(559		585 585	10.110
	(1)	- Cualt	20000	1
ONAlgasspssment Contr	e Services: willis	1, 200	12/18/2010	Done by
2009 3022 1106	100 description .	Date & Tim	e Completed .	
(0) (0) (0) 20 9 CV LV	/ SAS e-filing			
CBK/MU IND STAY	E-mail (within this, A	(Capu)	- 19 -	***
200 1000 1110	1-Motor Claim Fo	and the same of th		
24012143	1-Motor 47/0 04/10	hier OD, then, TP 4 her).		
(13.) Behaving Only	1-Photo Uploaded	3.		
	Lucesment/Survey	Peport .	non-	
heurer:	Ass't Report by Er	AN / Hand to Owner/	FE	,) ×1
erred WRap I NO Assign WKap I QW: (- Agent State of the State of t	1,011	m-THO(),	
1. 13701 1801	SJD 3394D_	Teli	1 .	
5 \$130 00 101 01) Coyor:	Type: ("	
wner/Driveri (Periodi (Timut	
olloy Not (Date: N10-20%: P1	21-79%: .F; 50-	100%)
Confirmed by I &	(V) [Note-Est, Status (Y)/NO(,)		
inelized/Driver Liability: () Wattarty: YES (()	and the second second	TRESTANT
Year of Registrations (). Loading	1\$1,000()/\$2,000		and of the control of the	2700068 VII 111 V
Excest: (S	Was aviety Co	nadential & Strictly N	O telet of teballs	311
ALTO DE TALLE PARA MANAGEMENT DE COMPANYON DE LA COMPANYON DE	La intolustion attions			-1
Valle in Chetomer & Custome	The same of the sa			The same of the sa
) Wall-In Clistomer i Custome		NO () Toyrin	g Co: (The second of th
() Total Loss Case (Co com		NO () Toyrin	g Co: (est will subenviou
Drive-In ()/ Towed-In (,) !	Invoice: YES () /	NO(1) LTOYAT	g Coi (coedimination (Septembrie)	The state of t
Drive-In ()/ Towed-In (,) [Invoice: Yths () /	NO() Town	g Coi (dil Alle Convoy
Drive-In ()/Towed-In (,) !	Invoice: Yths () /	NO () Toyrin	g Coi (Dent/by
Drive-In ()/ Towed-In (,) !. Drive-In ()/ Towed-In (,) !. Torral ks: (Realing of 888) 1) Apply for Transport Allowance (Invoice: Yths () / Sousies Courtes y Car (NO() Town	g Coi (di Alia (Danoloy
Drive-In ()/ Towed-In (,) [Invoice: Yths () / Sousies Courtes y Car (NO (1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	8 Coi (Dent/by
Drive-In ()/ Towed-In (,) [Drive-In ()/ Towed-In (,) [Invoice: Yths () / Sousies Courtes y Car (NO (1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	8 Coi (Dent/by
Drive-In ()/ Towed-In (,) ! Drive-In ()/ Towed-In (,) ! Tomas is: () Refline Griss 1) Apply for Transfort Allowance (2) QC Check/Post Repuir Inspection 3) Upload Resurvey Photo [Repair (Injury /	Invoice: Yths () / Sousies Courtes y Car (NO (1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	8 Coi (Dent/by
Drive-In ()/ Towed-In (,) [Drive-In ()/ Towed-In (,) [Invoice: Yths () / Sousies Courtes y Car (NO (1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	8 Coi (Dent/by
Drive-In ()/ Towed-In (,) ! Drive-In ()/ Towed-In (,) ! Tomas is: () Refline Griss 1) Apply for Transfort Allowance (2) QC Check/Post Repuir Inspection 3) Upload Resurvey Photo [Repair (Injury /	Invoice: Yths () / Sousies Courtes y Car (NO (1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	8 Coi (Denvioy
Drive-In ()/ Towed-In (,) ! Drive-In ()/ Towed-In (,) ! Tomas is: () Refline Griss 1) Apply for Transfort Allowance (2) QC Check/Post Repuir Inspection 3) Upload Resurvey Photo [Repair (Injury /	Invoice: Yths () / Sousies Courtes y Car (NO (1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	8 Coi (Denvioy
Drive-In ()/ Towed-In (,) ! Drive-In ()/ Towed-In (,) ! Tomas is: () Refline Griss 1) Apply for Transfort Allowance (2) QC Check/Post Repuir Inspection 3) Upload Resurvey Photo [Repair (Injury /	Invoice: Yths () / Sousies Courtes y Car (NO (1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Sont by Sont b
Drive-In ()/ Towed-In (,) ! Drive-In ()/ Towed-In (,) ! Tomas is: () Refline Griss 1) Apply for Transfort Allowance (2) QC Check/Post Repuir Inspection 3) Upload Resurvey Photo [Repair (Injury /	Invoice: Yths () / Sousies Courtes y Car (NO (1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Sont by Sont b
Drive-In ()/ Towed-In (,) ! Drive-In ()/ Towed-In (,) ! Tomas is: () Refline Griss 1) Apply for Transfort Allowance (2) QC Check/Post Repuir Inspection 3) Upload Resurvey Photo [Repair (Injury /	Invoice: Yths () / Sousies Courtes y Car (NO (1) 1 · V · · · · · · · · · · · · · · · · ·	Checks (330)	Control of the contro
Drive-In ()/ Towed-In (,) ! Drive-In ()/ Towed-In (,) !	Invoice: Yths () / Sousies Courtes y Car (1) ARI Assissa	CREPTURE (STOC) Allessroom (S100)	TIC (310)
Drive-In ()/ Towed-In (,) ! Servacias ()/ Towed-In (,) ! Servacias ()/	Invoice: Yths () / Sousies Courtes y Car (IDVVIDE Z CE	CREPTURE (SIGN) ALERITORN (SIGN) Fig.	CG (310) THE (310) THE (310) THE (310) THE (310) THE (310)
Drive-In ()/ Towed-In (,) ! The second of the second o	Invoice: Yths () / Sousies Courtes y Car (I) ARI Accident Damies (2) Tri Tawins (2) Tri Tawin	Carange Checks Checks	State (310) St
Drive-In ()/ Towed-In (,) ! Tema-kis ()/ Towed-In (,) ! Tema-kis ()/ Towed-In (,) ! Apply for Transfort Allowance () 2) QC Check/ Post Repuir Inspection 3) Upload Resurvey Photo [Repair () Injury /	Invoice: Yths () / Sousies Courtes y Car (I) ARI Acciden 2) DAI Damiss 3) TFI Towins 4) FTI Fellow Earstalmins TEAR Dails	Day attion (She city) Theory as (\$300); Attended (\$100); Theory as Survey (Pasu attick Dio Caly (was	\$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10
Drive-In ()/ Towed-In (,) ! Tema-kis 1) Apply for Transfort Allowance (2) QC Check/Post Repuir Inspectio 3) Upload Restrively Photo [Repair (Injury / Injury /	Invoice: Yths () / Sousies Courtes y Car (IDARIACIÓN IDARIA	OGY 24 WON Christell (Reporting (330)) Attention (3100); Fit Through Survey (Pasu 1112 tt Pric Chiy (was 14 SWIRT Survey)	Story (310) St
Drive-In ()/ Towed-In (,) ! Tema-kis ()/ Towed-In (,) ! Tema-kis ()/ Towed-In (,) ! Apply for Transfort Allowance () 2) QC Check/ Post Repuir Inspection 3) Upload Resurvey Photo [Repair () Injury /	Invoice: Yths () / Sousies Courtes y Car (I DAN Aciden 1) AAI Aciden 2) DAI Damiss 3) TFI Towins 4) FTI Follow Earstalmins 6) TRIRelaw 7) NI 1140 D 8) NTUC Add	Day any on Christian Theory of Street Allest Dio Chily (we and the thirt Street A + Shirk T Street (Mana) Sarylouse	CS11 SEE SEE DONN DY
Drive-In ()/ Towed-In (,) ! Drive-In ()/ Towed-In (,) ! Remarks: Apply for Transfort Allowance (2) QC Check/ Pour Repuir Imspection Julional Resurvey Photo [Repair (Injury / Photo Repair (Injury / In	Invoice: Y'bs'() / Sello:	Involve 7 Fallow Involve 7 Fallow Involve 7 Fa	Gerzwory Chrolis (Reperus (\$30)) Alleration (\$100); Through Survey Through Survey Though Survey Hanal Servicer:	CS11 SEE SEE DONN DY
Drive-In ()/ Towed-In (,) ! Drive-In ()/ Towed-In (,) ! Remarks: Apply for Transfort Allowance (2) QC Check/ Pour Repuir Imspection Julional Resurvey Photo [Repair (Injury / Photo Repair (Injury / In	Invoice: Y'bs'() / Sello:	Involve Z Call Involve Z Call I) ARI Acciden I) DA Dames I) FT Fellow Estalalmins G) TR (Re-law T) NI (Ida) D S) NT UC Add OD! 1 No Re-law 1 No Re-law 1 No Re-law 2 No Re-law 2 No Re-law 1 No Re-law 1 No Re-law 1 No Re-law 1 No Re-law 2 No Re-law 2 No Re-law 1 No Re-law	Day Attion (Shells) Caratton (Shells) (Reperting (Sho)) Attended (Sho)) Through Survey Through Survey (Pasu Attended (Sho)) (Mana) Survey (Mana) Su	CGU SEES TO DO NO DO Y 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Drive-In ()/ Towed-In (,) ! Tema-kis 1) Apply for Transfort Allowance (2) QC Check/Post Repuir Inspectio 3) Upload Restrively Photo [Repair (Injury / Injury /	Invoice: Y'bs'() / Sello:	10 (1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DATATOON ONE COL (Reporting (S30)) Attenation (S100)) Free Through Survey Though Survey (Pasu stilled Did Only for socion A + SWRT Survey (Mana) Servious (F Co-ordination Repair Inspection (Co-ordination)	CSI SEE DONNODY
Drive-In ()/ Towed-In (,) ! Drive-In ()/ Towed-In (,) ! Remarks: Apply for Transfort Allowance (2) QC Check/ Pour Repuir Imspection Julional Resurvey Photo [Repair (Injury / Photo Repair (Injury / In	Invoice: Y'bs'() / Sello:	1) ARI Accident 2) DA Damies 3) TF Tenlew 5) TF Tenlew 5) TF Tenlew 7) RI 164 D 7) RI	DG-2000 Check Reperves (330) Alteration (\$100) File Through Survey Through Survey (Pasu ashlad Thio Only for position A + SWRT Survey (Hand Servious) (F Corordination Repair Inspection (College Breess Coord 177 (Hon 1845) again	CGS SEE TO DO NO DO Y 1
Drive-In ()/ Towed-In (,) ! Drive-In ()/ Towed-In (,) ! Remarks: Apply for Transfort Allowance (2) QC Check/ Pour Repuir Imspection Julional Resurvey Photo [Repair (Injury / Photo Repair (Injury / In	Invoice: Y'bs'() / Sello:	10 (1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Through Survey Through Survey	CSI SEE DONNODY



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.

This Form must be completed by the Policyholder and/or the Actual Driver
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate

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 Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

28/09/2022 11:06 (SGT) 24/09/2022 14:55 (SGT) AYE, Singapore TOWARDS ECP BEFORE BUONA VISTA EXIT Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SJQ7236H

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner NRIC No

Email Address Mobile Phone No

Alternative Phone No

No

ER YOKE HIONG SXXXX047A

erqinghui91@gmail.com (Phone) +65-98326146

VEHICLE PARTICULARS

Manufacturer Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category Transmission

CC

Honda

Civic

Private use

No - Claiming third party

Private car Auto 1496

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

MSIG Insurance (Singapore) Pte. Ltd. A 300581408 QMY

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

ER QING HUI SXXXX757E 05/09/1991 Indoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number

Email Address

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions

Chain Collision Clear Road Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 4 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 2 Has the driver been approached by unknown person(s) No

soliciting/offering accident claims assistance? Translator's name Translator's ID

Translator's phone number Translator's email

Original language used in the statement

PASSENGER 1

Name Gender SHERYL TEO PEI MIN

Female

01/08/2011

Male

610353

No

No

Child

11 YEARS AND 1 MONTH

(Phone) +65-98352026

erqinghui91@gmail.com

BLK 353 KANG CHING ROAD #08-53

DETAILS OF POLICE ACTION

Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No. Police Station Address Was notice of intended Prosecution given?

If yes, against whom?

Yes

Traffic Police

(Phone) +65-65470000 (Fax) +65-65474900

10 Ubi Avenue 3 Singapore 408865

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT T/20220925/7036

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident

Yes Yes

WITH OWNER

DETAILS OF OTHER VEHICLE PROPERT

Vehicle Registration Number	SJD3394D
Vehicle Manufacturer	-
Vehicle Model	
Vehicle Variant	
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	- Trate car
Contact Number	
Address	
Address complement	
Postcode	W-07
Insurance Company Name	
Nature Of Damage	VV
Details of property damaged in accident	
No. Of Passenger (Including Driver)	-
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHD6237S
Vehicle Manufacturer	
Vehicle Model	
Vehicle Variant	2
Vehicle Colour	3
Vehicle Category	Taxi
Name of Driver	2
Contact Number	_
Address	-
Address complement	
Postcode	
Insurance Company Name	
Nature Of Damage	-
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMR2536J
Vehicle Manufacturer	
Vehicle Model	-
Vehicle Variant	
Vehicle Colour	14
Vehicle Category	Private car
Name of Driver	
Contact Number	
Address	
Address complement	
Postcode	
Insurance Company Name	- 11
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ER QING HUI
Gender	Male
Phone No	(Phone) +65-98352026
Address	
Address Complement	
Post Code	
Approximate Age Years Old	
Injuries Sustained	NECK, BACK AND LEG PAIN

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

SJQ7236H

Yes

No

SKETCH PLAN

IMPORTANT NOTICE

- 1 Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2 This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3 Information provided must be as <u>truthful and accurate as possible</u> Any wilful msrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>
- 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)

l 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

ER YOKE HIONG

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Aye towards ECP
Before Buona Mata Brit

Vehicle A: SJQ 7736H

vehicle b: SJD 3394D

Vehicle C: SHD 6737D

Vehicle D: SMR2536J

	On the stated date and time, I rehicle A was
	THE
	traveling straight at the stated location. The vehicle
	infront of me slowed down and stopped, I followed
	Acit. Out of a sudden, I felt a luge impact from
	my rear and caused my vehicle to propel forward and outo vehicle c.
	A 1 then realized vehicle B hit onto me and 1 was
	involved in a 4 car chain collision.
-	
	Polick SERORY 7 70720925 7036
	POLICIE HEHOLA 7 70320925/7036
	POLICIE HEHOLD 7 70320925/7036
	POLICIE HEHORA 7 70320925/7036
	POLICIE HEHORA 7 70320925/7036
	roll car (4540127 7 70320925/ 7036
	roll car 19240127 7 70320 7036
	POLICIE HEHORA 7 70320928/7036
	POLICIE HEHORA 7 7036
	POLICIE HEHORA 7 7036
	POLICIE 45-40R1 7 70320978/7036
	POLICIE 45-40127 7 70320 7036
	POLICIE HEHORA 7 7036
	POLICIE HEHORA 7 7030
	POLICIE HEHORA 7 7036
	POLICIE 45-40127 7 70326
	POLICIE 145-1011 7 70320978 7036
	FOLICIE 4EHORA 7 7036
	FOLICIE 45-HORA 7 7032057X 7036
	76LICK YEHOR 7 7036
	76LICK YEHOLU 7 70312092 7036
	1 2022 1 7036

Declaration

We declare the foregoing particulars are true in every respect.

ER YOKE HION &
Policyholder's Signature / Date &

Time

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

Witnessed by Reporting Centre
Personnel





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20220925/7036

REPORT OF A TRAFFIC ACCIDENT

25/09/2022 21:35			Vide Report No.:	Station Diary No.:
Informa	nt's Partic	ulars	The second second second second	The state of the s
Name of Informant: ER QING HUI			Address: 353 KANG CHING ROAD #	08-53 SINGAPORE 610353
ID Type / ID No.: NRIC NO / S9131757E			Contact No.: Home/Office:	Mobile: 98352026
National SINGAP	ity: ORE CITIZ	EN	Email: erqinghui91@gmail.com	
Sex: Male			Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation:			Driving Licence Information: Class: 3	Date of Expiry:

	mation of the Accid			AND THE RESIDENCE OF THE PARTY
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/09/2022 14:55	Type of Location AYE towards ECP, before Buona Vista exit, Lane 1
Location: AYER RAJAH	EXPRESSWAY	,		
Weather:				
Sunny		Road Surface: Dry	1 - 233	Road Speed Limit: 0 Km/h
		Control Control Control Control	9 T	AND ALL OF THE CONTRACT OF THE

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SHD6237D	Car	TOYOTA	Prius	Maroon	Slightly Damaged	0
SJD3394D	Car	HONDA	Crossroad	Black	Slightly Damaged	0





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20220925/7036

CONTINUATION OF REPORT

Details of V	ehicle Invo	lved	CHECK TO SHAKE	OF THE PARTY	WASTER OF THE REAL PROPERTY.	
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SJQ7236H	Car					0
SMR2536J	Car	BMW		Orange		0

Details of Perso	n Involved	4466			
Any Pedestrian II	nvolved: No				
No. of Pedestriar	ns Injured: NIL		Use of Ped	lestrian Cross	sing: NA
Driver	CEARLY SERVICE PARTY	PARTICIPA	Section - Control of the Local	Se Published Day	Charles to the Land Co.
Name	ER QING HUI			ID No.	S9131757E
Related Vehicle	SJQ7236H (Car)			Contact No.	98352026
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	25/09/2022		Date	25/09	9/2022
No. of Days gran	ted Medical Leave	03	Degree of	Sligh	t

Brief Details.

On 24 September 2022, 2:55pm, I, SJQ7236H was travelling straight on AYE towards ECP, before Buona Vista exit, Lane 1, beside bus stop 16099. Vehicle C in front of me, SHD6237D, slow down and stopped, I followed suit. Out of a sudden, I felt a huge impact from my rear and caused my vehicle to propel forward and hit onto Vehicle C. I then realized Vehicle B, SJD3394D, hit onto me and I was involved in a 4 car chain collision. Video and photo evidence attached.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20220925/7036

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report ha been authenticated by Singpass. No signature i required.		
Signature Of Interpreter: Not applicable	Date/Time: 25/09/2022 21:35		
Officer In Charge Of Case: TP / TPIB / FAHKRUL RAZI BIN SUHAIME Contact No.: 65470000	Classification Of Case:		

Date of Accident	: 04 9 0002 Accident Time: 14 55 (24-HR-Format)
Accident Place	: AYE Towards ECP Before Buona Vista Exit
Vehicle No. (Car Plate No.)	: SJG 7236H Make/Model: Honda Civic
Insurance Company	: MS16 Policy No: 1300581408 GMY
Owner or Company Name /IC No.	: Er Yoke Hiving / 31323047 A
Owner or Company Contact No.	: 9832 6146 Owner's Hp Company Tel
DRIVER'S Name / IC No.	: Er Qing Hui / 59131757 €
DRIVER'S Date Of Birth	: 5 9 1991 DRIVER'S License Pass Date 1 8 2011
Relationship of Owner & Driver	: Spouse(Parent)Children\Sibling\Employee\Others:
DRIVER'S Address	: BIK 353 Kang Ching Rd # 08-53 3610353
DRIVER'S Contact No./ Alt No.	:1) 9 8352026 2)
DRIVER'S Occupation : IND	OOR OUTDOOR (e.g. working inside or outside office)
Email Address	: erqinghui 91 @ gmail. com
Weather & Road Surface	CLEAR & DRY\ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Rep	orting Only (Claim Other Party) Claim Own Insurance
Number of Passengers (Including D	river): 2
Any Injury (If YES, Pls state): 1es	being used at time of accident: Private use \ Work Purpose . Neck, back and leg
The same of the sa	rty Driver's Particular (if any)
Vehicle. No: SJD 3394D (b) Vehicle. No: SHD 6237D (c)
Vehicle Make \Model:	Vehicle Make \Model:
Name Driver:	Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact:
•	SMR 2536 J (D)

- NEW - Passenger's name & gender: Shery! Teo Pei Min - female



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 PLUS Comprehensive

Certificate No.

A 300581408 QMY

Excess: SGD500

Windscreen Excess : SGD100

 Index Mark and Registration Number of Vehicle SJQ7236H

 Name of Policyholder Er Yoke Hiong

- Effective Date of the Commencement of Insurance for the purposes of the Act 23/05/2022
- Date of Expiry of Insurance 22/05/2023
- Persons or Classes of Persons entitled to drive*

Er Yoke Hiong

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.

Limitations as to Use *

Use only for social domestic and pleasure purposes and for the Policyholder's business. The Policy does not cover use for hire or reward racing pace-making 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 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 CAN BE CARRIED OUT AT ANY WORKSHOP OF YOUR CHOICE OR 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

Mack Eng Chief Executive Officer