

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	07/09/2020 19:43
Date Of Accident	06/09/2020 16:10
Exact Location Of Accident	JUNCTION OF VICTORIA PARK ROAD AND KINGSMEAD ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR728J
Insured/Policyholder	
Name Of Registered Owner	CAI ZHUOHAN @ CHUA JIU LOON
Passport No/FIN	FXXXX868N
Email Address	ZHUOHAN.CAI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81271160
Alternative Phone No	OTHERS-81271160

Vehicle Particulars

Manufacturer	BMW
Model	X3
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	P 90421157 DMV
Cover Note Number	

Driver

Name of Driver	CAI ZHUOHAN @ CHUA JIU LOON
Passport No/FIN	FXXXX868N
Date Of Birth	29/07/1975
Occupation	INDOOR
Date Of Driving Pass	02/05/2014
Driving Experience	6 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81271160
Fax Number	
Contact Number	OTHERS-81271160
EEmail Address	ZHUOHAN.CAI@GMAIL.COM

Address	9 RIDOUT ROAD
Postcode	248413
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	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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBR972B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	LIAN JUN WEI, ADRIAN
NRIC/Passport Number	SXXXX746C
Contact Number	81615156
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.

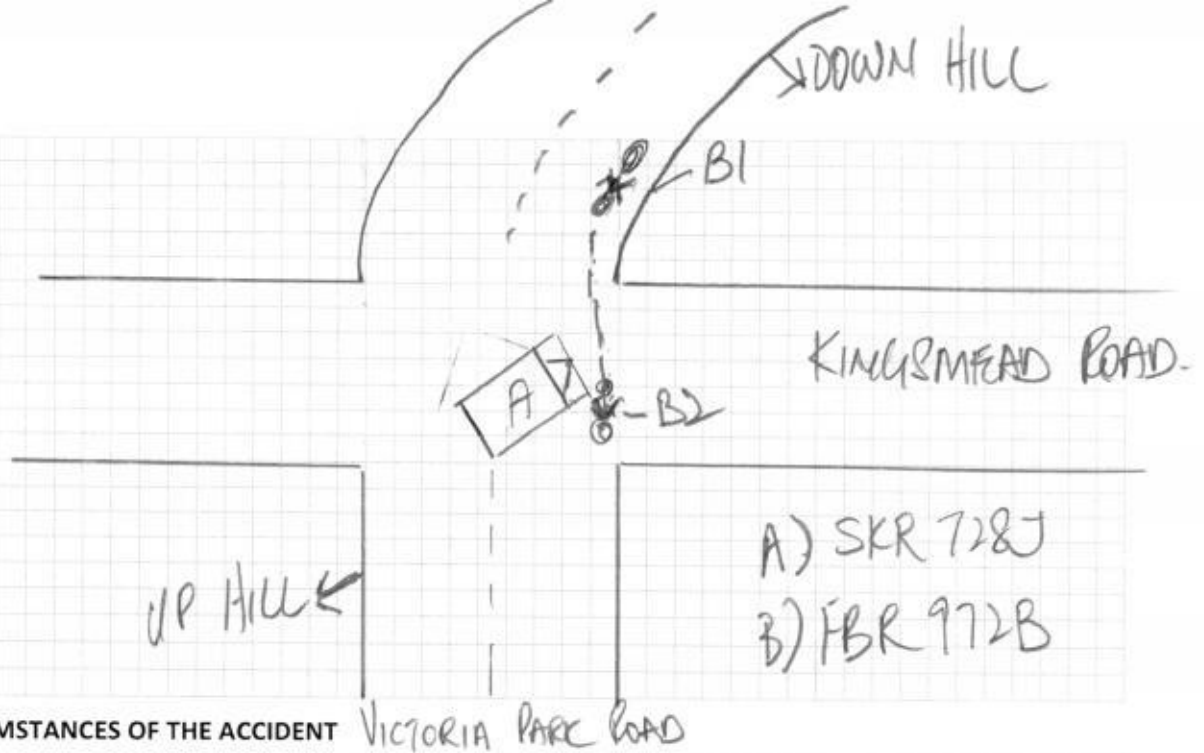
Policyholder's Signature
Date & Time:

7 Sept 2020, 3:15pm

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

VICTORIA PARK ROAD

I was driving uphill on Victoria Park Rd.
 It was starting to drizzle. I put on right turn indicator.
 I turned right into Kingsmead Road, ~~was~~ seeing no one
 I was already halfway into the turn when a
 black helmeted, black shirted, black motorcycle rider
 passed my front ^{from the opposite direction on Victoria Park Road} and my front bumper
 contacted him. It caught me by surprise.
 He gripped onto his bike and his
 bike (motorcycle) fell to the left with a thud.
 I stopped instantly and got out to
 see if he was hurt.
 Seeing that he did not stand immediately,
 I called 911 immediately & summoned for
 an ambulance. I helped him upright
 his motorcycle. A traffic police
 was dispatched. No ambulance was necessary
 as he declined it and was not bleeding, just sore.
 My front ^{right} bumper was damaged and I saw his ^{right} gas
 pedal ~~broke~~ away.

DECLARATION

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

Policyholder's Signature

Date & Time: 3:15pm

07 Sept 2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

07/09/2020

Res. [Signature]

ACCIDENT STATEMENT

ACCIDENT DATE: 6, Sept, 2020 (DD/MM/YYYY), TIME: 4:10 (HH:MM)

LOCATION: Corner of Kingsmead Rd & Victoria Park Rd.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKR 728J
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: P 90421157 DMV
 d) POLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: BMW X3
 f) TYPE: (SALOON) COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: Private use
 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: CAI ZHUOHAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: F2369868N CONTACT: 81271160
 c) ADDRESS: 9 Ridout Rd., SINGAPORE 248413

* 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: 29/07/1975 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR) / OUTDOOR

f) DATE OF DRIVING PASS

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 RAIN
 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: FBR972B MODEL: MOTORCYCLE
 b) DRIVER'S NAME: LIAN JUN WEI, ADRIAN
 c) NRIC/FIN/PASSPORT: S9507746C CONTACT: 81615156

9. THIRD PARTY VEHICLE

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

email = Zhuohan.cai@gmail.com

VIDEO

**MSIG**

#PV1910005

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

A Member of **MS&AD** INSURANCE GROUP

DRIVESHIELD - VALUE RENEWAL CERTIFICATE

POLICYHOLDER INFORMATION

Name	: Cai Zhuohan @ Chua Jiu Loon	Date of Issue	: 04/11/2019
		Policy No.	: P 90421157 DMV
Address	: 28 Mandai Estate Singapore 729917	Period of Insurance	: 28/11/2019 to 27/11/2020
		Premium	: SGD1,375.34 (inclusive of GST)

RISK NUMBER 1

Insured Details

Registration No.	: SKR728J	Year of Registration	: 2014
Make/Model	: BMW X3 XDRIVE20i ABS 4WD HID DSC SR NAV With Sun Roof	Capacity	: 1997 C.C.
Engine No.	: A2800833N20820A	Seating Capacity	: 05 (Incl. Driver)
Chassis No.	: WBAWY92010LE00846	Off-peak Car	: No

Coverage Details

Type of Cover	: Comprehensive	Sum Insured	: Market Value at the Time of Loss
Windscreen	: Unlimited	Windscreen Excess	: SGD100
No Claim Discount	: 50%	NCD Protector	: Not Covered
Annual Premium	: SGD1,285.36	Good Driver Discount	: 5%
Excess	: SGD1,500 (Own Damage Excess)		
Authorized Driver(s)	: Cai Zhuohan @ Chua Jiu Loon Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.		

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.

Clauses/Endorsements applicable to the above Risk

This Policy extends to include the following endorsements and clauses subject otherwise to the terms conditions and exceptions/exclusions of this Policy:

Automobile and Medical Assistance Services Endorsement

The Automobile and Medical Assistance Services are arranged by Us through Our appointed assistance company to assist You in an emergency caused by or arising out of the use of the Insured Vehicle within the Geographical Area unless otherwise stated.

The caller will be required to always identify themselves by their full name and Policy number.

MSIG 24 HOUR EMERGENCY HELPLINE

(65) 6337 1208

Automobile Assistance Services