

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 Submission 18/12/2020 17:28 (SGT)
Date of Accident 15/12/2020 15:42 (SGT)
Exact Location of Accident Admiralty Rd W, Singapore
Additional Location Information JUNCTION OF ADMIRALTY ROAD WEST AND WOODLANDS AVE 8
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMR2500L

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SKYWAY MOTOR PTE LTD
Company Reg No 1XXXXX194N
Email Address jennifer@skyway.com.sg
Mobile Phone No (Phone) +65-88760118
Alternative Phone No (Office) +65-63336333

VEHICLE PARTICULARS

Manufacturer Suzuki
Model Swift
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire

INSURANCE COMPANY

Name of Insurance Company MSIG
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number A 400000480 MCX
Cover Note Number -

DRIVER

Name of Driver LOH WAI HON
NRIC No SXXXX555D
Date Of Birth 14/04/1968

Occupation	Outdoor
Date Of Driving Pass	25/01/1988
Driving experience	32 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82685965
Alt. Phone Number	-
Email Address	benloh68@gmail.com
Address	BLK 104B EDGEFIELD PLAINS #15-35
Address complement	-
Postcode	822104
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head on collision
Weather Conditions	LIGHT RAINS
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT, SKETCH AND POLICE REPORT

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	GBE9812P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-

Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LOH WAI HON
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	CHEST INJURIES, ABRASION AT THE LEFT AND RIGHT KNEE INJURIES (GIVEN 3 DAYS MC)
Injured person in which vehicle?	SMR2500L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLANIMPORTANT NOTICE

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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:

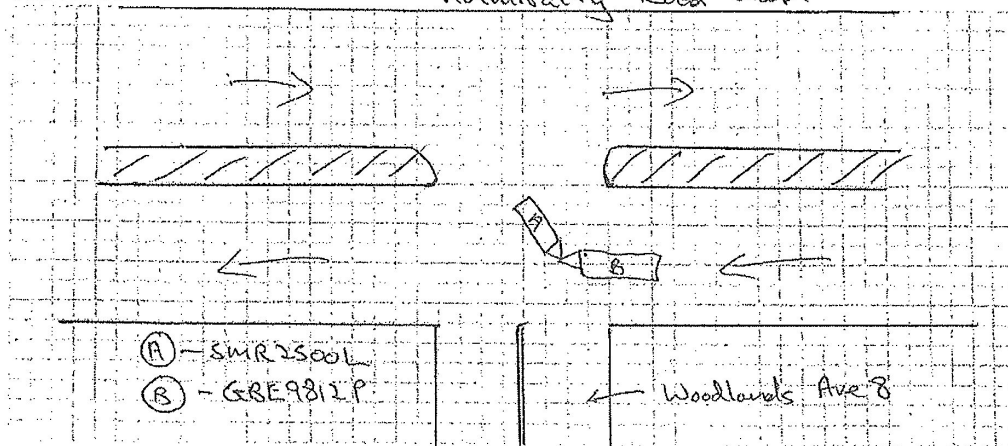
Driver's Signature
(If driver is not the policyholder)
Date & Time:

17/12/2020
1030 am

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

SKETCH PLAN

Admiralty Road West



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

Report No. T/20201216/2022

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:
13/12/2020 1030 am

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 Comprehensive

Certificate No. A 400000480 MCX

1. Index Mark and Registration Number of Vehicle

SMR2500L

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

SGSGNXT202008061636



























**SINGAPORE
POLICE FORCE**



T/20201216/2022

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

1 of 3

Report No. T/20201216/2022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/12/2020 10:46	Vide Report No.:	Station Diary No.: 19
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Informant's Particulars

Name of Informant: LOH WAI HON			Address: APT BLK 104B EDGEFIELD PLAINS #15-35 SINGAPORE 822104		
ID Type / ID No.: NRIC NO / S6814555D			Contact No.: Home/Office: Mobile: 82685965		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 52	Date of Birth: 14/04/1968	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: OTHERS			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 15/12/2020 15:40	Type of Location: T-Junction
Location: ADMIRALTY ROAD WEST				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE9812P	Car				Slightly Damaged	4
SMR2500L	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20201216/2022

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20201216/2022

CONTINUATION OF REPORT

Driver			
Name	LOH WAI HON		ID No. S6814555D
Related Vehicle	SMR2500L (Car)		Contact No. 82685965
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	15/12/2020	Date Discharge	15/12/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 15/12/2020 at about 3.42pm, I was driving vehicle SMR2500L along Admiralty Road West towards Woodlands Ave 10, at T-Junction of Woodlands Ave 8. While I was along Admiralty Road West wanting to turn into Woodlands Ave 8 as the traffic light (green arrow) was in my favour, I saw one lorry GBE9812P on the opposite direction of the road driving towards me. The next moment, the lorry had collided onto the front of my vehicle. Shortly, the Paramedics and the Traffic Police Officers arrived at the incident location. I was subsequently conveyed to Khoo Teck Puat Hospital. I was discharged on the same day and given three days MC by the doctor. I sustained chest injuries, abrasion at the left hand and right knee injuries

On 15/12/2020 at about 9pm, I received a call from a Investigation Officer from Traffic Police Department. He had requested for me to lodge a Traffic Accident Report reference to the incident.

On 16/12/2020 in the morning, I proceeded to Sengkang Neighbourhood Police Centre to lodge a Traffic Accident Report reference to the incident.



**SINGAPORE
POLICE FORCE**



T/20201216/2022

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

3 of 3


Report No. T/20201216/2022

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: F / Staff Sgt LOI WEE LONG	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 16/12/2020 10:46
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt MOHAMMED FERAZ BIN HUSSEIN Contact No.: 65476206	Classification Of Case:
Authentication Stamp NP168 