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### 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.
- 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.

noi esque	
	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
A STATE OF THE PARTY OF THE PAR	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLV9121S
Insured/Policyholder	
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	ТОУОТА
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	

OTHERS-96465826

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

1

.

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

101

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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

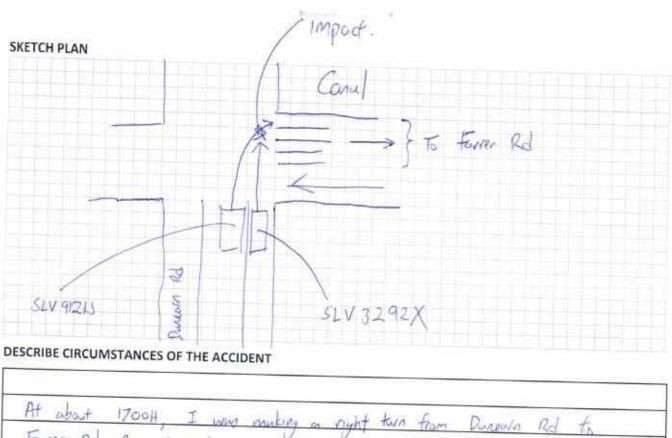
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2



At about 1700 Farier Rd. Az	I made my right two from Dunewin Rd to I made my right two, SLV 3292X collided with 91213, somethe right prosence door.
	impact point was the left headlight / hum
We moved photos of to report	to the side of the road after the juntion, to the damage and exchanged contact details we agree the incident them, no attribution of responsibility in at that time.

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:

Reporting Centre Personnel's Signature

Name:

# . AGCIDENT STATEMENT

ACC	IDENT DATE (03 / 02 / 2570)	A2	art
toc	ATION: Right tous for 1	Samon P. L. C.	7 : 00 )(HHIMM)
1	OIVEHICLE NUMBER SL	V91215	Ret .
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¥	DIMAKE & MODELL  ITYPE: (SALOON / COUPE MPV)  DIVEHICLE CATEGORY: (PRIVATE  IT) PURPOSE OF USING AT ACCIDE  I) ARE YOU CLAIMING UNDER YOU	AND AND THE PROPERTY OF THE PARTY OF THE PAR	CTOLE!
2,	IF NO, PLEASE STATE (THIRD PAR	JP OWN INSURANCE (YES	ZILY)
0.	A) NAME: Sim Welleng DINRIC/FIN/PASSPORT: S C) ADDRESS: S8 State	more Ave # 15-101	1 / FEMALE   1 / FEMALE   26
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(Including distrary)	© ADDRESS		AALE / PEMALE)
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t to all passanger (Industing different	d) VEHICLE NUMBER:	MODEL!_	1/4
	NRICYFIN/PASSPORT:	CONTAC	T( <u>'</u>

email: sim. weiheng@gmail.com



MS First Capital Insurance Limited Co. Reg. No. 195000106C GST Reg. No. M2-0001576-9 5 Raffles Quay #21-00 Singapore 048580 Tel: (65) 6222 2311 Fax: (65) 6222 3547

Claims & Motor Underwriting Dept: 36 Robinson Road #16-01 City House Singapore 068877 Tel: (65) 6507 3848 Fax: (65) 6507 3849 www.msfirstcapital.com.sg

## 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 / JTDGG20W80J008447

Name of Insured

SIM WEIHENG

Period Of Insurance

23.01.2020 To 22.01.2021

Insured Estimated Value

Market Value At Time Of Loss

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 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

Authorised Signature