

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	04/07/2022 14:28 (SGT)
Reported by	Both
Date of Accident	03/07/2022 11:28 (SGT)
Exact Location of Accident	Bukit Timah, Singapore
Additional Location Information	SUNSET AVENUE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS1640D
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUA HUN YEW
NRIC No	S8086334I
Email Address	HUNYEWCHUA@GMAIL.COM
Mobile Phone No	(Phone) +65-91684077
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A3
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1968

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-21098055MVPC

DRIVER

Name of Driver	CHUA KIT WEI
NRIC No	S8879757D
Date Of Birth	02/12/1988
Occupation	Indoor

Date Of Driving Pass	30/05/2015
Driving experience	7 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-83228359
Alt. Phone Number	-
Email Address	KEETUMS@GMAIL.COM
Address	312A CLEMENTI AVE 4 #27-169
Address complement	-
Postcode	121312
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
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	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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	KAMSHK HEMANI
Gender	Male

PASSENGER 2

Name	MISHKA HEMANI
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 ATTACHED.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1


Vehicle Registration Number	SJR1536B
Vehicle Manufacturer	Toyota
Vehicle Model	Camry
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	QUEK PECK HAR
NRIC No	S0005765G
Contact Number	(Phone) +65-98166040
Address	-
Address complement	-
Postcode	-
Insurance Company Name	NTUC Income Insurance Co-operative Ltd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	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 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

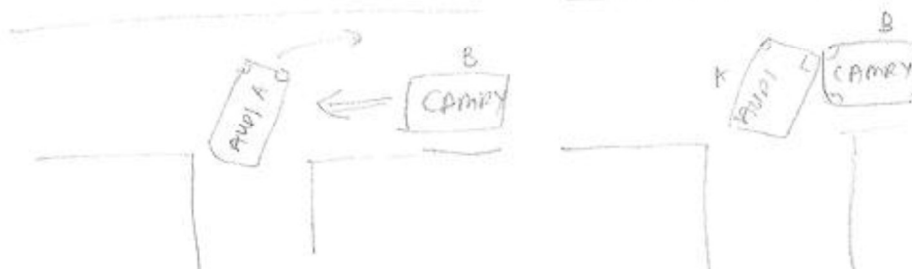

Policyholder's Signature / Date & Time
Sketch Plan

 4/7/2022 12:10 PM
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

A - SLS1640D

B - SJR1536B



Describe Circumstances of the Accident

AT SUNJET AVENUE, I WAS MAKING A RIGHT TURN. ONGOING CAR WAS APPROACHING JUNCTION. ~~AS~~ UPON SEEING MY CAR EXIT ~~THE~~ SUNJET AVE. DRIVER OF CAMRY APPEARED TO PANIC AND ACCELERATED INSTEAD OF SLOWING DOWN TO GIVE WAY ~~SO~~ I COULD COMPLETE THE TURN, LEADING TO A COLLISION. ~~(CLASH)~~

INCIDENT HAPPENED AT 1128 AM 3/7/2022.

THEREAFTER, BOTH PARTIES EXITED THE VEHICLE. DRIVER OF ~~CAMRY~~ ~~ACT~~ OF CAMRY ACKNOWLEDGED ACCIDENT AS HER FAULT. WE EXCHANGED INFORMATION AFTER MOVING VEHICLES TO ROAD SIDE.


~~PASSENGER~~ PASSENGERS IN AUDI CAR:

KAMSHK HEMANI, M
MUNIKA HEMANI, F.

NO OTHER PASSENGERS IN D CAMRY.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time

 4/7/2022 12:16 PM
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

PCV Accident Report (For Reporting only)



☐ Braddell ☐ Sin Ming ☐ Sg. Kadut ☐ Pandan ☐ Loyang ☒ Ubi

Section A - To Be Completed By Driver Who Is Involved in The Accident

Date & Time of Accident	Date: 3 JUL 2022 / 11:28 AM	Time: 11:28 AM
Date & Time of Reporting	Date: 4 JULY 2022	Time: 1202 PM
Place of Accident	SUNSET AVENUE	
Vehicle Reg. No.:	SLS1640D	Make / Model: AURI AJ
Purpose of Use at Time of Accident: Goods transportation / private usage / others:		
Name:	CHUP KIT WEI	NRIC / FIN No. S8879757D
Address:	312A CLEMENTI AVE 4, #27-169	
Postcode:	S124312	Date Of Birth: 02 DEC 1988
Home:	NA	Handphone: 83228359
Email:	KEETUMS@GMAIL.COM	Gender: Male / Female
Occupation: Management / Sales / Retiree / Housewife / Technical / Education / Others:		
Type of Claims: Third Party / Own Damage / Reporting Only	Licence Pass Date:	
Driver Status: Owner / Non-owner	Years of Driving Experience: 7 YRS	30 MAY 2015

If you are not the owner, the owner's name & tel: CHUP HUN YEW	
Owner's Email: HUN YEW CHUP@EMAIL.COM	Contact No: 9684077 Video: VIN No. of Box: 3
Relationship with Owner: SISTER	Owner's NRIC / Company Reg. No: S8086334I Name: AS Gender: Attached
Vehicle Towed In? Yes / No	My Insurance Company: IN FIRST CAPITAL
Police Reported? Yes / No	Police Report Reference No.:
Company's Vehicle? Yes / No	Insurance Policy No: D-21098055 MVPC
Do you have witness? Yes / No	Type of Policy: Comprehensive / Third Party Fire & Theft / Third Party Only
(If Yes, Witness Name & Contact No: KANISHK HE MANI / 91578159	
Weather Condition: Clear / Cloudy / Light Rains / Heavy Rains	
Road Condition: Dry / Wet	Was anyone injured in the accident? Yes / No
Other vehicle or property damage? Yes / No	Was Notice of Intended Prosecution given? Yes / No

Describe How Accident Happened: Please use **SKETCH PLAN** for accident description & sketch of accident scene

Third Party's Details (Use Annex 2 for Chain Collision as attachment)

Vehicle Make / Model	TOYOTA CAMRY	Vehicle Reg. No.	SJR 1536B
Name of Driver:	QUEK PECK HAR	NRIC No.	S00 05765G
Insurance Company:	NTUC	Handphone	98166040

Driver's Declaration: I declare that the information given in this report are true and correct and I undertake to assume full responsibilities for all consequences should any part given above be untrue

Signature

Signature

Date

4/7/2022



MS First Capital Insurance Limited Co. Reg. No. 195000106C GST Reg. No. M2-0001676-9
 6 Raffles Quay #21-00 Singapore 048580
 Tel: (65) 6222 2311 Fax: (65) 6222 3547
 Claims & Motor Underwriting Dept: 36 Robinson Road #16-01 City House Singapore 068877
 Tel: (65) 6507 3848 Fax: (65) 6507 3849
www.msfirstcapital.com.sg

CERTIFICATE OF INSURANCE

ORIGINAL

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
 Road Transport Act, 1987 (Malaysia)
 Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Type of Policy. : PRIVATE MOTOR CAR INSURANCE
 Type of Cover. : Comprehensive
 Certificate No. : D-21098055MVPC
 Vehicle No / Chassis No : SLS1640D / WAUZZZ8V1J1006593
 Name of Insured : CHUA HUN YEW
 Period Of Insurance : 11.09.2021 To 10.09.2022
 Insured Estimated Value : Market Value At Time Of Loss

Excess :

SGD500.00 SECTION I FOR NAMED DRIVER
 SGD600.00 SECTION I FOR ONG YORK JOO
 SGD700.00 SECTION I FOR UNNAMED DRIVER
 SGD3,500.00 SECTION I & II SEPARATELY IS IMPOSED ON THOSE DRIVERS WHO ARE
 BELOW 22 YEARS OLD AND/OR WHO HAVE LESS THAN 2 YEARS OF DRIVING EXPERIENCE

Authorised Driver*

CHUA HUN YEW, ONG YORK JOO AND CHUA KIT WEI

Persons or classes of persons entitled to drive*

1) The Insured.

The Insured may also drive a Motor Car not belonging to or hired (under a hire purchase agreement or otherwise) to him or his employer or his partner.

2) Any other person who is driving on the Insured's order or with his permission.

* Provided that the person driving is permitted in accordance with the licensing or other 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.

Limitations as to use*

Use only for social, domestic and pleasure purposes and for the Insured's business.

The Policy does not cover use for hire or reward, racing, pacemaking, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

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)

MS First Capital Insurance Limited
 (Approved Insurers)

KARENS/A0194/MX1F *av*

Issued at Singapore on 27.07.2021

[Signature]
 Authorised Signature

















