

## 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	01/02/2020 11:50
Date Of Accident	31/01/2020 19:30
Exact Location Of Accident	CTE TOWARDS SLE BEFORE BRADDELL ROAD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ299J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TEOH XI HUANG, NICHOLAS
NRIC No	S8851469F
Email Address	NICHOLASTXH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97471469
Alternative Phone No	OFFICE-97471469
<b>Vehicle Particulars</b>	
Manufacturer	AUDI
Model	Q2-999CC 1.0 TFSI S TRONIC (A)
Exact Purpose for which vehicle was being used at time of accident	
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	A300200446QMX
Cover Note Number	

### Driver

Name of Driver	CHEW RU SHAN (ZHOU RUSHAN)
NRIC No	S8823819B
Date Of Birth	23/06/1988
Occupation	INDOOR
Date Of Driving Pass	13/01/2009
Driving Experience	11 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93684149
Fax Number	
Contact Number	
Email Address	CHEWRUSHAN@GMAIL.COM

Address	BLK 361 BUKIT TIMAH ROAD #07-03
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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)	2
Passenger 1	NAME: : JOANNE LOH 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

REFER TO ACCIDENT STATEMENT.

#### 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	SLE965Y
Vehicle Make/Model/Colour	TOYOTA ALTIS /SILVER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHC992B
Vehicle Make/Model/Colour	MERCEDES / WHITE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

# Accident Sketch Plan

## IMPORTANT NOTICE

## SKETCH PLAN

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### B. 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 making 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 envelope/mail package); 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 asked 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 (b) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulation, 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: 1/2/2020  
12:00 PM

Driver's Signature  
(if driver is not the policyholder)  
Date & Time: 1 Feb 2020  
12:00 PM

CHUA STASYA  
CUSTOMER SERVICE ADVISOR  
ACCIDENT & BODYWORK  
Reporting Centre Personnel's Signature  
Name:  
NIC/PIN No.:

# Common Statement

## SKETCH PLAN



A: 511299J  
B: 5LE965Y  
C: 5HC992B

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Second day

I was travelling on CTE on the ~~first~~ lane, after exiting ME (towards  
Baddell Road exit). The traffic was slow moving and had come to  
a short stop. My car was stationary. A few seconds later, I heard  
a loud bang and saw in my rearview mirror that Car C had  
hit Car B. Car B then hit my car and I managed to brake.

## DECLARATION

(/We declare the foregoing particulars are true to every respect.

*[Signature]*

Police Officer's Signature  
Date & Time: 1/2/2020  
12:00pm

*[Signature]*

Driver's Signature  
(If driver is not the police officer)  
Date & Time: 1 Feb 2020  
12:00pm

*[Signature]*

Reporting Officer's Signature  
Name:  
NIC/PS No.:

CHUA SYASTIA  
CUSTOMER SERVICE ADVISOR  
ACCIDENT & BODILY INJURY





MSIG Insurance (Singapore) Pte. Ltd.  
4 Shenton Way, #21-01, 200 Centre 2, Singapore 068807  
Tel: 65 63427788, 65 63427789, 65 63427790  
Fax: 65 63427788, 65 63427789, 65 63427790  
CR Reg No. 1006221130, GR Reg No. 20-04-121230  
A Member of **MS&AD** INSURANCE GROUP

### CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIAN ROAD TRANSPORT (MOTORING) ACT 2019 (MALAYSIA))  
THE MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT 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) ACT, 1986 (EDITION (REPUBLIC OF SINGAPORE))  
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

#### MOTORMAX Comprehensive

Certificate No. A 300200446 QMX

Excess : SGD500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle  
SLJ2991

2. Name of Policyholder  
Teoh Xi Huang Nicholas

3. Effective Date of the Commencement of Insurance for the purposes of the Act  
30/10/2015

4. Date of Expiry of Insurance  
24/10/2020

5. Persons or Classes of Persons entitled to drive\*  
Teoh Xi Huang Nicholas

\* Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

\* Provided that the person driving is sponsored 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 provided inoperative by Section 8 of the Motor Vehicles (Third Party Risks 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 MUST BE CARRIED OUT AT ANY MS&G 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 of 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 Elin

Chief Executive Officer

50501W60201910A1591

OWNER'S DRIVING LICENSE AND NRIC



(cloner)



DRIVER'S DRIVING LICENSE AND NRIC



(Driver)





Accident Photo



**Accident Photo**



Accident Photo



Accident Photo



Accident Photo





Accident Photo



**Accident Photo**



Accident Photo





Accident Photo



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