



# 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	20/10/2022 12:30 (SGT)
Reported by	Both
Date of Accident	19/10/2022 19:45 (SGT)
Exact Location of Accident	Foch Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE681R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NEO TECK MING
NRIC No	SXXXX790Z
Email Address	neeo073@yahoo.com
Mobile Phone No	(Phone) +65-98222901
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1591

### INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A 300670578 AH1

### DRIVER

Name of Driver	NEO TECK MING
NRIC No	SXXXX790Z
Date Of Birth	05/07/1973
Occupation	Indoor

Date Of Driving Pass	30/08/1994
Driving experience	28 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98222901
Alt. Phone Number	-
Email Address	neeo073@yahoo.com
Address	BLK 475A UPPER SERANGOON CRESCENT #13-519
Address complement	-
Postcode	531475
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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

PLEASE REFER TO SKETCH PLAN

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	SJX9051Z
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

## 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 willful 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' 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;

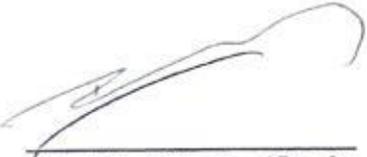
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

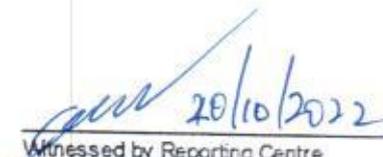
(collectively the "Purposes")

(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

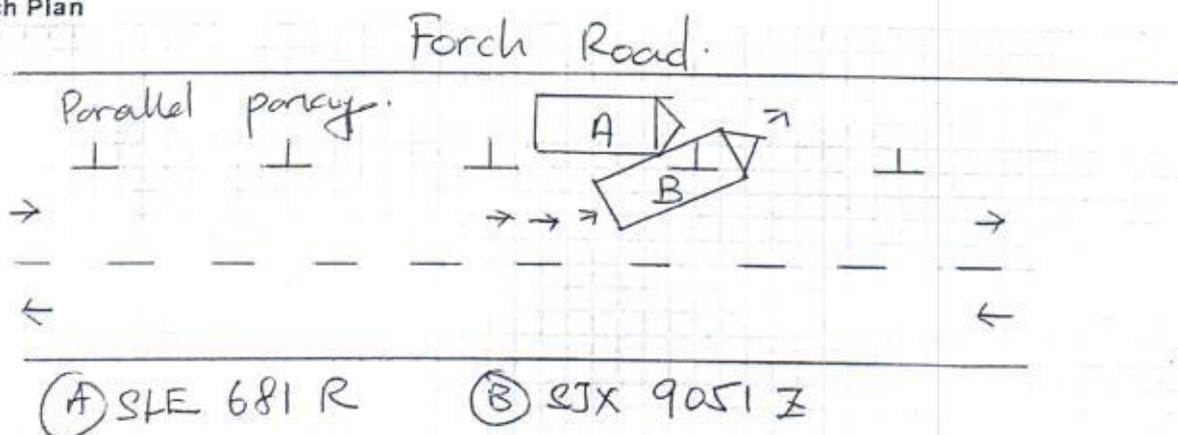
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes

  
Policyholder's Signature / Date & Time

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

 20/10/2022  
Witnessed by Reporting Centre Personnel

### Sketch Plan



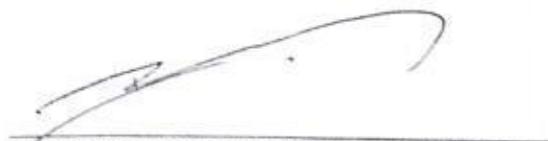
**Describe Circumstances of the Accident**

On the stated date and time, I park my veh along Foch Rd parallel parking. I then went for my dinner at the coffee shop beside. At about 7.45pm, I heard some noise and went back to my veh and realized that veh B had hit onto my veh front right portion. The driver was at the accident location waiting for me. He admit fault and we agreed to proceed through insurance.

**Declaration**

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

  
20/10/2022  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

Date of Accident : 19/10/2022 Accident Time: 19.45 (24-HR-Format)  
 Accident Place : Feck Rd  
 Vehicle No. (Car Plate No.) : SLE 681 R Make/Model: Hyundai Aventura  
 Insurance Company : AIG Policy No: A 300670578 AH I  
 Owner or Company Name / IC No. : Neo Teck Ming S7324790 Z  
 Owner or Company Contact No. : — Owner's Hp 9822 2901 Company Tel  
 DRIVER'S Name / IC No. : As above  
 DRIVER'S Date Of Birth : 5/7/1973 DRIVER'S License Pass Date 30 Aug 1994  
 Relationship of Owner & Driver : Spouse\Parent\Children\Sibling\Employee\Others: —  
 DRIVER'S Address : 81K 4754 Upper Serangoon Crescent #13-519  
 DRIVER'S Contact No./ Alt No. : 1) 9822 2901 2) — (531475)  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : neeo073@yahoo.com  
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
 Number of Passengers (Including Driver): 0  
 Was there any video Captured by car camera: YES \ NO  
 Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose  
 Any Injury (If YES, Pls state): NO —

**Other Party Driver's Particular (if any)**

Vehicle. No: SJX 9051 Z	Vehicle. No: _____
Vehicle Make \Model: Mercedes	Vehicle Make \Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

• NEW – Passenger's name & gender:



**MSIG**

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.

**HYUNDAI DRIVEELITE 360**  
Comprehensive

Certificate No. **A 300670578 AH1**

Excess : **SGD0**

Windscreen Excess : **SGD100**

1. **Index Mark and Registration Number of Vehicle**  
SLE681R

2. **Name of Policyholder**  
Neo Teck Ming

3. **Effective Date of the Commencement of Insurance for the purposes of the Act**  
15/09/2022

4. **Date of Expiry of Insurance**  
14/09/2023

5. **Persons or Classes of Persons entitled to drive\***  
Neo Teck Ming

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 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 MUST BE CARRIED OUT AT KOMOCO MOTORS PTE LTD OR AT ANY MSIG AUTHORISED WORKSHOP. REFER TO MSIG.COM.SG FOR LIST OF AUTHORISED WORKSHOPS. WINDSCREEN EXCESS IS WAIVED AT KOMOCO MOTORS PTE LTD FOR WINDSCREEN RELATED CLAIMS. THIS POLICY INCLUDES COURTESY CAR BENEFIT.

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

**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: SLO/22AK0001 Vehicle Registration No: 8UH 687R

Name (as shown in NRIC): NEO JACK MINH NRIC/FIN/Passport No: SXKX7907

(\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate

Address: \_\_\_\_\_ Singapore ( )

Contact (Tel): \_\_\_\_\_ Mobile No.: 98222901

Email Address: \_\_\_\_\_

Date of Accident: 19/10/2022 Time of Accident: 19:45

Place of Accident: Foch Road

Insurance Company: M&G

**(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:

HP number to 98222901

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Policyholder / Actual Driver's Signature  
Date:

[Signature]  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name (as in NRIC/ID card):  
Date: 20/10/2022