

## 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	17/09/2020 18:25
Date Of Accident	17/09/2020 14:20
Exact Location Of Accident	J/N BT BATOK & BT BATOK WEST AVE 5 & BRICKLAND RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML5209R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PAUL TOH CHEE ONN
NRIC No	SXXXX946A
Email Address	PAULTOH_CO@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90172990
Alternative Phone No	OTHERS-90172990

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF GTI 2.0 L TSI 169KW 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	CN 50509291
Cover Note Number	

### Driver

Name of Driver	PAUL TOH CHEE ONN
NRIC No	SXXXX946A
Date Of Birth	22/07/1976
Occupation	INDOOR
Date Of Driving Pass	05/05/2004
Driving Experience	16 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90172990
Fax Number	
Contact Number	OTHERS-90172990
E-Mail Address	PAULTOH_CO@HOTMAIL.COM

Address	383 BUKIT BATOK WEST AVENUE 5 #10-300
Postcode	650383
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	COLLISION - HEAD TO REAR
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)	2
Passenger 1	NAME: : YONG FUI KHEUN GENDER: : FEMALE

#### 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

ACCIDENT LOCATION: JUNCTION OF BUKIT BATOK RD & BUKIT BATOK WEST AVE 5 & BRICKLAND ROAD MORE DETAILS PLEASE REFER TO SKETCH PLAN & VIDEO

#### 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	SHD4283H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	IBRAHIM BIN OMAR
NRIC/Passport Number	SXXXX307I
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

## Sketch Plan Pg. 1

### 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.

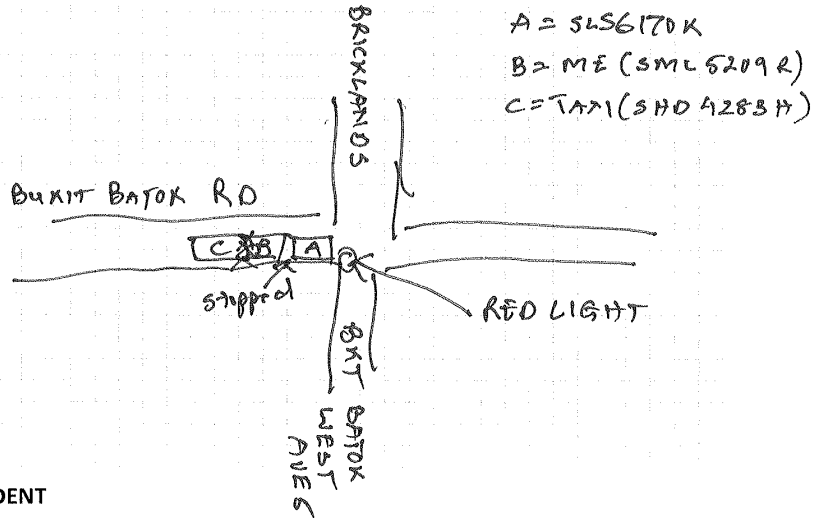
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

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

Sketch Plan Pg. 2

SKETCH PLAN

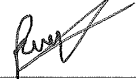


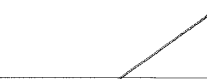
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

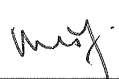
DATE : 17 SEPTEMBER 2020
TIME : 14:19 pm
LOCATION : JUNCTION OF BUKIT BATOK RD & BUKIT BATOK WEST AVE 5 & BRICKLANDS RD.
CIRCUMSTANCE : TRAFFIC LIGHT WAS RED.
A RED CAR (SLS 6170 K) WAS STOPPED IN FRONT OF ME.
I WAS STOPPED AND STATIONARY.
BLUE COMFORT TAXI, HYUNDAI IONIQ HYBRID (SHD 4283 H), FAILED TO STOP AND KNOCKED INTO THE REAR OF MY CAR.
TAXI, SHD 4283 H,
IBRAHIM BIN OMAR
S1475307J
D.O.B: 25-05-1961

DECLARATION

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

  
 Policyholder's Signature  
 Date & Time: 17:41  
 17/9/2020

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

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



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 INSURANCE COVER NOTE**  
**Cover Note No. 50509291**

The Insured named in the Schedule below having proposed for insurance in respect of the Motor Vehicle described in the Schedule below the risk is hereby HELD COVERED in the terms of the Company's usual form of Policy applicable thereto for the period as stated below unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

**SCHEDULE**

Agent No. : 156346  
Name of Insured : PAUL TOH CHEE ONN  
Make and Description of Vehicle : VOLKSWAGEN GOLF GTI 2.0 TSI  
Vehicle Registration No. : *SML 5209R*  
Year of Manufacture : 2019  
Engine No. : CHH304843  
Chassis No. : WWZZZAUZKW101056  
Capacity : 1,984 Cubic Capacity  
Cover Type : Comprehensive  
Sum Insured (SGD) : Market Value  
Period of Insurance : *1 year* One year from Date of Registration of the vehicle with LTA  
Excess (SGD) : As Agreed  
Finance Company : DBS BANK LIMITED

I/We hereby certify that this Cover Note is issued in accordance with the Provisions of the Motor Vehicles (Third Party Risks & Compensation) Act (Cap. 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

Not valid unless countersigned by the  
Company's Authorised Representative

Winner Consultancy Pte. Ltd.

MSIG Insurance (Singapore) Pte. Ltd.  
Authorised Insurers

Amy Ler  
Senior Vice President, Agencies

Date of Issue : 21/05/2019

This Cover Note is valid for 30 days from the date of issue.

Accident Photo



Accident Photo





Accident Photo



**Accident Photo**



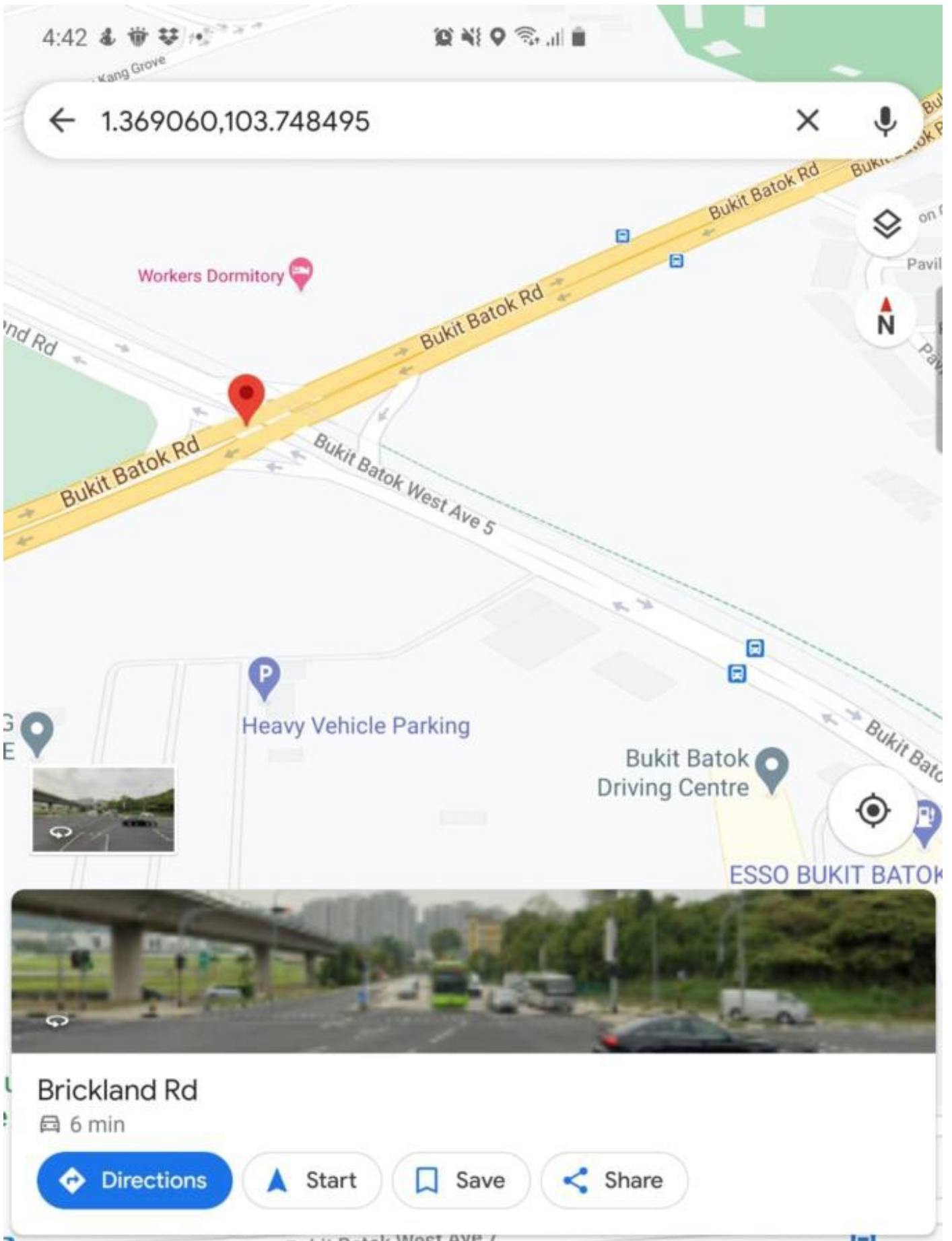
Accident Photo



Accident Photo



Accident Photo



Accident Photo



DRIVING LICENCE

Accident Photo

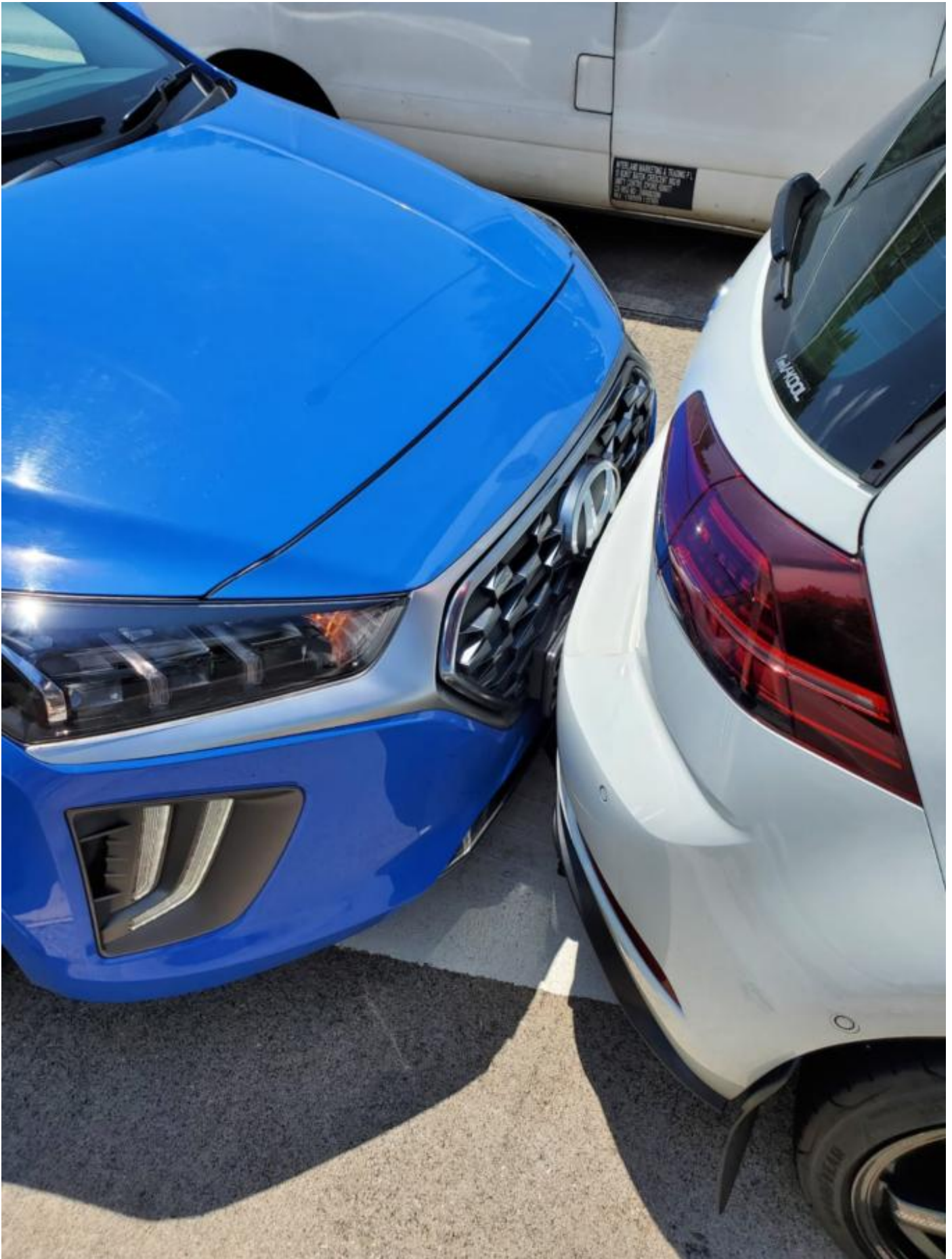


Accident Photo





Accident Photo



Accident Photo




Accident Photo



Identification Card

REPUBLIC OF SINGAPORE  
 IDENTITY CARD NO. S7680946A



Name  
**PAUL TOH CHEE ONN**

Race  
 CHINESE

Date of birth  
 22-07-1976

Country/Place of birth  
 MALAYSIA

Sex  
 M

S7680946A

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7680946A




Name  
**PAUL TOH CHEE ONN**

Exp. Date 22 Jul 1976

Issue Date 05 May 2004

001E10317A

5741263

MIC No. S7680946A

Date of issue  
 11-05-2017

Address  
 APT BLK 383 BUKIT BATOK WEST AVENUE 5  
 #10-300  
 SINGAPORE 650383

90172990  
 paultoh-co@hotmail.com

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

Class	Description	Pass Date
Class 2	Motorcycles > 400 CC	27 Sep 2019
Class 2A	Motorcycles between 201 CC and 400 CC	12 Jul 2018
Class 2B	Motorcycles <= 200 CC	09 May 2004
Class 3	Motor cars <= 3000 kg w/h <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	09 May 2004

S7680946A

S / No. 9000337992

Licence No. S7680946A

NP 428A

**Accident Photo**



**Accident Photo**

