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SL0Y23320001 / LKK Auto Consultants Pte Ltd [159721] ENTRY DATE & TIME: 02/03/2023 15:35 (SGT) SUBMITTED BY: LKK Auto BM VERSION: 1 (02/03/2023 15:35 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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	02/03/2023 15:35 (SGT)
Reported by	Driver
Date of Accident	01/03/2023 15:28 (SGT)
Exact Location of Accident	56A Strathmore Ave, Singapore 143056
Additional Location Information	CARPARK
Country/State of Loss	Singapore

Country/State of Loss	Singapore
DETAILS OF	FOWN VEHICLE
Vehicle Registration Number	SLW7126L
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	No WONG FOOK CHOY SXXXX822Z hcrmyself@gmail.com (Phone) +65-82686679
VEHICLE PARTICULARS	
Manufacturer Model 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? Vehicle Category	Toyota Wish - Private use No - Claiming third party
Transmission	Private car Auto

CC 1798

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A 300530206 AT2

DRIVER

Name of Driver	WEE JENNY (HUANG JENNY)
NRIC No	SXXXX257I
Date Of Birth	06/07/1974
Occupation	Indoor

Date Of Driving Pass	14/02/1995
Driving experience	28 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-82686679
Alt. Phone Number	-
Email Address	hcrmyself@gmail.com
Address	BLK 56 STRATHMORE AVENUE #17-115
Address complement	BER 30 3 TRATTIMORE AVENUE #17-113
Postcode	140056
Is the driver the policyholder?	140056
If No, Relationship of the Driver with the Insured	No
	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	Side Swipe
Weather Conditions	DRIZZLING
Road Surface	Wet
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	Ne
Number of vehicles involved in the accident	No
	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)	No.
soliciting/offering accident claims assistance?	No
Translator's name	E .
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 (TYPE OF COLLISION TP	REVERSE AND HIT INSURED)
ATTACHMENT(S)	
Are accident photos available for attachment?	Voc
	Yes
Was there any video captured by Car Camera?	Yes
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Valida Davistaria N	
Vehicle Registration Number	SMC2730T
Vehicle Manufacturer	
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)	

IMPORTANT NOTICE

VEHICLE NO: SLW7126L DATE OF ACCIDENT: 01 March 2023

- 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation 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 forw arded 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)

Lunderstand, acknowledge, agree and consent that:

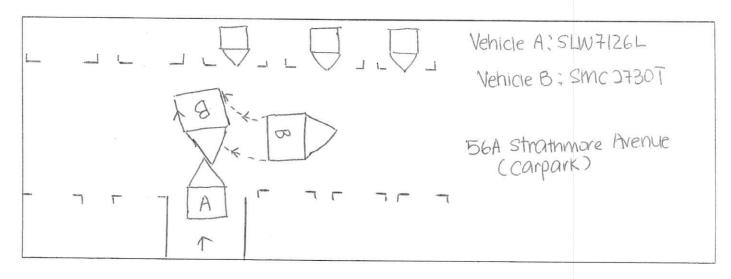
- (a) My insurer, my w orkshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho 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' 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 law yers/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



The accident happen	ed at 56A strathmo	ove Ave (Carpark) o	in oist March 2003
at about 1528Hrs.			
I was driving alon	g Level One moving to level		· 1. 1. 1.11
Vehicle Bashen	ras about to reverse	his Vehicle for park	
he hit onto me dur	ing the course of r	neversing.	
	- 2		
REPORTING ONLY ()	OWN DAMAGE ()	THIRD PARTY (Y	OWN WORKSHOP ()

Declaration NOTE: DO NOTE THAT YOU MAY HAVE 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

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

ACCIDENT REPORTING FORM

Date of Accident: 01/03/2023 Time of Accident: 15:28 (24Hrs)
Vehicle No: SLW 7126L Vehicle Make/Model: Toyota wish.
Exact Location of Accident: 56A Strathmore Avenue CCarpark).
Owner's Name/NRIC: Wang Took Chay 1/c 57228822Z
Driver's Name/NRIC: Wee Jenny (Huang Jenny) St4225t]
Driver's Contact: 8268 6679. Insurance Co & Policy No: MSIG Inc. A 300530 206 ATZ
Driver's Email Address: hctmyself@qmail.com
Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify:
Reporting Party: 1) Owner 2) Driver 3) Owner & Driver
What do you wish to claim (Please circle one only) 1) Own Insurance 2) Other Vehicle (The one you want to claim against) 3) Reporting (For Recording Purpose)
Exact Purpose for which the vehicle was being used at time of accident? (Please circle one only) Private Use / Work Purpose
Weather Condition & Road Conditions? Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet
Occupation Indoor / Outdoor
Any Injuries? (MC of 3 Days or more, police report is required)
Yes No If Yes, which police station?
The Other Party (Vehicle B) Details Driver's Name/IC: Vehicle No: _Smc2730T
Insurance Company: Driver's Contact:
(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)
Other Vehicle (Vehicle C) :
Passengers Vehicle A: Vehicle B: I diver, O passenger Vehicle B:
Language Used Mandarin / English / Malay / Tamil / OTHERS:



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.

TOYOTA DRIVEELITE Comprehensive

Certificate No.

A 300530206 AT2

Excess: SGD500

Windscreen Excess: SGD100

 Index Mark and Registration Number of Vehicle SI W7126I

2. Name of Policyholder

Wong Fook Choy

3. Effective Date of the Commencement of Insurance for the purposes of the Act 28/02/2023

4. Date of Expiry of Insurance

27/02/2024

5. Persons or Classes of Persons entitled to drive*

Wong Fook Choy, Wee Jenny

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 BORNEO MOTORS (S) PTE LTD OR AT ANY MSIG AUTHORISED WORKSHOP. REFER TO MSIG.COM.SG FOR LIST OF AUTHORISED WORKSHOPS. WINDSCREEN EXCESS IS WAIVED AT BORNEO MOTORS (S) 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