

## 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 Actual 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 .....	13/10/2022 12:18 (SGT)
Reported by .....	Driver
Date of Accident .....	12/10/2022 13:12 (SGT)
Exact Location of Accident .....	21 Evans Rd, Singapore 259366
Additional Location Information .....	EVANS ROAD TOWARDS BUKIT TIMAH ROAD
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SBJ21M
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	ONG CHENG SIM MELISSA
NRIC No .....	SXXXX618E
Email Address .....	GS@MOJO.PARTNERS
Mobile Phone No .....	(Phone) +65-92970276
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Hyundai
Model .....	TM SANTA FE 2.4 GDI AT 4WD SR
Variant .....	TM SANTA FE 2.4 GDI AT 4WD SR
Exact purpose for which vehicle was being used at time of accident .....	Employment
Are you claiming under your own insurance policy for repair to your vehicle? .....	Yes
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	2359

#### INSURANCE COMPANY

Name of Insurance Company .....	MS First Capital Insurance Ltd
Policy Number / Cover Note Number .....	D-22099176MFPC

#### DRIVER

Name of Driver .....	M SUBRAMANIAM
NRIC No .....	SXXXX016D
Date Of Birth .....	15/12/1965
Occupation .....	Outdoor

Date Of Driving Pass .....	23/08/1988
Driving experience .....	34 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98574125
Alt. Phone Number .....	+65-81217439
Email Address .....	GS@MOJO.PARTNERS
Address .....	BLK 976 HOUGANG STREET 91 #02-256
Address complement .....	-
Postcode .....	530976
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Paid Driver
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) .....	1
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 .....	-

#### 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

ON 12/10/22 I WAS DRIVING VEH-A SBJ21M ALONG EVANS ROAD TOWARDS BUKIT TIMAH ROAD. AS I APPROACH A T-JUNCTION, I SLOW DOWN AND CONTINUE. THERE WAS A VEH-B SKX9929E IN-FRONT OF ME. AS WE REACH THE YELLOW BOX, THE TRAFFIC IN-FRONT OF VEH-B WAS CLEAR. BUT VEH-B DRIVER STOP BEFORE YELLOW BOX TO GIVE WAY TO VEH-C UNKNOWN. I WAS UNABLE TO STOP MY VEH-A, SO I TRIED TO SHIFT MORE TO MY RIGHT TO AVOID THE COLLISION. BY MY VEH-A SLIGHTLY TOUCH ONTO VEH-B

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SKX9929E
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-

Vehicle Category .....	Private car
Name of Driver .....	NIA LU SOO HIA
NRIC No .....	SXXXX570A
Contact Number .....	(Phone) +65-98206182
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## Declaration

Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel



















## Ramesh

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**From:** Ginny Sng <gs@mojo.partners>  
**Sent:** Thursday, 13 October 2022 11:21 am  
**To:** Ramesh  
**Subject:** Re: SBJ21M  
**Attachments:** Melissa's NRIC 2 CTC.pdf

Registered owner NRIC attached.

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**From:** Ginny Sng <gs@mojo.partners>  
**Date:** Thursday, 13 October 2022 at 11:19 AM  
**To:** ramesh@goldbell.com.sg <ramesh@goldbell.com.sg>  
**Subject:** SBJ21M

Hi,

I am Ginny, PA to Ms Melissa Ong.

On behalf of Ong Cheng Sim Melissa, I hereby authorise M Subramaniam NRIC S1682016D to submit the accident report for SBJ21M.

Regards,  
Ginny



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, 1950  
 Road Transport Act, 1987 (Malaysia)  
 Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Type of Policy. : PRIVATE CAR - FLEET  
 Type of Cover. : Comprehensive  
 Certificate No. : D-22099176MFPC  
 Vehicle No / Chassis No : SBJ21M / KMHS381DSKU095204  
 Name of Insured : ONG CHENG SIM MELISSA  
 Period Of Insurance : 01.07.2022 To 31.03.2023  
 Insured Estimated Value : Market Value At Time Of Loss  
 Financial Institution : N.A

**Excess :**  
 SGD500.00 SECTION I  
 COMPULSORY EXCESS OF ADDITIONAL SGD1,000.00 APPLIES TO :-  
 (1) DRIVERS BELOW THE AGE OF 25 YEARS AND/OR  
 (2) HAS LESS THAN 1 YEAR DRIVING EXPERIENCE  
 ALL EXCESS AMOUNTS ARE SUBJECT TO GST

**Authorised Driver\***  
 ONG CHENG SIM MELISSA AND ANY AUTHORISED DRIVERS

**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)

STELLAL/B0231/MX1F

Issued at Singapore On 11.08.2022

Authorised Signature