

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	24/06/2020 16:43
Date Of Accident	23/06/2020 13:05
Exact Location Of Accident	ALONG BUKIT PANJANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS9415Y
Insured/Policyholder	
Name Of Registered Owner	GOH KAH CHYE
NRIC No	SXXXX610F
Email Address	ONG_SIEW_KHIM@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98197452
Alternative Phone No	OTHERS-97918864

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 CLASSIC 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	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	A 80470170 QMX
Cover Note Number	

Driver

Name of Driver	ONG SIEW KHIM
NRIC No	SXXXX876C
Date Of Birth	27/12/1964
Occupation	INDOOR
Date Of Driving Pass	27/12/1989
Driving Experience	30 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98197452
Fax Number	
Contact Number	OTHERS-97918864
Email Address	ONG_SIEW_KHIM@YAHOO.COM.SG

Address	BLK 291E BUKIT BATOK STREET 24 #19-03
Postcode	654291
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	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

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?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ8861Y
Vehicle Make/Model/Colour	
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)	

SKETCH PLAN

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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:

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

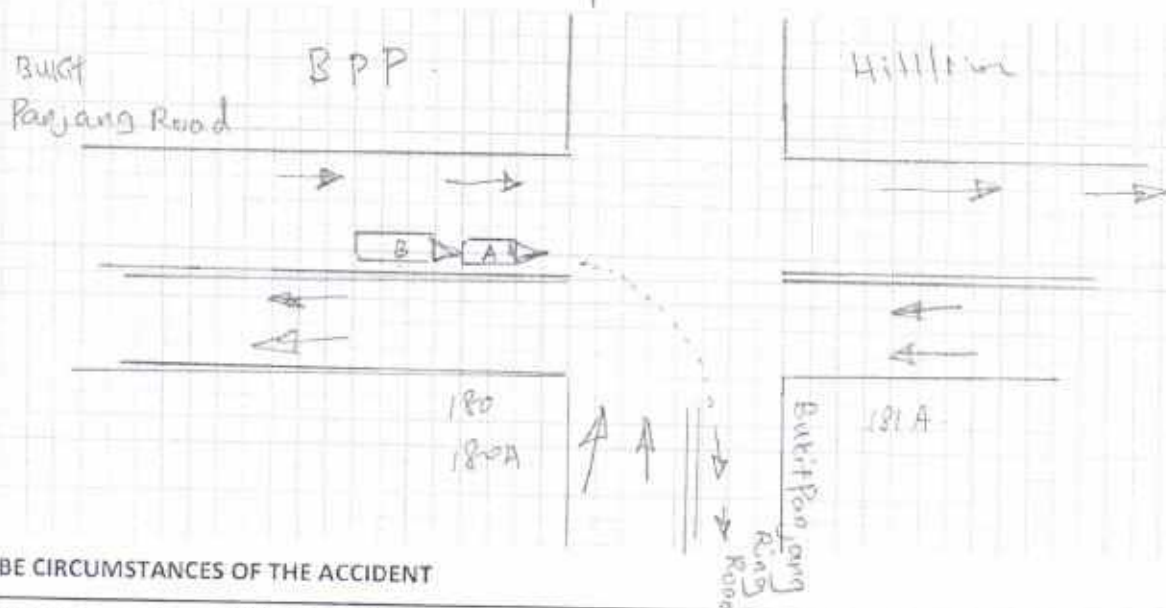
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

24/6/2020
15.00

24/06/2020
682
[Signature]

SKETCH PLAN

A 3KS 9415Y
B SLQ 8861Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: SKS 9415Y	ACCIDENT DATE & TIME: 23/6/2020 . 1.05pm
CONTACT NUMBER: 97918864	E-MAIL ADDRESS: ong-siew-khim@yahoo.com.sg
LOCATION: Bukit Panjang Road	
23/6/2020 @ 1.05pm. I was driving along Bukit Panjang Road. Before I turned into Bukit Panjang Ring Road, I stopped at the junction as it was a red light. Suddenly I heard a 'bang' sound and I notice that behind my car, a car had knocked into my car. The car plate number is SLQ 8816Y. The owner claimed that she did brake the car but her car was still moving when it happened.	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.	
Please state:	
<input type="checkbox"/> Claim Own Policy <input checked="" type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OD/TP at other workshop <input type="checkbox"/> Reporting Only	

DECLARATION

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

Policyholder's Signature

Date & Time:

24/6/2020
3pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

24/6/2020
2pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

24/06/2020
Kosda Lim Hwee

ACCIDENT STATEMENT

Date Of Accident : 23/06/20

Time Of Accident: 13:05

Exact Location Of Accident : ALONG BUKIT PANJANG ROAD

DETAILS OF OWN VEHICLE

Vehicle Registration Number : SKS9415Y

Insured/Policyholder

Name Of Registered Owner : GOH KAH CHYE

NRIC No : S1530610F

Email Address : -

Mobile Phone No : (LOCAL) +65 - 9819 7452

Alternative Phone No : Home -

Vehicle Particulars

Manufacturer : TOYOTA

Model : COROLLA ALTIS CLASSIC 1.6 CVT

Type of Claims / Report : ~~Own-Damaged Claims~~ / Third Party Claims / ~~Reporting Only~~

Vehicle Category : Private / ~~Commercial~~ / ~~Motorcycle~~ / ~~Bus~~ / ~~Others~~:

Insurance Company

Name of Insurance Company : MSIG

Type Of Coverage : Comprehensive / ~~Third Party~~ / ~~Third Party, Fire & Theft~~

Policy Number : A80470170QMX

Driver

Name of Driver : ONG SIEW KHIM

NRIC No : S1648876C

Date Of Birth : 27/12/1964

Occupation : Indoor / ~~Outdoor~~

Date Of Driving Pass : 27/12/1989

Gender : Male / Female

Mobile Number : (Local) +65- 9791 8864

Email Address : ONG_SIEW_KHIM@YAHOO.COM.SG

Address : BLK 291E BUKIT BATOK STREET 24 S19-03 S(654291)

Was driver an employee of the Insured's Company : Yes / No

If No, Relationship of the Driver with the Insured : SPOUSE

General Information of the Accident

Type Of Accident : HEAD TO REAR

Weather Conditions : ~~Clear~~ / Raining / ~~Others~~ :

Road Surface : ~~Dry~~ / Wet / ~~Others~~ :

Other Information

Was any foreign vehicle involved in this accident? : ~~Yes~~ / No

Was anybody injured in the Accident? : ~~Yes~~ / No

Was any other material or property damaged? : Yes / ~~No~~

Was there any video captured by Car Camera? : Yes / ~~No~~

Number of Passengers (Including Driver) : 01

Name of Passengers: -

Details of Police Action

Was the accident reported to the police? : Yes / No

If Yes, Please state which Police Station :

Was notice of intended Prosecution given? : ~~Yes~~ / No

If Yes, against whom? :

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number : SLQ8861Y

Vehicle Make/Model/Colour :

Name of Driver :

NRIC/Passport Number :

Contact Number :

Address :

Insurance Company Name :

Details of Witness

Name :

Phone Number :

Email Address :



MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way #21-01 SGA Center 2 Singapore 068807
Tel: (65) 6827 7888 Fax: (65) 6827 1800
Co Reg No: 2004122120 GST Reg No: 20-00122120

Certificate of Insurance

ORIGINAL

ROAD TRANSPORT ACT 1987 (MALAYSIA)
THE MOTOR VEHICLES (THIRD PARTY RISKS) RULES 1989 (FEDERATION OF MALAYSIA)
THE MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CAP 189:14) THE REVISED EDITION
(REPUBLIC OF SINGAPORE)
THE MOTOR VEHICLES (THIRD PARTY RISK AND COMPENSATION) RULES 1986 EDITION, REPUBLIC OF SINGAPORE
OR ANY AMENDMENT ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Form: 2001
MSIG 1000-0000-0000

MOTOR MAX
Comprehensive

Certificate No: 2001-0000-0000

Excess: 2000.00
Windscreen Excess: 2000.00

1. Index Mark and Registration Number of Vehicle
2001-0000-0000

2. Name of Policyholder
2001-0000-0000

3. Effective Date of the Commencement of Insurance for the purposes of the Act
2001-0000-0000

4. Date of Expiry of Insurance
2001-0000-0000

5. Persons or Classes of Persons entitled to drive*

2001-0000-0000
Any 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
licence or regulation to that effect from driving the Motor Vehicle.

6. Limitations as to use*

2001-0000-0000
For use for business, pleasure and pleasure purposes and for the
purpose of hire or reward racing pace-making
or for the purpose of carrying the carriage of goods other than
any other use for any trade or business or use for any
other purpose.

* Where required in accordance with Section 6 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter
189) and Section 57 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 MSIG
AUTHORISED WORKSHOP. REFER TO MSIG.COM.SG FOR LIST OF AUTHORISED WORKSHOPS.

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
Statement of Termination 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.

Signature: [Signature]
Date: 01 MAY 2001

Counter-Signatory
Teo Yiang Hock

MSIG Insurance (Singapore) Pte. Ltd.
Approved Insurers

[Signature]
Amy Lee
Senior Vice President, Agencies

This certificate is not valid unless it is signed for & on behalf of the Company and Counter-Signed by a duly authorised representative of the Counter-Signatory

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