

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 19/04/2021 11:06 (SGT)
Date of Accident 18/04/2021 18:24 (SGT)
Exact Location of Accident Near Bef Swiss Cottage Est, Singapore
Additional Location Information DUNEARN ROAD TOWARDS BALMORAL (AFT BS 40079)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMS4222X

INSURED/POLICYHOLDER

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

VEHICLE PARTICULARS

Manufacturer Toyota
Model Noah
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
Transmission Auto
CC 1800

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage ThirdParty
Fleet Policy Yes
Policy Number A400000483MCX
Cover Note Number -

DRIVER

Name of Driver LOW TECK LEE
NRIC No SXXXX802A

Date Of Birth	24/11/1964
Occupation	Indoor
Date Of Driving Pass	03/01/1985
Driving experience	36 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93852340
Alt. Phone Number	-
Email Address	ranlow64@gmail.com
Address	BLK 25 TECK WHYE LANE #07-162
Address complement	-
Postcode	680025
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 - Major/Minor Rd
Weather Conditions	Clear
Road Surface	Dry

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?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SHAHANA SUDIRMAN
Gender	Female

PASSENGER 2

Name	RAHUL SIL
Gender	Male

PASSENGER 3

Name	ARJUN ALI SIL
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
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 SKX7736H
Vehicle Manufacturer Audi
Vehicle Model A3
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver CHUA EK HUANG
- SXXXX460Z
Contact Number (Phone) +65-97621081
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) 2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person LOW TECK LEE
Address -
Address Complement -
Post Code -
Approximate Age Years Old 56
Injuries Sustained CHEST , NECK AND SHOULDER PAIN
Injured person in which vehicle? SMS4222X
Were seat belts worn? No
Was this injured conveyed to hospital by ambulance? No

WITNESS DETAILS

WITNESS 1

Name ARJUN ALI SIL
Phone (Phone) +65-88008797
Email -

SKETCH PLAN

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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:

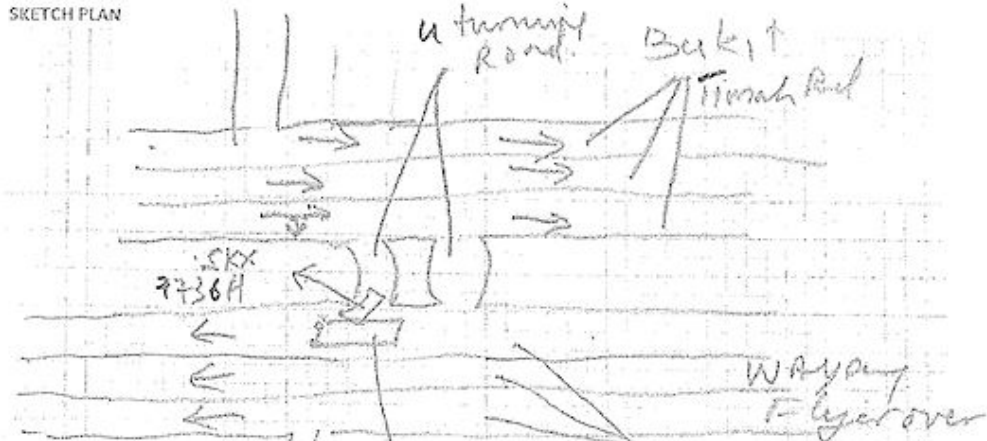
Driver's Signature
(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT SMS 4222X Dunearn Rd

On 18/4/2021, driving along Dunearn Rd towards NO. 6, Keng Chin Road carrying 3 GRAB Passengers. After passing by Wayang Flyover and a U Turning car making a turn from Bukit Timah Road came hitting my car (on moving) on my vehicle's right side of the sliding door and the driver's door. At the time I had 3 passenger in the car. Right after the accident I check with the passengers on board my car. They got a slight and were alright. I check with the other car driver if she was ok? she said she was ok. The accident happened around 1824HRS with 2 cars (SMS 4222X and SKX 7736H.) involved. Later I felt some pain to my neck, shoulder, back, hands... I went to the M. Aeterna Hospital for a checkup.

Refer to police report.

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:

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**
SMS4222X
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

SGSGNXT202008071206


















 1/20210418/2091
 1 of 4
 Report No: T/20210418/2091


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/04/2021 21:49

Vide Report No.: _____

Station Diary No.: 96

Informant's Particulars

Name of Informant: LOW TECK KEE

Address: APT BLK 25 TECK WHYE LANE #07-162 SINGAPORE 680025

ID Type / ID No.: NRIC NO / S1652802A

Contact No.: _____ Mobile: 93852340

Home/Office: _____

Nationality: SINGAPORE CITIZEN

Email: _____

Sex: Male Age: 56 Date of Birth: 24/11/1964

Type of Informant: Driver

Race: Chinese

Language: _____ Institution / School Name: _____

Occupation: PRIVATE HIRED

Driving Licence Information: Class: 3 Date of Expiry: _____

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive:	No	Date/Time of Accident:	18/04/2021 18:25	Type of Location:	Straight Road
Location: DUNEARN ROAD							
Weather: Cloudy		Road Surface: Dry		Road Speed Limit:			
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate			
Type of Collision: Between Moving Vehicles - Head To Side						Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKX7736H	Car				Slightly Damaged	2
SMS4222X	Car				Slightly Damaged	3

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

T/20210418/2091

Report No. T/20210418/2091

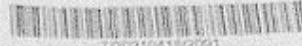
CONTINUATION OF REPORT

Police Station Of Origin
Choa Chu Kang N.P.C.
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No. 1800-7659999

Driver Name	CHUA EK HUANG	ID No.	S7028460Z
Related Vehicle	SKX7736H (Car)	Contact No.	97621081
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
Passenger Name	SHAHANA SUDIRMAN	ID No.	NIL
Related Vehicle	SMS4222X (Car)	Contact No.	NIL
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	LOW TECK KEE	ID No.	S1652802A
Related Vehicle	SMS4222X (Car)	Contact No.	93852340
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	18/04/2021	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger Name	RAHUL SIL	ID No.	NIL
Related Vehicle	SMS4222X (Car)	Contact No.	NIL
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


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999



17/02104162091

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Report No: 17/02104162091

CONTINUATION OF REPORT

Passenger				
Name	ARJUN ALI SIL		ID No.	NIL
Related Vehicle	SMS4222X (Car)		Contact No.	88008797
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 18/04/2021 at 1826hrs, I was driving straight along Dunearn Road. A vehicle bearing SKX7736H was making a U-turn from Bukit Timah Road to Dunearn Road, it then hit onto the right side passenger door of my vehicle SMS4222X. My vehicle sustained multiple dent on the right passenger door. The other party vehicle SKX7736H sustained dent on the left bumper, directly below the left headlight. I wished to state that I am a grab driver and my passenger did not sustained any injuries. The other party did not have any injuries too. No Traffic Police attended, No ambulance conveyance. No foreign vehicle involved. No Government property damaged. I wished to state that I went to Mount Alvernia Hospital after the accident as I felt pain on my chest and on both my hands. I also had stiff shoulder. I was granted 3 days medical certificate from 18/04/2021 to 20/04/2021.

 **SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Choa Chu Kang N.P.C.
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689280
Tel No: 1800-7659999

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Report No. T/20210418/2091

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.

<p>Signature Of Officer Recording The Report: J / Sgt 1 Lim Jing Yi</p> <p>Signature Of Interpreter: Not applicable</p> <p>Officer In Charge Of Case: TP / GIA / Sgt 1 WONG SIEU LUI Contact No.: 65476229</p> <p>Authentication Stamp NP155</p> <p>SIGNATURE</p>	<p>Signature Of Informant:</p> <p>Date/Time: 18/04/2021 21:49</p> <p>Classification Of Case:</p>
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