





## 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	23/03/2020 15:18
Date Of Accident	12/03/2020 14:30
Exact Location Of Accident	NO. 1 ENTERPRISE ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC4038H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG CHIN LEE
NRIC No	SXXXX191D
Email Address	YONGLINGRUI3@GMAIL.COM.SG
Mobile Phone No	(LOCAL) +65-90055443
Alternative Phone No	OTHERS-90055443

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 X CVT (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	MSIG INSURANCE (SINGAPORE) PTE, LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 28745608 QMX
Cover Note Number	

### Driver

Name of Driver	NG CHIN LEE
NRIC No	SXXXX191D
Date Of Birth	10/10/1965
Occupation	INDOOR
Date Of Driving Pass	18/04/1994
Driving Experience	25 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90055443
Fax Number	
Contact Number	OTHERS-90055443
Email Address	YONGLINGRUI3@GMAIL.COM.SG

Address	BLK 105A DEPOT ROAD #21-613
Postcode	101105
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	HIT BY FALLEN TREE / OTHER OBJECTS
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	GBE4333M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## SKETCH PLAN

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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.

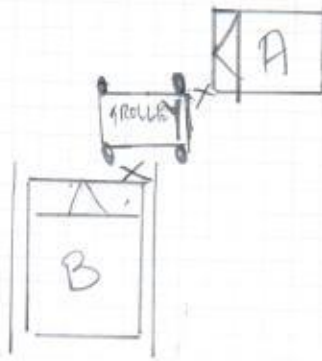
  
Policyholder's Signature  
Date & Time: 23/3 12.35

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

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

SKETCH PLAN

NO. 1 ENTERPRICE ROAD



A) SL4088

B) GBE4333M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The incident occurred on 12 March 2020 at

1 Enterprise Road, at around 2.30pm when I encountered a

van parked in a parking lot. When I first arrived, I did

not notice the trolley that was stationed at the front of

the van. As I needed to adjust my car in order to park into

the parking lot, I accidentally hit the trolley due to the

disadvantage of blind spots. The trolley then rolled and knocked


into the van bumper. This resulted in a dent in the bumper.

DECLARATION

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

Policyholder's Signature  22/3  
Date & Time: 12.40

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

Reporting Centre Personnel's Signature  23/03/2020  
Name: Ross WATKINS  
NRIC/FIN No.:



## ACCIDENT STATEMENT

ACCIDENT DATE: 12 / 3 / 2020 (DD/MM/YYYY), TIME: 2 : 30 (HH:MM)

LOCATION: 1 Enterprise Road

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLC 4038 H  
b) INSURANCE COMPANY: MSIG  
c) POLICY NUMBER: A 28745608 G M X  
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
e) MAKE & MODEL: compre Honda vezei  
f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE  
h) PURPOSE OF USING AT ACCIDENT TIME: Private  
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: NG CHIN LEE (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S1733191D CONTACT: 822 90055443  
c) ADDRESS: Deput Rd, P1K 105A #21-613

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

### DRIVER

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

\* d) DATE OF BIRTH: 10 / 10 / 1965 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 18-4-1994

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 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)

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

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

### 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: GBE 4333 M MODEL: Toyota

b) DRIVER'S NAME: \_\_\_\_\_

c) NRIC/FIN/PASSPORT: \_\_\_\_\_

CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: \_\_\_\_\_

MODEL: \_\_\_\_\_

e) DRIVER'S NAME: \_\_\_\_\_

f) NRIC/FIN/PASSPORT: \_\_\_\_\_

CONTACT: \_\_\_\_\_

\* No of passenger  
(including driver)  
(1)

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )

Email = Yongling Rui 3@gmail.com

VIDEO



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

**MOTOR MAX****RENEWAL CERTIFICATE**

Policy Number	Period of Insurance	Place of Issue
A 28745608 QMX	13/05/2019 to 12/05/2020	SINGAPORE
Name and Address of Insured		Date of Issue
Ng Chin Lee 105A Depot Road #21-613 SINGAPORE 101105		10/05/2019
		Account Number
		156356
Premium	GST	Total Due
SGD670.18	SGD46.91	SGD717.09

**NAME OF INSURED**

NG CHIN LEE

**RISK NUMBER 1****MOTORMAX****OCCUPATION**

Indoor Occupation

**FINANCIAL INTEREST**Jack Cars Enterprise Pte. Ltd.  
as Hire Purchase Owners**SCOPE OF COVER** Comprehensive**INTEREST INSURED**

REGISTRATION NO. SLC4038H  
MAKE/MODEL Honda Vezel 1.5X CVT  
ENGINE NUMBER L15B4034323  
CHASSIS NUMBER RU11114318  
YEAR OF MFG 2016  
CAPACITY 1,496 C.C.  
SEATING CAPACITY 5 (INCL. DRIVER)  
WINDSCREEN UNLIMITED

SUM INSURED  
INCL. COE/PARF YES  
OFF-PEAK CAR NO  
NO CLAIM DISCOUNT 50.00 % (or F/D)  
GOOD DRIVER'S  
DISCOUNT SGD35.27  
NCD PROTECTOR NOT COVERED  
EXCESS SGD500  
ANNUAL PREMIUM SGD670.18