

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	02/09/2020 15:18
Date Of Accident	31/08/2020 20:10
Exact Location Of Accident	JUNCTION OF UPPER BUKIT TIMAH AND CASHEW ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK4933A
Insured/Policyholder	
Name Of Registered Owner	LIM TIAN CHIN
NRIC No	SXXXX342E
Email Address	HHHHCPHHHH@YAHOO.COM
Mobile Phone No	(LOCAL) +65-82604314
Alternative Phone No	OTHERS-82604314

Vehicle Particulars

Manufacturer	KYMCO
Model	XCITING 400I-399CC
Exact Purpose for which vehicle was being used at time of accident	GOING HOME AFTER WORK
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMS/19-503582-WTT
Cover Note Number	

Driver

Name of Driver	LIM TIAN CHIN
NRIC No	SXXXX342E
Date Of Birth	14/03/1959
Occupation	INDOOR
Date Of Driving Pass	04/02/1980
Driving Experience	40 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82604314
Fax Number	
Contact Number	OTHERS-82604314
EMail Address	HHHHCPHHHH@YAHOO.COM

Address	BLK 449 BUKIT PANJANG RING ROAD #07-577
Postcode	670449
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)	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	SJM171C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KANG JEN KWANG
NRIC/Passport Number	SXXXX584I
Contact Number	96880482
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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. The 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 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.:


SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	<p>A) 4BK 4933A B) SJM 171C</p> <p>Upper Bukit Timah</p>
<p>While I was turning right to Cashew Road, the car SJM 171C just go straight and we had a minor stea scratch and bump, the green light is in favor of our way.</p>	

DECLARATION

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

 02/09/2020
Policyholder's Signature
Date & Time: 1440 hrs

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

 02/09/2020
Reporting Centre Person's Signature
Name: 
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 31 / 08 / 2020 (DD/MM/YYYY), TIME: 20 : 10 (HH:MM)

LOCATION: Junction of Upper Bukit Tengah & Cashew Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBK 4922A
 b) INSURANCE COMPANY: MSIE / MSD
 c) POLICY NUMBER: MSD/VMS/19-503582-WTT
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: KYMCO
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: AFTER 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: LIM TIAN CHIN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 51379343E CONTACT: 82604314
 c) ADDRESS: BLK 449 BUKIT PANJANG RING ROAD
#07-577 3670449

* 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: 14 / 03 / 1959 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 2018.2.3

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: STM 171C MODEL: M
 b) DRIVER'S NAME: KENG JEN KWANG
 c) NRIC/FIN/PASSPORT: 513355841 CONTACT: 96880482

9. THIRD PARTY VEHICLE

- c) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(including driver)

(1)

* No of passenger
(including driver)

(2)

* No of passenger
(including driver)

()

Email = hhhhcp@hhheyahoo.com

VIDEO

**MSIG**

MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412213G)
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
msig.com.sg

MOTORCYCLE INSURANCE SCHEDULE

DATE OF ISSUE: 20/09/2019

AGENCY: A0633-001-W0867
WTT Insurance Agencies Pte Ltd

POLICY NO: MSD/VMS/19-503582-WTT

INSURED:

NAME: LIM TIAN CHIN
ADDRESS: BLK 449 BUKIT PANJANG RING ROAD
#07-577
S670449

NRIC NO: S1379342E
DATE OF BIRTH: 14/03/1959 (60 yrs)
DRIVING EXP: 04/02/1980 (39 yrs)
CONTACT NO: 84511771

BUSINESS OR PROFESSION: SECURITY OFFICER

PERIOD OF INSURANCE FROM: 10/09/2019 TO 09/09/2020
00:01AM

REGISTRATION NUMBER: FBK4933A

CUBIC CAPACITY: 399

MAKE OF VEHICLE: KYMCO

YEAR OF REGISTRATION: 2015

INSURED ESTIMATE OF VALUE: PMV
PREVAILING MARKET VALUE

SEATING CAPACITY: 2

AUTHORISED DRIVERS:

THE INSURED ONLY.

ENDORSEMENTS APPLICABLE: 2K 15 2C 3Q PA INSURED MEMO MCFM

EXCESS: \$500(FIRE&THEFT) \$1000(ENDT 2K)

PREMIUM: 276.00

GST @ 7% 19.32

TOTAL: 295.32

NO CLAIM BONUS OF 0% IS ALLOWED

NAME OF EMPLOYER AND/OR
HIRE PURCHASE OWNER: KIM HENG SENG MOTOR

MSIG Insurance (Singapore) Pte. Ltd.

Sanction Limitation and Exclusion Clause

No Insurer shall be deemed to provide cover and no Insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that Insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or United Kingdom or United States of America.

Approved Insurers