

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 15/02/2022 09:36 (SGT)
Date of Accident 13/02/2022 09:58 (SGT)
Exact Location of Accident Singapore
Additional Location Information CTE TOWARDS CITY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMJ6678Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner GOH MUI CHENG
NRIC No SXXXX906Z
Email Address GOHMC@YAHOO.COM.SG
Mobile Phone No (Phone) +65-98268237
Alternative Phone No (Home) +65-98268237

VEHICLE PARTICULARS

Manufacturer Lexus
Model UX200
Variant -
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 - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 2000

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number A29149797AL2
Cover Note Number -

DRIVER

Name of Driver NG CHOON LEE
NRIC No SXXXX985J

Date Of Birth	03/03/1965
Occupation	Indoor
Date Of Driving Pass	19/08/1994
Driving experience	27 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91729188
Alt. Phone Number	-
Email Address	AUDIOIN33@GMAIL.COM
Address	BLK 717 WOODLANDS DRIVE 70 #10-100
Address complement	-
Postcode	730717
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 to Rear
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	GOH MUI CHENG
Gender	Female

PASSENGER 2

Name	TEO KHEH
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATACHED SKETCH PLAN AND STATEMENT.

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	SMY8092X
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	DALEN KOH
Contact Number	-
Address	1002 TOA PAYOH IND PARK #03-1411
Address complement	-
Postcode	319074
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	FRONT PORTION
No. Of Passenger (Including Driver)	3

Describe Circumstances of the Accident

On 13.2.22 at 9.57am, my car is traveling alone CTF towards city. A car CT#8897 in front of me suddenly braked his vehicle and I have braked mine as well. Unfortunately the car no SMY8092X behind mine knocked into my car. The bumper of my car is SMJ66782.

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

Witnessed by Reporting Centre Personnel

SKETCH PLAN

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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.
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.

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan

CTE towards City

A - SMJ 6678 Z
B - SMY 8092 X

Diagram illustrating a traffic scenario on a two-lane road. A solid arrow points right from the left lane. In the left lane, a blue arrow labeled 'B' is behind a red arrow labeled 'A'. In the right lane, there are three empty black arrows pointing right. A signature 'Gell' is at the bottom right.



























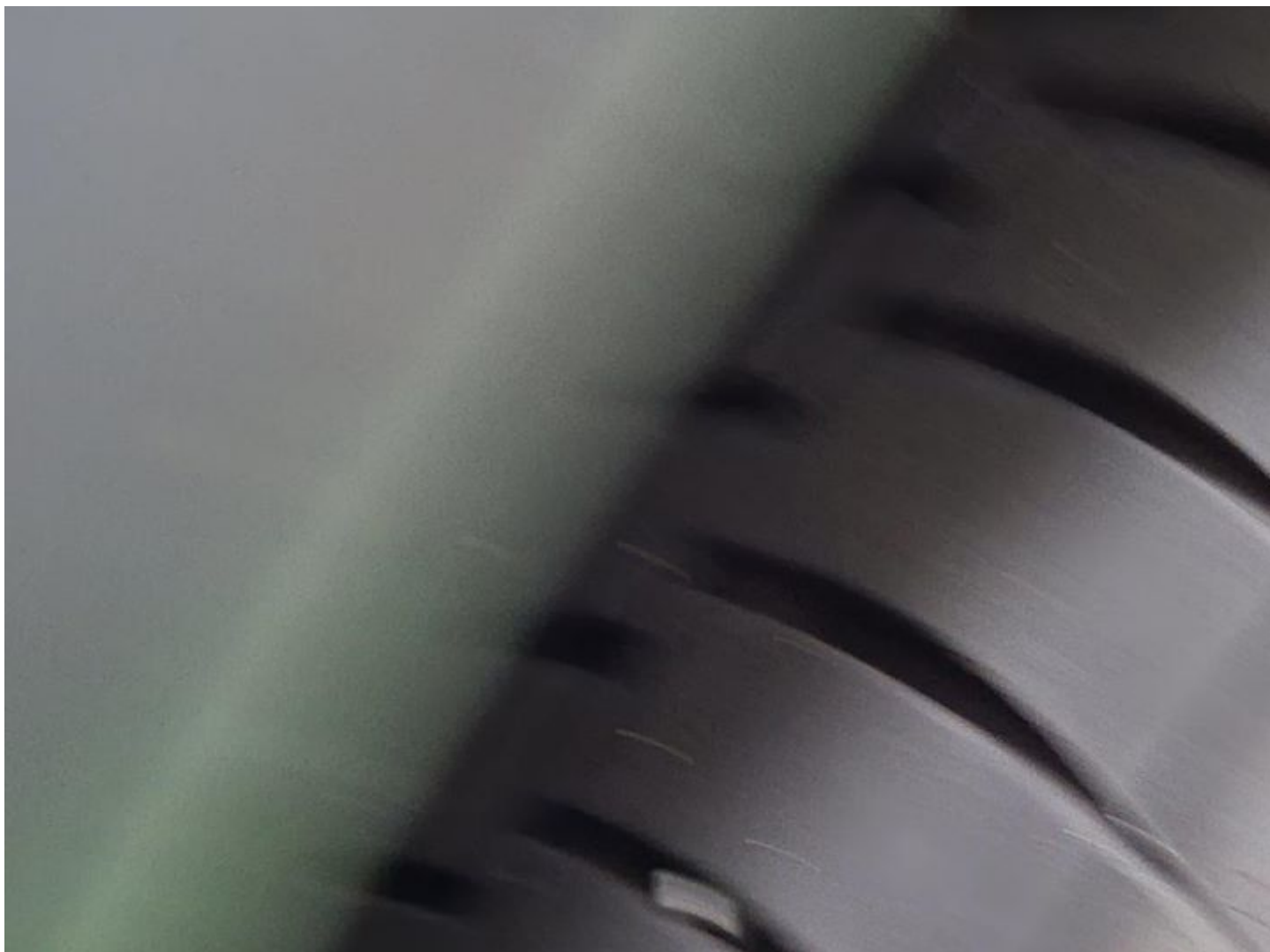






















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SB0622F0001 Vehicle Registration No: 8MJ6678Z
 Name (as shown in NRIC): Goh Mui Cheng NRIC/FIN/Passport No: _____
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: _____
 Email Address: _____
 Date of Accident: 13/2/2022 Time of Accident: 0958
 Place of Accident: CTE towards City
 Insurance Company: MSIG

(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:

Vehicle number wrong
Should be 8MJ 6678 Z

f. G
 Policyholder / Driver's Signature
 Date: 17/2/2022

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

GIACC Addendum Form

MSIG
 MSIG Insurance (Singapore) Pte. Ltd.
 6 Shenton Way, # 21-01, SGX Centre 2, Singapore 068802
 Tel: +65 6827 7888, Fax: +65 6827 7800
 UEN No. 200412212G, GST Reg. No. 20 0412212G

Lexus DriveElite 360

Policy Number		Period of Insurance	THE SCHEDULE
A 29149797 AL2		15/03/2021 to 14/03/2022	Place of Issue
			SINGAPORE
Name and Address of Insured			Date of Issue
Goh Mui Cheng 717 Woodlands Drive 70 #10-100 Singapore 730717			01/03/2021
			Account Number
			156497U
Premium	GST	Total Due	
SGD1,145.95	SGD80.22	SGD1,226.17	

RISK NUMBER 1 Lexus DriveElite 360

OCCUPATION
Finance Executive

FINANCIAL INTEREST
Hong Leong Finance Limited
as Hire Purchase Owners

SCOPE OF COVER Comprehensive

INTEREST INSURED

REGISTRATION NO.	SMJ6678Z	SUM INSURED	MARKET VALUE
MAKE/MODEL	Lexus UX200 SDR SUV Luxury	INCL. COE/PARF	YES
ENGINE NUMBER	M20AN010242	OFF-PEAK CAR	NO
CHASSIS NUMBER	JTHY35BHX02005705	NO CLAIM DISCOUNT	50.00% (or F/D)
YEAR OF MFG	2018	GOOD DRIVER'S DISCOUNT	SGD60.31
CAPACITY	1987 C.C.	NCD PROTECTOR	COVERED
SEATING CAPACITY	5 (INCL. DRIVER)	EXCESS	SGD700
WINDSCREEN	UNLIMITED	ANNUAL PREMIUM	SGD1,145.95

ACCESSORIES Aircon, radio/cassette/compact disc player, in-vehicle unit, rust-proofing and other accessories that are factory fitted.

AUTHORISED DRIVERS
Goh Mui Cheng

JZY202103011442 QMX01909

AUTHORIZATION LETTER

Date: 14/2/2022,

To: MSIG Ins.

Cc: Barneo Motors (S) Pte Ltd

Attn: To Whom It May Concern

Dear Sir / Madam,

RE: Authorization to Act on Behalf for Insurance Claims Documentation

I, (full name) Goh Mui Cheng NRIC No. S6913906Z, hereby
authorized my (relationship) husband (full name) Ng Choon Lee,
NRIC No. S1685985J to exercise and execute to sign all / any necessary transaction
documentation pertaining to my registration vehicle number SMJ 6678Z, as I am
currently having tight official business schedules / away from Singapore on duty overseas travel.
Please do not hesitate to contact me should you require any further clarification on the above.

Thank You

Yours truly,

Signature :

Name :

Contact No :


Goh Mui Cheng
9826823J