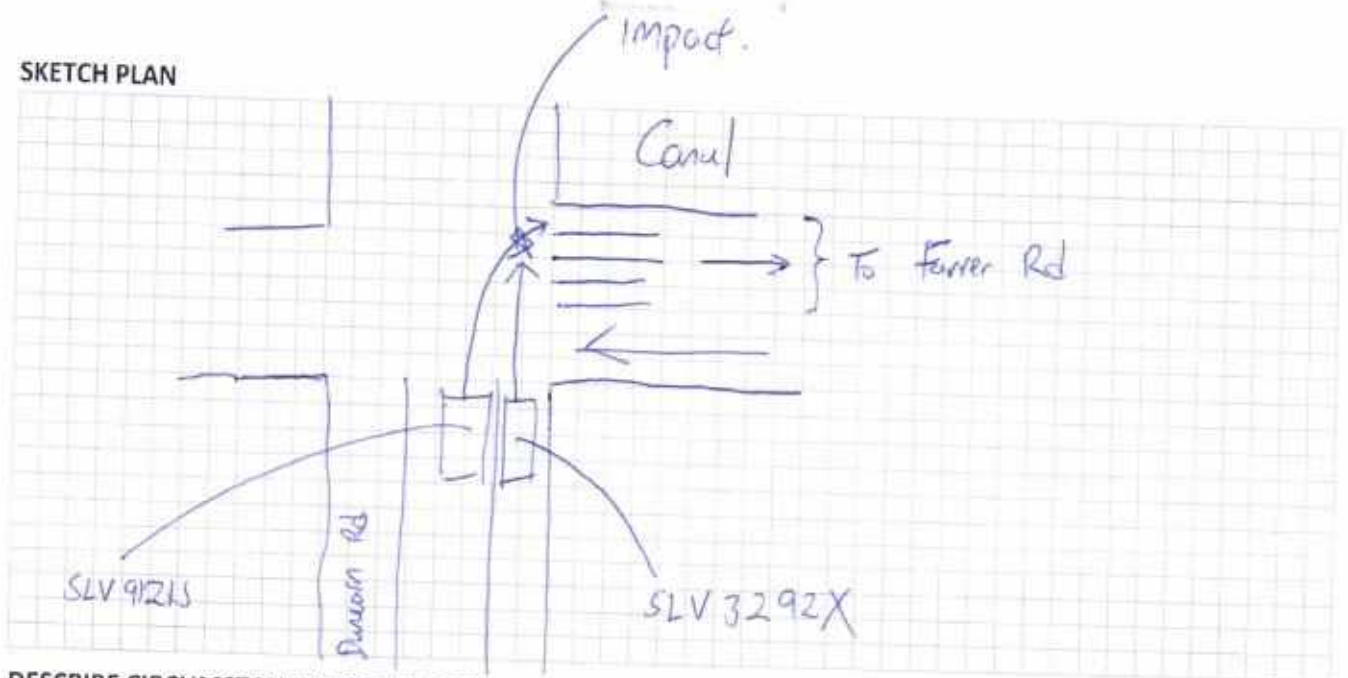
#### Attachment(s)

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	SLV3292X
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	POH JING JING LIZA
NRIC/Passport Number	
Contact Number	93629328
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At about 1700H, I was making a right turn from Dunoon Rd to Farrer Rd. As I made my right turn, SLV 3292X collided with my car, SLV 91213, on the right passenger door.

SLV 3292X's impact point was on the left headlight / bumper area.

We moved to the side of the road after the junction, took photos of the damage and exchanged contact details. We agreed to report the incident then, no attribution of responsibility was settled at that time.

## DECLARATION

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

Policyholder's Signature  
Date & Time: 04/02/2020 1430H

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

Reporting Centre Personnel's Signature  
Name: 04/02/2020  
NRIC/FIN No.:



# ACCIDENT STATEMENT

ACCIDENT DATE: 23/02/2020 (DD/MM/YYYY) TIME: 17:00 (HH:MM) About

LOCATION: Right turn from Purnima Rd to Foster Rd

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLV91215  
 b) INSURANCE COMPANY: ML First Capital  
 c) POLICY NUMBER: D-20094816M.VPC  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: Toyota Wish  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Private transport  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) YES  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: Sim Weieng (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 841204-H CONTACT: 9645826  
 c) ADDRESS: 58 Seahmore Ave # 15-101  
5142058

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

DRIVER As Above

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: 24/04/1994 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) TYPE OF DRIVING PASS: 18032005

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

7. a) REPORTED TO POLICE (YES/NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLV3292X MODEL: Toyota  
 b) DRIVER'S NAME: POH JING JIN LIZA  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 93629328

## 9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

No of passengers  
(including driver)  
(2) 1

No of passengers  
(including driver)  
(2)

No of passengers  
(including driver)  
( )

Email: sim.weieng@gmail.com

VIDEO

**CERTIFICATE OF INSURANCE**

ORIGINAL

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960  
 Road Transport Act, 1987 (Malaysia)  
 Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Type of Policy : PRIVATE MOTOR CAR INSURANCE  
 Type of Cover : Comprehensive  
 Certificate No. : D-20094816MVPC  
 Vehicle No / Chassis No : SLV9121S / JTDGG20VW80J008447  
 Name of Insured : SIM WEIHENG  
 Period Of Insurance : 23.01.2020 To 22.01.2021  
 Insured Estimated Value : Market Value At Time Of Loss

**Excess :**

SGD750.00 SECTION I FOR NAMED DRIVER  
 SGD950.00 SECTION I FOR UNNAMED DRIVER  
 SGD3,500.00 SECTION I & II SEPARATELY IS IMPOSED ON THOSE DRIVERS WHO ARE  
 BELOW 22 YEARS OLD AND/OR WHO HAVE LESS THAN 2 YEARS OF DRIVING EXPERIENCE

**Authorised Driver\***  
 SIM WEIHENG

**Persons or classes of persons entitled to drive\***

- 1) The Insured.  
 The Insured may also drive a Motor Car not belonging to or hired (under a hire purchase agreement or otherwise) to him or his employer or his partner.
- 2) Any other person who is driving on the Insured's order or with his permission.

\* Provided that the person driving is permitted in accordance with the licensing or other 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 only for social, domestic and pleasure purposes and for the Insured's business.

The Policy does not cover use for hire or reward, racing, pacemaking, 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.

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)

MS First Capital Insurance Limited  
 (Approved Insurers)

ITHMINAH/A0041/MX1F

Issued at Singapore on 19.12.2019

Authorized Signature