





## 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	26/02/2020 09:32
Date Of Accident	25/02/2020 08:05
Exact Location Of Accident	REFLECTION AT KEPPEL BAY VIEW (DRIVEWAY)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE6874L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HO KWOK KEUNG PAUL
NRIC No	SXXXX048Z
Email Address	PHAUOL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91277151
Alternative Phone No	OTHERS-91277151

### Vehicle Particulars

Manufacturer	BMW
Model	116D
Exact Purpose for which vehicle was being used at time of accident	COMMUTE TO WORK

Are you claiming under your own insurance policy for repair to your vehicle? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 29117884 APO
Cover Note Number	

### Driver

Name of Driver	HO KWOK KEUNG PAUL
NRIC No	SXXXX048Z
Date Of Birth	06/06/1967
Occupation	INDOOR
Date Of Driving Pass	07/08/1998
Driving Experience	21 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91277151
Fax Number	
Contact Number	OTHERS-91277151
EMail Address	PHAUOL@GMAIL.COM

Address	23 KEPPEL BAY VIEW #05-74
Postcode	098414
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)	2
Passenger 1	NAME: : WIFE 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

PLEASE 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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLL7739B
Vehicle Make/Model/Colour	MAZDA 3
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN TIONG SOON STEPHEN
NRIC/Passport Number	SXXXX005E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

## SKETCH PLAN

### IMPORTANT NOTICE

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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.

Policyholder's Signature

Date & Time:

Feb 25, 2020  
16:17

Driver's Signature

(If driver is not the policyholder)

Date & Time:

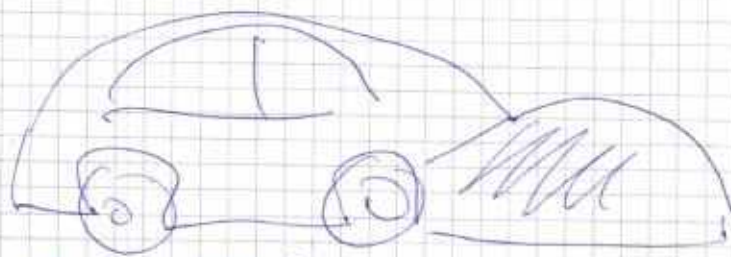
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

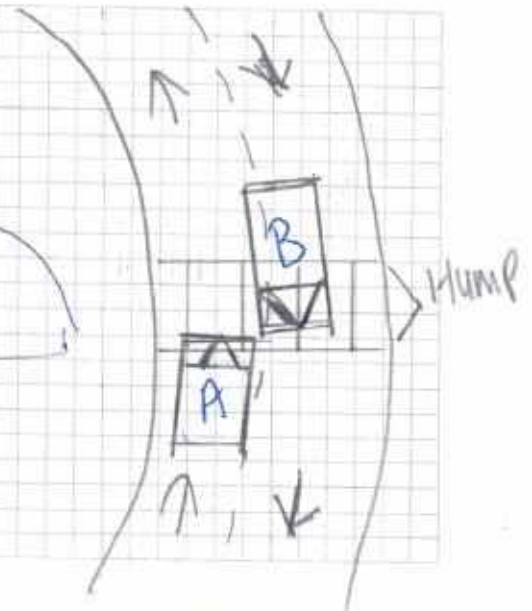


# SKETCH PLAN



A) SLE 6874 L.

B) SLE ~~7739B~~ 7739B



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

This morning at 0805 am, I was driving from carpark to the driveway (Keppek Bay View), when I negotiated a bend, there was a Mazda SL 7739B coming towards my car. That car cross the middle divider and hit my car at my front side bumper. Since it is at the corner and I have no space at my left side, my car was scratched.

THIS MORNING AT 08:05 HRS, I WAS DRIVING FROM CARPARK TO TAFE DRIVEWAY (KEPEK BAY VIEW) WHEN I NEGOTIATED A BEND, THERE WAS A MAZDA SL 7739B COMING TOWARDS MY CAR. THAT CAR CROSS THE MIDDLE DIVIDER AND HITTED MY CAR AT MY FRONT RIGHT SIDE BUMPER. SINCE IT IS AT THE CORNER AND I HAVE NO SPACE AT MY LEFT SIDE. MY CAR WAS SCRATCHED.

PICTURE ATTACHED.

## DECLARATION

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

Policyholder's Signature

Date & Time: Feb 25, 2020

16:32

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# ACCIDENT STATEMENT

ACCIDENT DATE: 25/02/2020 (DD/MM/YYYY), TIME: 08:05 (HH:MM)

LOCATION: Keppel Bay View, Reflections

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLE6S74L  
 b) INSURANCE COMPANY: MSIG  
 c) POLICY NUMBER: A 29117884 APO  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: BMW 116d  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: commute to work  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: Ho, Khok Kien, PAUC (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 26116482 CONTACT: 91277111  
 c) ADDRESS: 23 Keppel Bay View, #05-74  
5098418

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

## DRIVER

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

\* d) DATE OF BIRTH: 08-06-1967 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 07 Aug 1998

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: myself

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES/NO)

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

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

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLL739B MODEL: MAZDA 3  
 b) DRIVER'S NAME: TAN TONG SOON STEPHEN  
 c) NRIC/FIN/PASSPORT: S1181005E CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

# No of passengers  
 (including driver)  
(2)

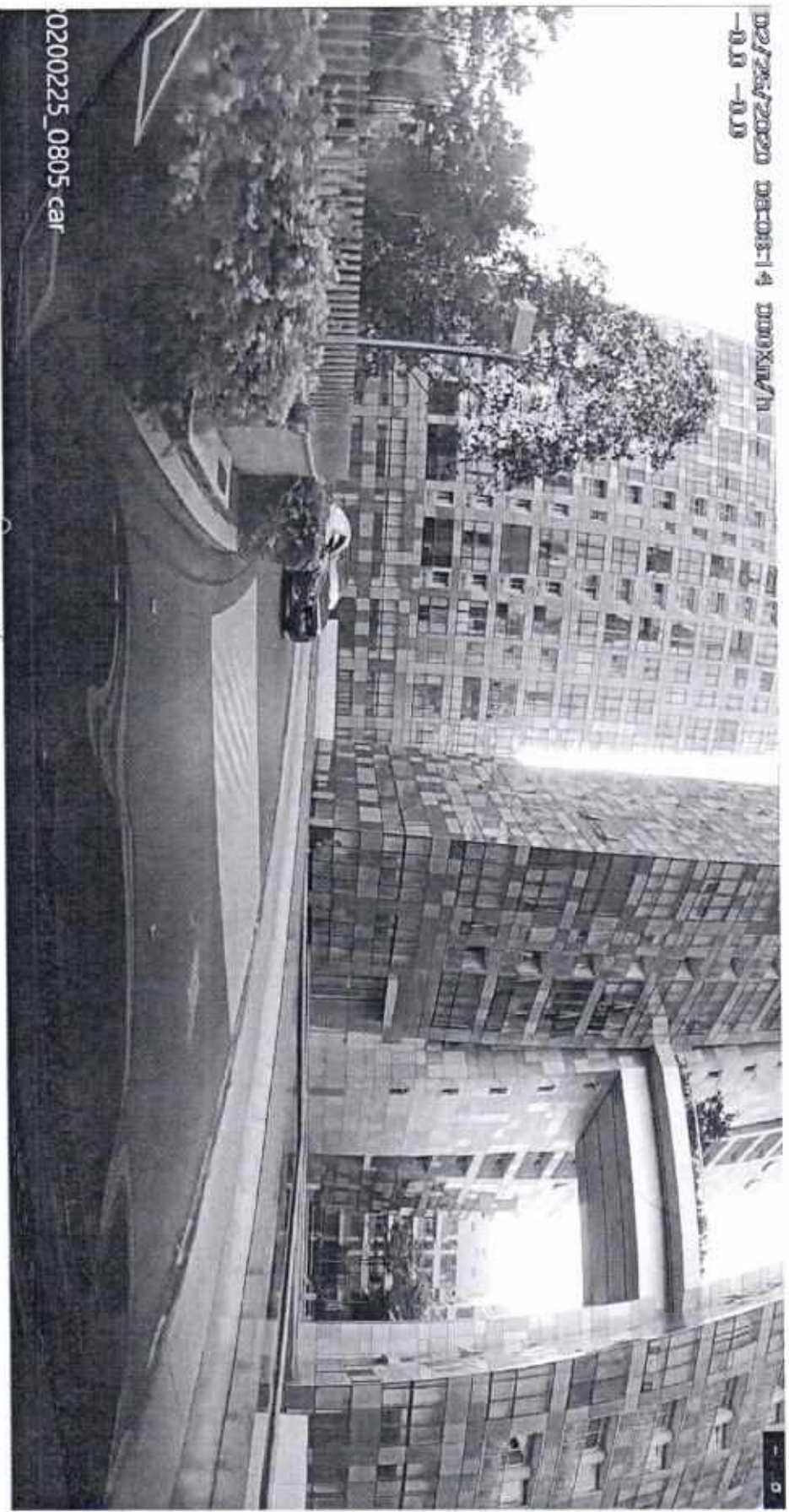
# No of passengers  
 (including driver)  
( )

# No of passengers  
 (including driver)  
( )

Email: phauo1@gmail.com  
 VIDEO



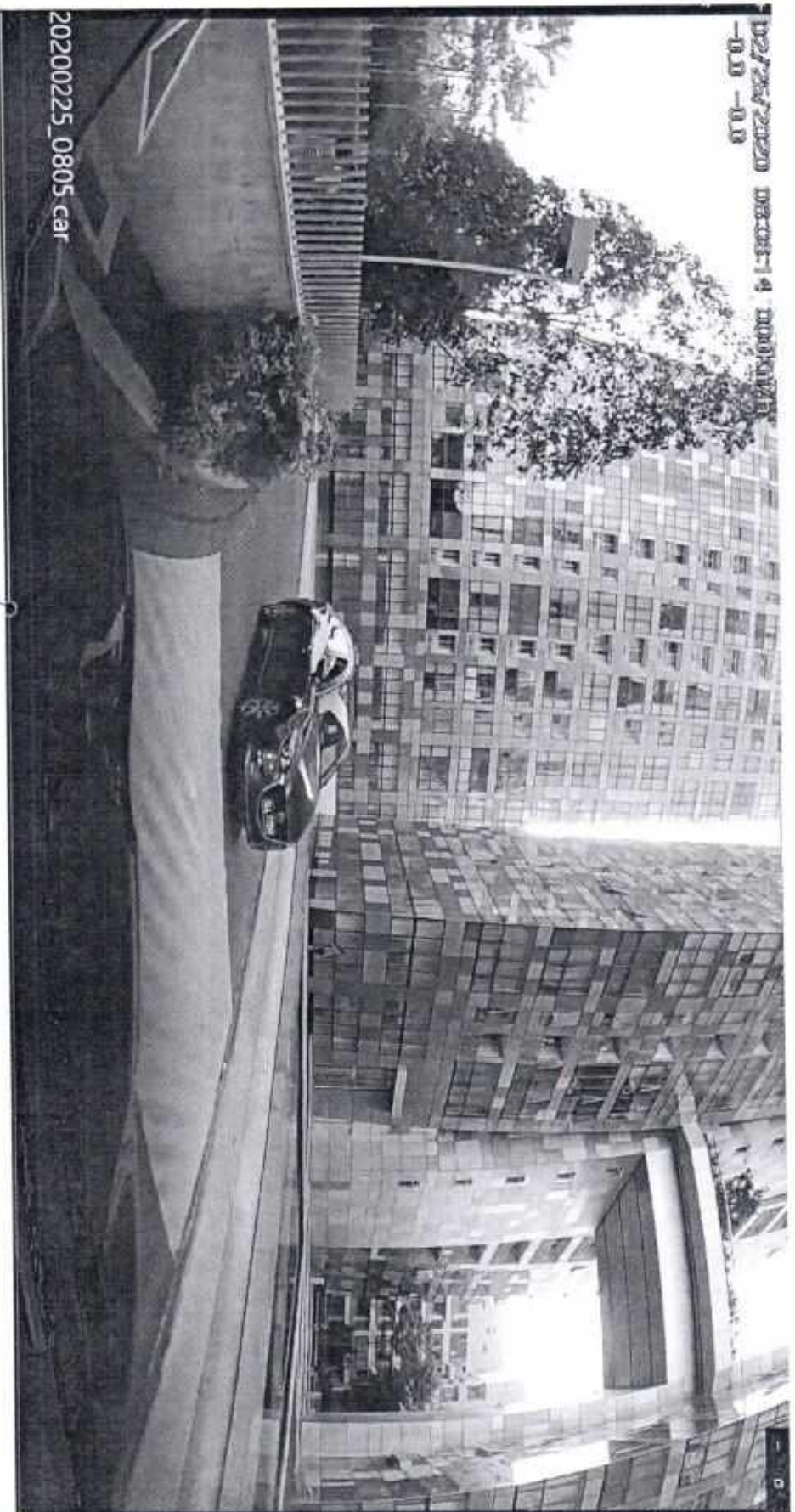
# A series of screen shots from the video – View 1



*per 26/07/2020*

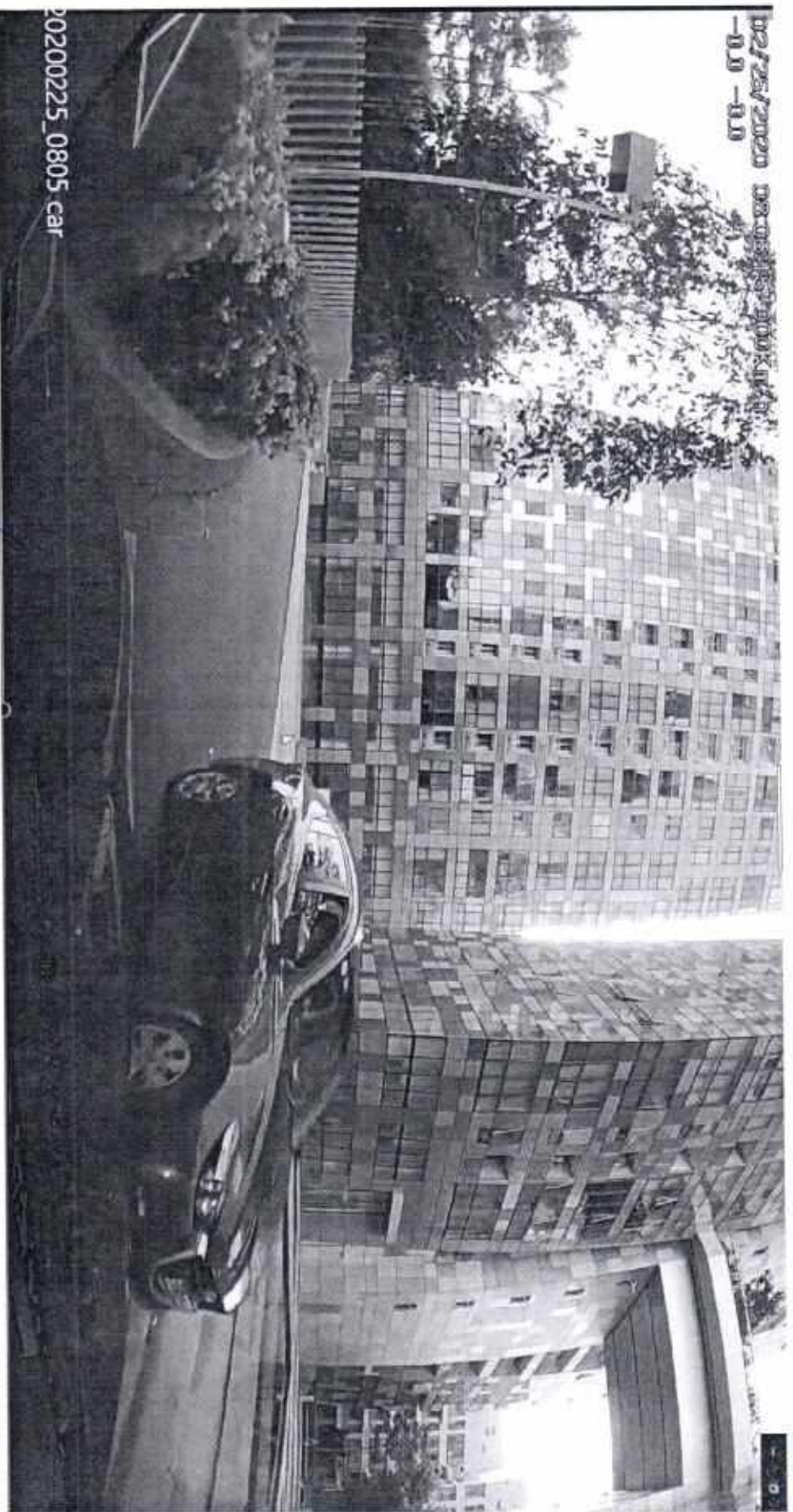


A series of screen shots from the video – View 2



at 20/01/2020

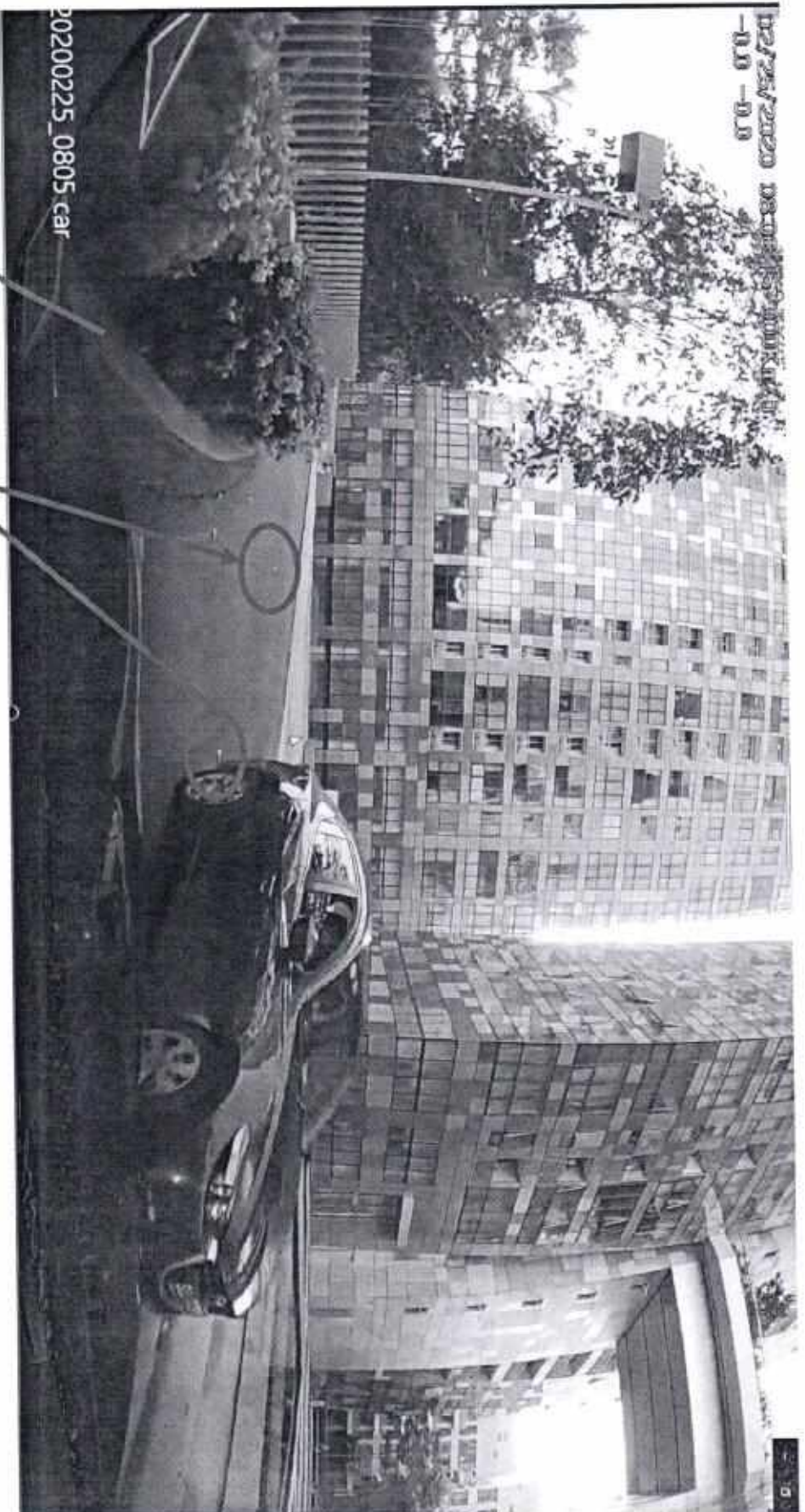
# A series of screen shots from the video – View 3



20200225\_0805\_car

all 26/01/2020

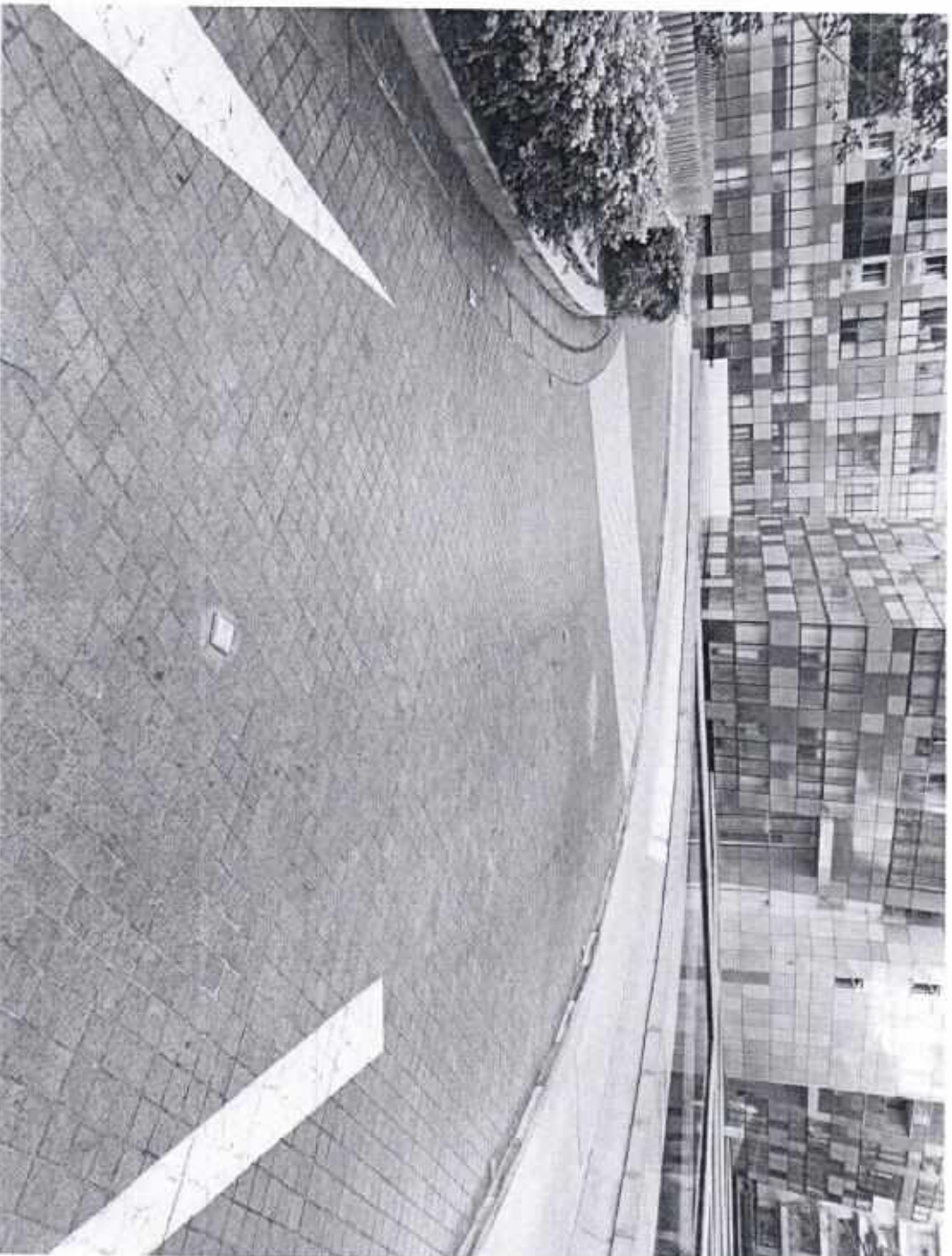




Middle dividing metal tile  
SLL7739B way passed the tiles

No space on SLE6874L left side to escape

A normal angle view of the section of  
the road having the accident – view 1



pl 26/07/2020



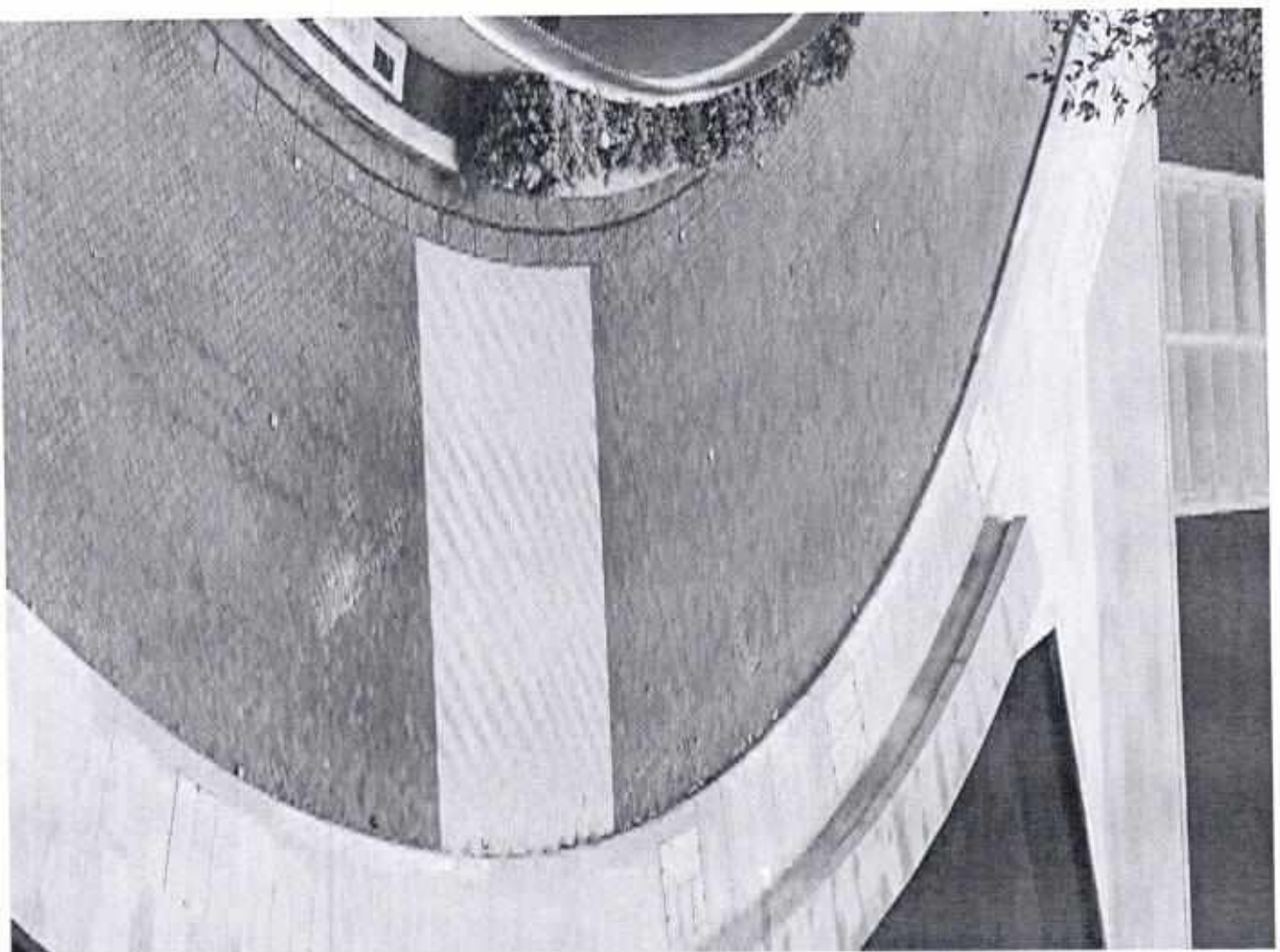
A normal angle view of the section of  
the road having the accident – view 2



pl 20/01/2000

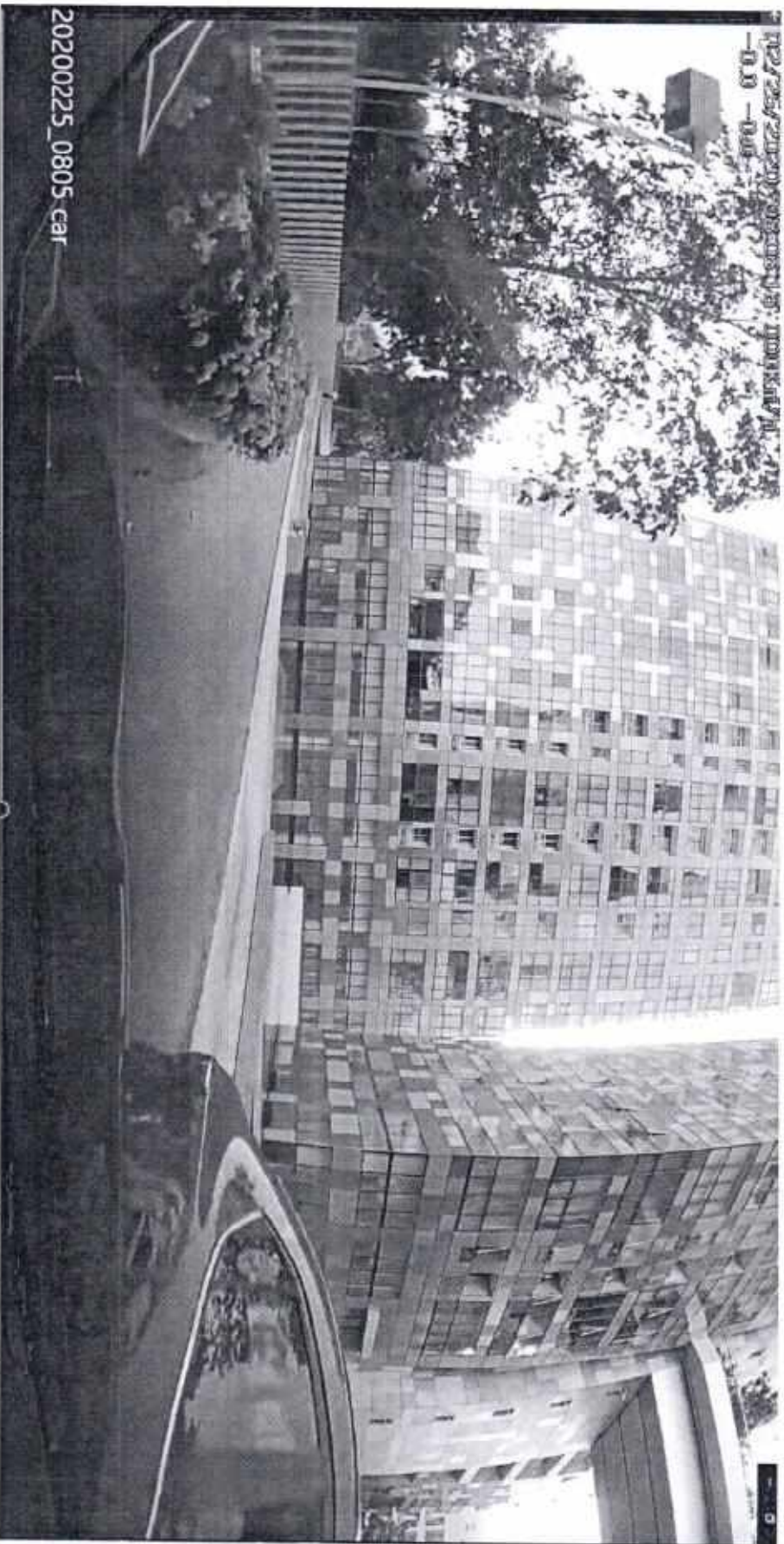
A normal angle  
view of the  
section of the  
road having the  
accident – view 3

Mr. [unclear] [unclear]





A series of screen shots from the video – View 4



gr 20/02/2020

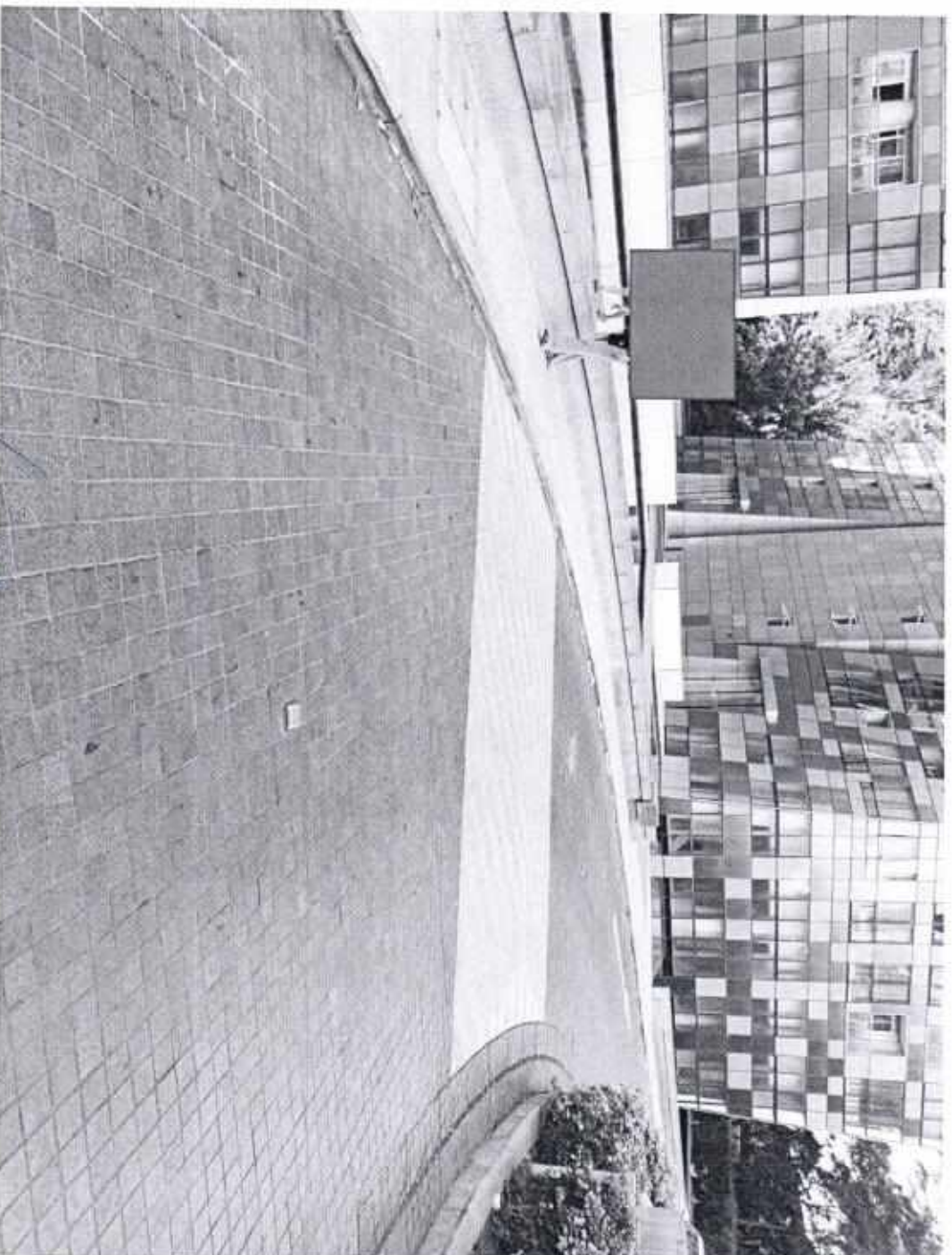
A normal angle view of the section of the road having the accident in reverse direction – view 1



per 26/01/2020

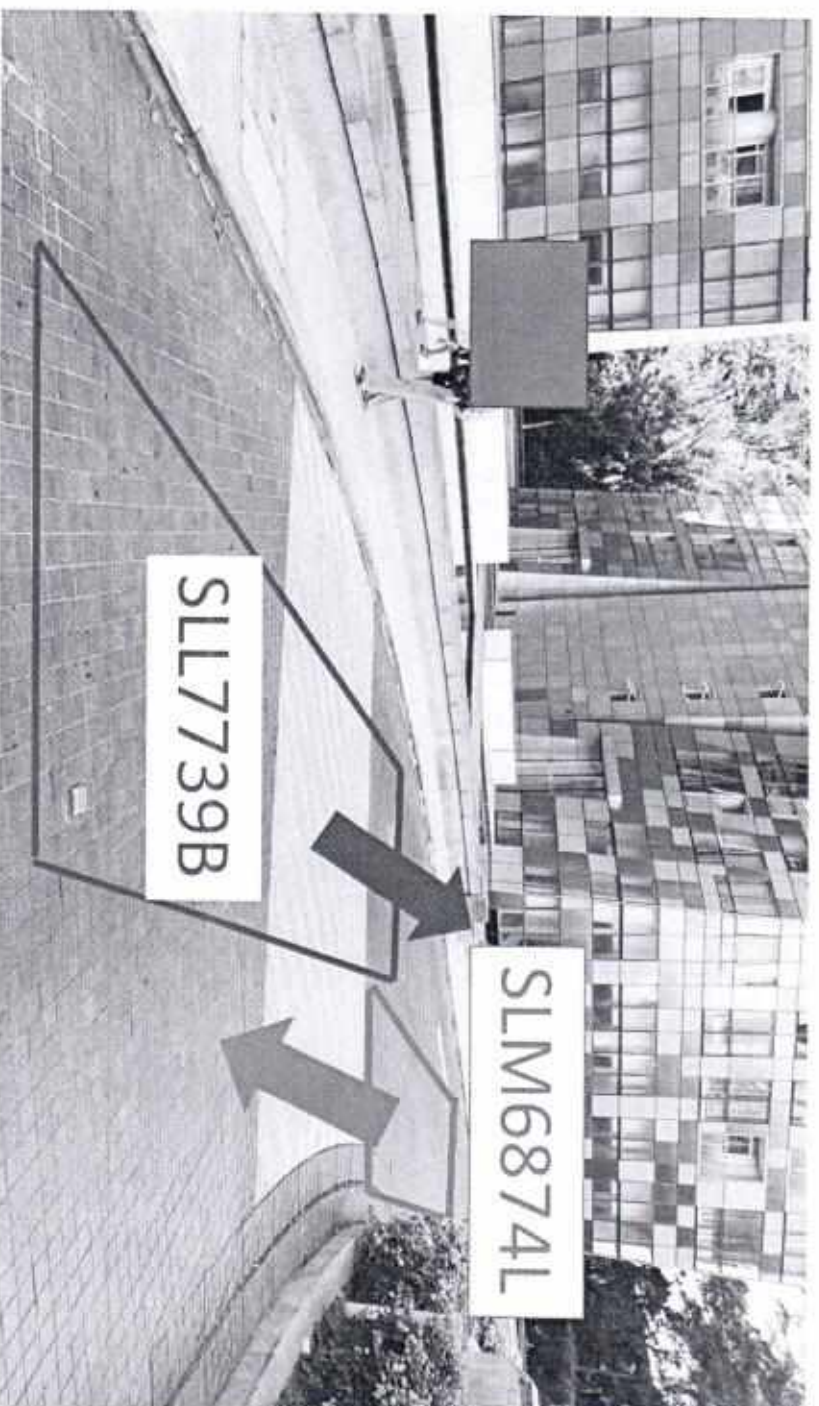


A normal angle view of the section of the road having the accident in reverse direction – view 2



for sketch

A normal angle view of the section of the road having the accident in reverse direction – view 2



SLL7739B pass the middle metal tile on the right side, No space for SLM6874L to escape

all 26/01/2020





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

## Certificate of Insurance

ORIGINAL

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

Form M.X.I  
Individual Ownership

Prestige Drive - PPSL  
Comprehensive

Certificate No. A 29117884 APO

Excess : SGD500

Windscreen Excess : SGD0

1. Index Mark and Registration Number of Vehicle

SLB6874L

2. Name of Policyholder

Ho Kwok Keung Paul

3. Effective Date of the Commencement of Insurance for the purposes of the Act

17/02/2019

4. Date of Expiry of Insurance

28/07/2020

5. Persons or Classes of Persons entitled to drive\*

Ho Kwok Keung Paul

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 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 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.

**PLEASE NOTE ALL CLAIMS RELATED REPAIR CAN BE CARRIED OUT AT PERFORMANCE MOTORS LIMITED 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

Amy Ler  
Senior Vice President, Agencies

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MNAY20025141 Vehicle Registration No: SLK 6874L  
Name (as shown in NRIC): Ho Kwok Kuen's Paul NRIC/FIN/Passport No: SXXXXX0482  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address: \_\_\_\_\_ Singapore( )  
Contact (Tel): \_\_\_\_\_ Mobile No.: 9127751  
Email Address: \_\_\_\_\_  
Date of Accident: 25/08/2020 Time of Accident: 08:05  
Place of Accident: Reductions at Kallang Bay View (Driveway)  
Insurance Company: M816

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

claimant from third party to own damage claim

Policyholder / Driver's Signature  
Date:

03/03/2022  
Reporting Centre Personnel's Signature  
Name: Pauli Maffas  
NRIC/FIN No.:  
Date: