

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	21/09/2020 13:05
Date Of Accident	20/09/2020 07:50
Exact Location Of Accident	1 HOSPITAL DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS8036R
Insured/Policyholder	
Name Of Registered Owner	SKYWAY MOTOR PTE LTD
Co Reg No	1XXXXX194N
Email Address	JENNIFER@SKYWAY.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-63336333

Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA HYBRID 7-SEATER 1.5X CVT
Exact Purpose for which vehicle was being used at time of accident	
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 HIRE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	A400000483MCX
Cover Note Number	

Driver

Name of Driver	TAN BOON GOR
NRIC No	SXXXX163H
Date Of Birth	23/10/1971
Occupation	INDOOR
Date Of Driving Pass	12/06/1992
Driving Experience	28 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91099783
Fax Number	
Contact Number	
EEmail Address	LAOWU0132@GMAIL.COM

Address	BLK 4 BEDOK SOUTH AVE 1 #07-805
Postcode	460004
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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 ON COLLISION
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?	YES
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)	5
Passenger 1	NAME: : MS 1 GENDER: : FEMALE
Passenger 2	NAME: : MS 2 GENDER: : FEMALE
Passenger 3	NAME: : MS 3 GENDER: : FEMALE
Passenger 4	NAME: : MS 4 GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 391 NEW BRIDGE ROAD POLICE CANTONMENT COMPLEX BLOCK A , POSTCODE: 088762 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2369999 - FAX NO: 62268438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO ATTACHED.

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	SHC1193K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	BOO HUNG CHUAN
NRIC/Passport Number	SXXXX703J
Contact Number	86618187
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MS 1
Approximate Age	
Injuries Sustain	HEART CONDITION
Injured person in which vehicle?	SMS8036R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1

Protected by Symantec

SKETCH PLAN

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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:

Handwritten signature of the driver

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

Handwritten signature of reporting centre personnel

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

CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA), ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
(REPUBLIC OF SINGAPORE)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

**MOTORMAX
Third Party**

Certificate No. A 400000483 MCX

1. Index Mark and Registration Number of Vehicle

SMS8036R

2. Name of Policyholder

Skyway Motor Pte Ltd

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

08/08/2020

4. Date of Expiry of Insurance

07/08/2021

5. Persons or Classes of Persons entitled to drive*

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 for the carriage of passengers or goods in connection with the Policyholder's business. Use for social domestic and pleasure purposes. The Policy does not cover

(1) Use for racing pace-making reliability trial or speed-testing.

(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risk and Compensation) Act (Chapter 189) and Chapter 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 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 Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offense 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.

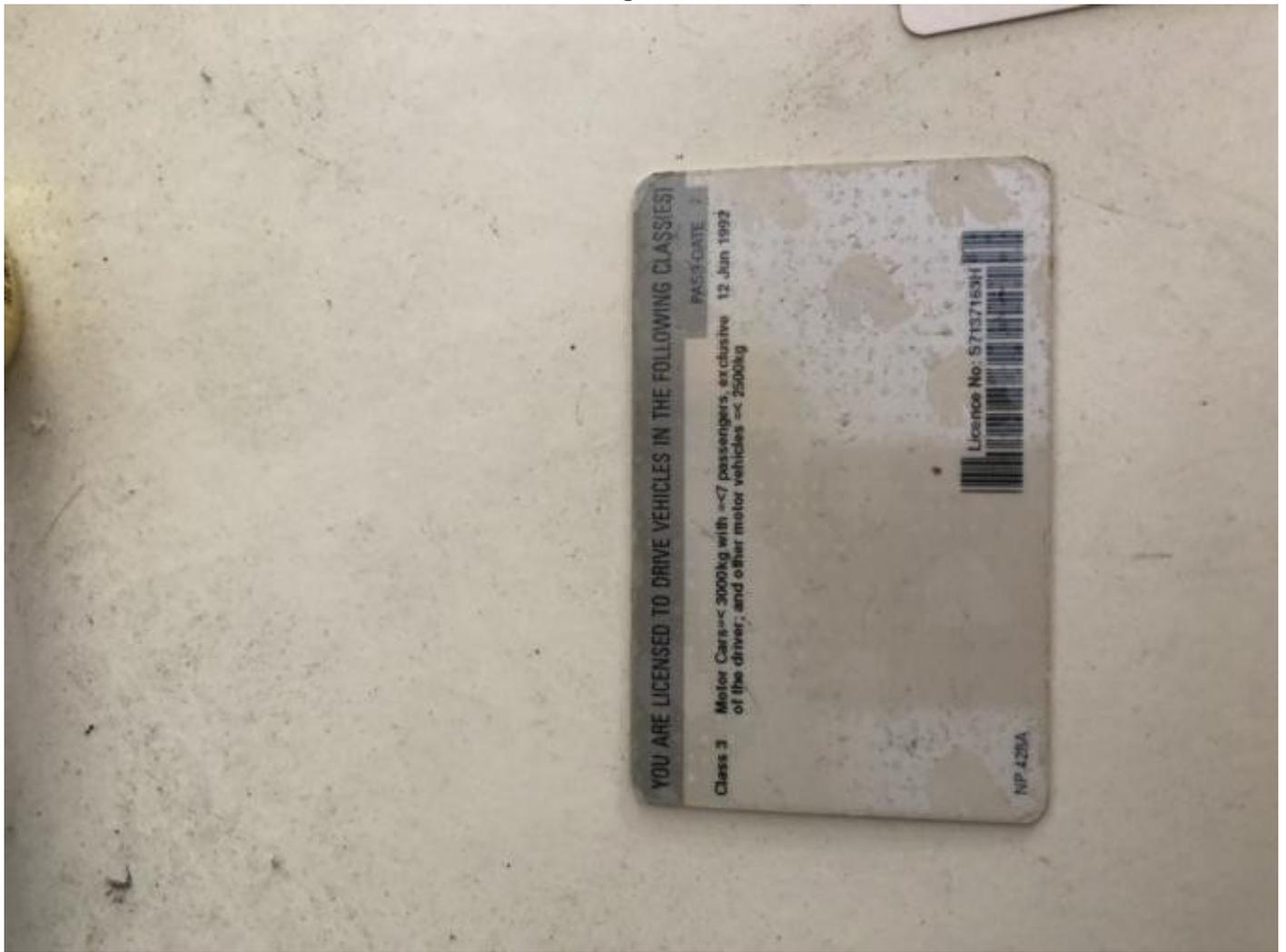
MSIG Insurance (Singapore) Pte. Ltd.
Approved Insurers

Craig Ellis
Chief Executive Officer

Driving License



Driving License



Identification Card



Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7137163H



 Name
TAN BOON GOR
(CHEN WENWU)
陈文伍

 Race
CHINESE

Date of Birth 23-10-1971 Sex M

Country/Place of Birth SINGAPORE

S7137163H

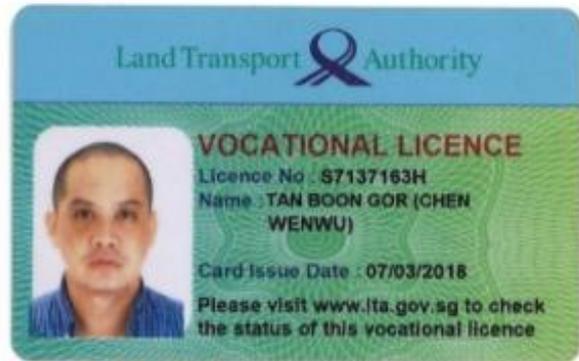
Driving License

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	07/03/2018



Driving License



POLICE REPORT Pg. 2



**SINGAPORE
POLICE FORCE**



T/20200920/2026

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

2 of 3

Report No. T/20200920/2026

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	BOO HUNG CHUAN	ID No.	S1234703J
Related Vehicle	SHC1193J (Car)	Contact No.	86618187
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	TAN BOON GOR	ID No.	S7137163H
Related Vehicle	SMS8036R (Car)	Contact No.	91099783
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date, time and location, I was driving along Hospital Drive from Blk 4 SGH to Blk 1 SGH. After the zebra crossing in front of Blk 1 SGH, I saw a vehicle SHC1193J on the opposite lane making a 3 point turn despite the road being separated by a double white line (no U-turn allowed for double white line). I had slowed down when I saw him turning into my lane, before he reversed back. As he had reversed and my lane was clear, I decided to move forward. I did not expect that he would also move forward, hence colliding his front left side of his vehicle to my front right side. I would like to state that the impact was only slight, and that the impact was not the reason why one of my passengers went to the A&E immediately as he informed he had an existing heart condition.



SINGAPORE
POLICE FORCE



T/20200920/2026

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

3 of 3

Report No. T/20200920/2026

CONTINUATION OF REPORT

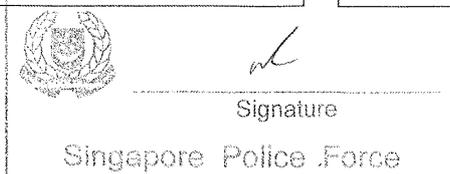
Sketch Plan

Informant is not able to provide sketch plan

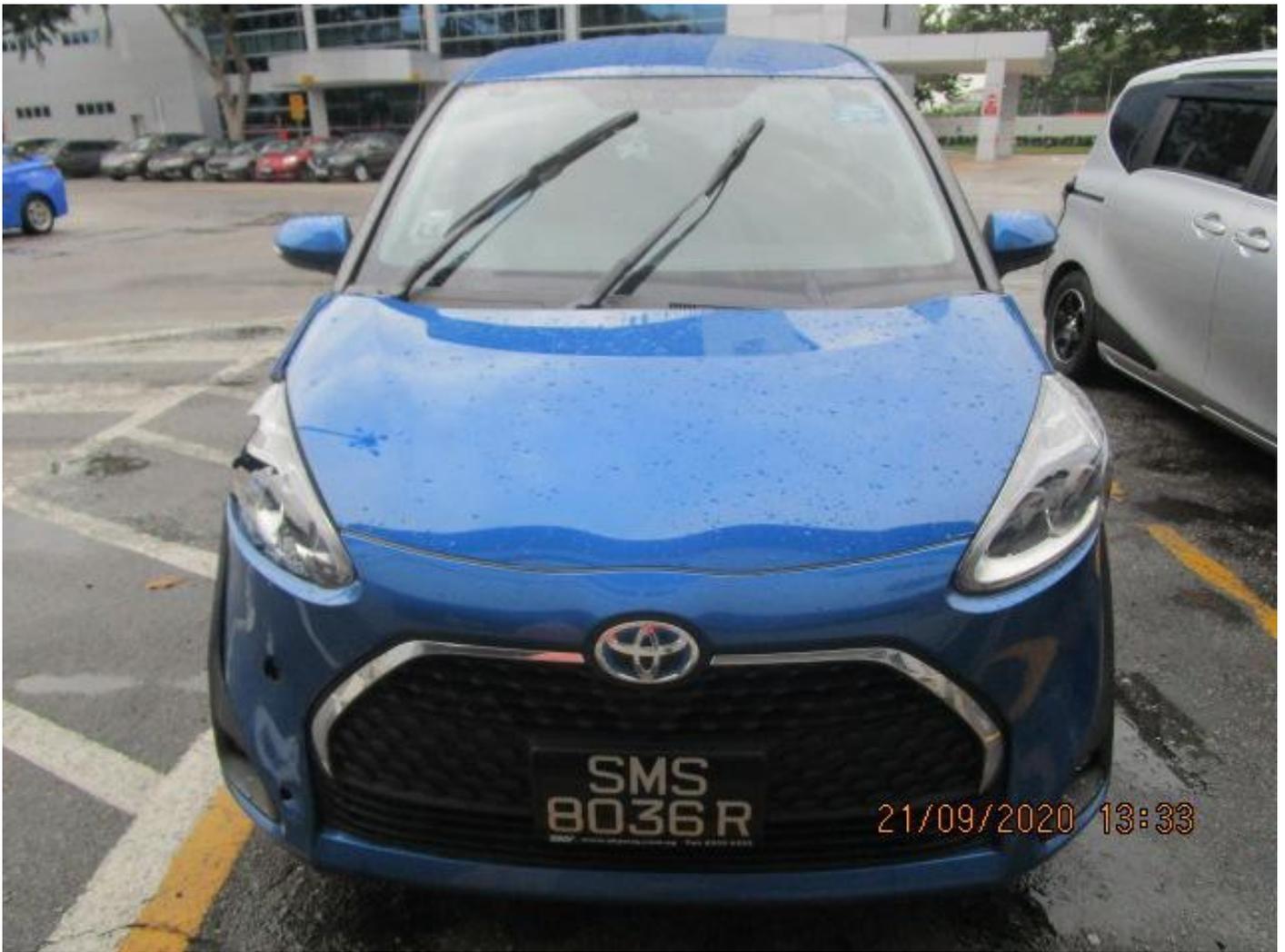
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: A / Sgt 2 MICH KOH EN <i>[Signature]</i>	Signature Of Informant: <i>[Signature]</i>
Signature Of Interpreter: Not applicable	Date/Time: 20/09/2020 11:10
Officer In Charge Of Case: TP / GIT / Sgt 2 HO JIEKANG, IVAN Contact No.: 65476170	Classification Of Case:

Authentication Stamp
NP168



Accident Photo



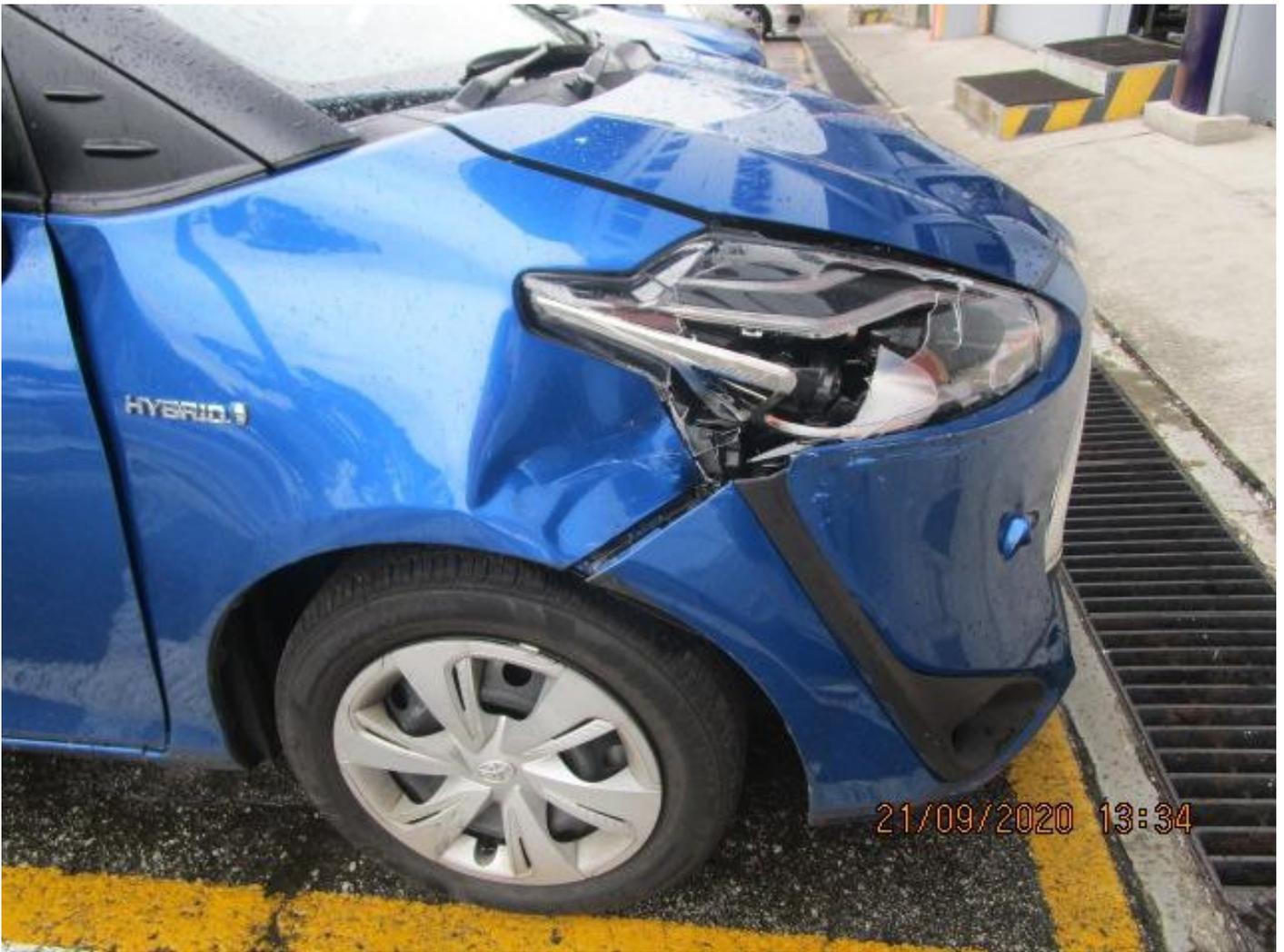
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MD522081792 Vehicle Registration No: SMS8036R
Name (as shown in NRIC) : SKYWAY MOTOR PTE LTD NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : 20/09/20 Time of Accident : 0750
Place of Accident : 1 Hospital Drive
Insurance Company: MSIG Insurance (Singapore) Pte Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To attach police report.

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 22109/20
Date: