

## 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	16/07/2020 09:54
Date Of Accident	15/07/2020 18:00
Exact Location Of Accident	KPE TWDS TPE (8.4KM)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP1976A
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#### Insured/Policyholder

Name Of Registered Owner	ONG WEI LOONG ELVAN
NRIC No	SXXXX222H
Email Address	ELVANONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96600063
Alternative Phone No	OFFICE-96600063

#### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	SHARAN HIGHLINE 2.0 L TSI 162KW DSG
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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 29043161 AVW
Cover Note Number	

#### Driver

Name of Driver	ONG WEI LOONG ELVAN
NRIC No	SXXXX222H
Date Of Birth	19/10/1976
Occupation	INDOOR
Date Of Driving Pass	23/09/1994
Driving Experience	25 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96600063
Fax Number	
Contact Number	OFFICE-96600063
Email Address	ELVANONG@GMAIL.COM

Address	12 UPPER SERANGOON CRESCENT #07-30
Postcode	534030
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	CHAIN COLLISION
Weather Conditions	DRIZZLING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	5
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: : DYLAN ONG GENDER: : MALE

#### 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 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	SLL8107T
Vehicle Make/Model/Colour	CAR 5
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JAMBVKESACAN VIJAYAKVMAR
NRIC/Passport Number	SXXXX981J
Contact Number	92974541
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLN3925X  
Vehicle Make/Model/Colour CAR 3  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver CHAN KOK WAH  
NRIC/Passport Number SXXXX970G  
Contact Number 98639913  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SKR6417S  
Vehicle Make/Model/Colour CAR 2  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver YONG ILIAS HILM ANN  
NRIC/Passport Number SXXXX145I  
Contact Number 81128484  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SLL3126X  
Vehicle Make/Model/Colour CAR 1  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver ANG JUN WEI DESMOND  
NRIC/Passport Number SXXXX868H  
Contact Number 90999810  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)


**SKETCH PLAN**

**IMPORTANT NOTICE**

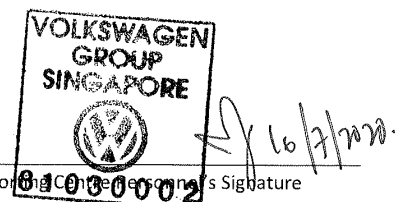
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

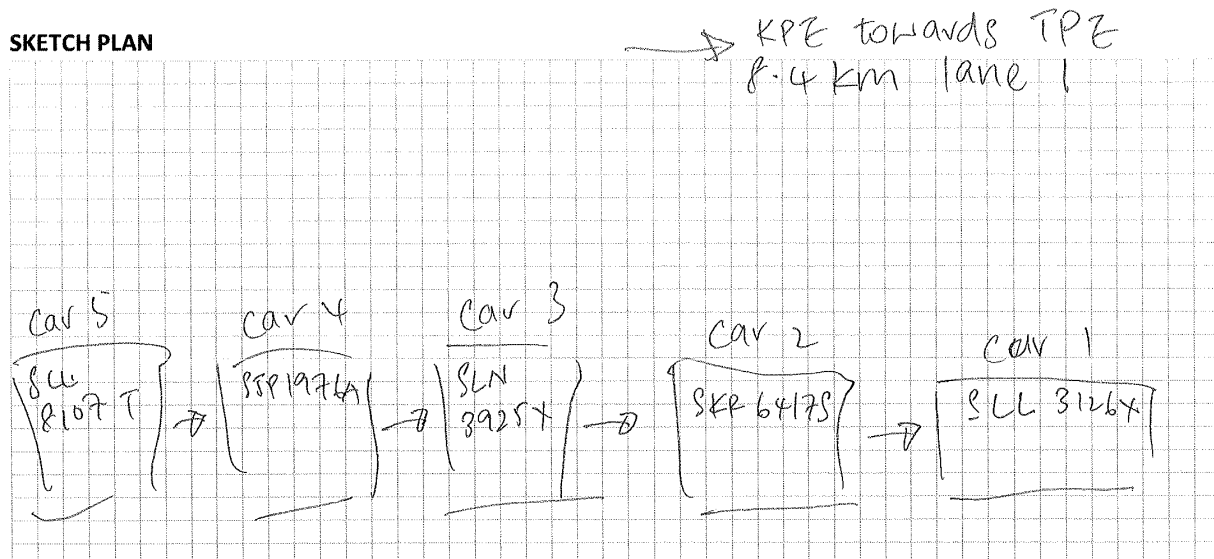
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

  
\_\_\_\_\_  
Reporting Centre Person's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

was driving on KPE towards TPE on my way home on lane 1 just coming out of the tunnel and the car in front of me stopped but I could not stop in time.

it was drizzling slightly as I came out of the tunnel.

I was in the 4th car of the 5 car pile-up.

DECLARATION

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

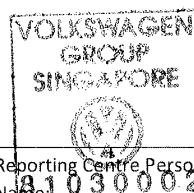
Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

16/7/2020



# MEMORANDUM

From \_\_\_\_\_  
To \_\_\_\_\_

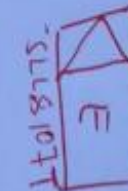
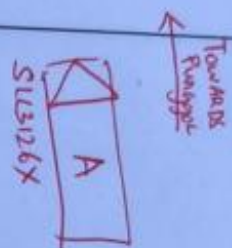
S87038684  
Ang Jun Wei  
Demand  
90999810

S83011451  
YONG LIAH  
HIAH ANN  
-8112846X

S69369706  
CHAM KOK WIAH  
-98637913

S46322221  
EUNY  
DUN  
96600063

S76609813  
JAMBALEHANN  
VST Ayakumar  
92974541



H KPE Towards TPE 8-5km  
LANE 1

WTE  
END

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7632222H



Name  
**ONG WEI LOONG ELVAN**

Race  
**CHINESE**

Date of birth  
**19-10-1976**

Sex  
**M**

Country of birth  
**SINGAPORE**

87632222H

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7632222H**

Name  
**ELVAN ONG WEI LOONG  
(ELVAN WANG WEILONG)**

Birth Date: **19 Oct 1976**

Issue Date: **20 May 2004**

001222295H



4940146



NRIC No **S7632222H**



Date of Issue  
**23-02-2013**

12 UPPER SERANGOON CRESCENT #07-30  
SINGAPORE 654030


NRIC No: **S7632222H** Date: **10/09/2016**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	23 Sep 1994

NP 428A

Licence No: **S7632222H**





**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.1  
 Individual Ownership

**VW DRIVEEASY**  
**Comprehensive**

**Certificate No.** A 29043161 AVW

**Excess :** SGD1,500

**Windscreen Excess :** SGD100

**1. Index Mark and Registration Number of Vehicle**

SJP1976A

**2. Name of Policyholder**

Ong Wei Loong Elvan

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

31/10/2019

**4. Date of Expiry of Insurance**

30/10/2020

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

Ong Wei Loong Elvan

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 MUST BE CARRIED OUT AT VOLKSWAGEN CENTRE SINGAPORE.**

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.

  
 30/09/2019  
 Signature / Date

Counter-Signatory:

**Winner Consultancy Pte. Ltd.**

**MSIG Insurance (Singapore) Pte. Ltd.**  
 Approved Insurers

  
 Amy Ler  
 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.

XWCPLANCH2019092014280711



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

