





## 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	31/03/2023 14:40 (SGT)
Reported by	Actual Driver
Date of Accident	30/03/2023 21:15 (SGT)
Exact Location of Accident	Eunos Link, Singapore
Additional Location Information	TOWARDS KPE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX3043B
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHIN LI LIAN STEPHANIE
NRIC No	SXXXX432C
Email Address	tancorol6@gmail.com
Mobile Phone No	(Phone) +65-96402474
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
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	1317

#### INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	B 300518223 QMY

#### DRIVER

Name of Driver	WONG SONG CHEW
NRIC No	SXXXX706G
Date Of Birth	13/01/1977
Occupation	Indoor

Date Of Driving Pass .....	30/05/2003
Driving experience .....	19 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96370047
Alt. Phone Number .....	-
Email Address .....	tancorol6@gmail.com
Address .....	BLK 470B UPPER SERANGOON CRESCENT #04-332
Address complement .....	-
Postcode .....	532470
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	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 .....	Chain 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 .....	3
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) .....	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

#### 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 .....	SJZ1785G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	WEN JIN SHI
NRIC No .....	SXXXX497D

Contact Number .....	(Phone) +65-90111053
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 2

Vehicle Registration Number .....	SMM3454G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
NRIC No .....	SXXXX533Z
Contact Number .....	(Phone) +65-84889680
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	WONG SONG CHEW
Gender .....	Male
Phone No .....	(Phone) +65-96370047
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SMX3043B
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No



## SKETCH PLAN

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### 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.

*Chir*  
31/3/23

Policyholder's Signature / Date &  
Time 1045 am

Sketch Plan

*Chir*  
31/3/23

Driver's Signature (If driver is not the policyholder) / Date  
& Time 1045 am

EXITS LINK TOWARDS KPE

*[Signature]*  
31/03/2023  
Witnessed by Reporting Centre  
Personnel

③ → →

② → →

① < B A →

A 8 SMX 3043 B

B 8 SJX 1785 G

C 8 SHM 3454 G

Describe Circumstances of the Accident

On 30/03/2023 at about 2115 hrs, I was stationary at Euros Link towards KPE.

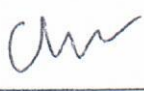
Out of a sudden, I felt an impact behind me. I alighted immediately to check on my vehicle.

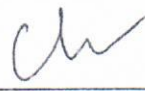
I discovered that 3 vehicles were involved.

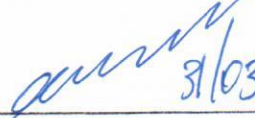
We exchanged particulars and left the scene.

Declaration

I/We declare the foregoing particulars are true in every respect.

 31/3/23  
Policyholder's Signature / Date &  
Time 10 45 am

 31/3/23  
Driver's Signature (If driver is not the policyholder) / Date  
& Time 10 45 am

 31/03/2023  
Witnessed by Reporting Centre  
Personnel

Date: Fri, 31 Mar 2023, 08:36

Subject: Authorisation for SMX3043B

To: [service@sg.msig-asia.com](mailto:service@sg.msig-asia.com) <[service@sg.msig-asia.com](mailto:service@sg.msig-asia.com)>

Cc: [rogerw.greencall@gmail.com](mailto:rogerw.greencall@gmail.com) <[rogerw.greencall@gmail.com](mailto:rogerw.greencall@gmail.com)>

Dear MSIG

I am the policyholder of SMX3043B.

My husband; Wong Song Chew (S7700706G) was involved in an accident yesterday on 30/3/2023 along Eunos Link at about 9:15pm

Let the email be a confirmation that i am giving him full Authorisation to

- 1) lodge accident report
- 2) sign off any documents pertaining to the claims and accident

Thank you

Yours Sincerely

Stephanie Chin



VEHICLE NO: SMX 3043 B

MAKE &amp; MODEL : HONDA FIT BASIC CVT

DATE OF ACCIDENT	30/03 / 2023
TIME OF ACCIDENT	215 AM/PM
LOCATION OF ACCIDENT	SHOPS LNK TOWARDS KPE
Exact Purpose use during accident	PERSONAL USE
NAME OF OWNER	CHIN L HAN STEPHANIE
TELP NO	9640 2474
NRIC	57828432C
CLAIM TYPE	OD / <u>THIRD PARTY</u> / Reporting Only
PRIVATE HIRE	YES/NO?
INSURANCE CO.	MSIG
TYRE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft
POLICY NO.	B 300518223 GMY
NAME OF DRIVER	As above / If No: WONG SONG CHEW
NRIC	574007066 Any passengers: —
DATE OF BIRTH	13 / 01 / 1977
OCCUPATION	Outdoor / <u>Indoor</u>
DATE OF DRIVING PASS	30 / 05 / 2003
GENDER	<u>Male</u> / Female
CONTACT NO.	9637 0047 Office: Home:
ADDRESS	BLK 440B UPPER SERANGOON CRESCENT #04-332 553472
DRIVER HAVE ANY OWN VEHICLE	<u>NO</u> / If yes : Reg No :
RELATIONSHIP	Employee / Hirer / <u>Spouse</u> / Parent / Friend / If No :
WEATHER CONDITION	<u>Clear</u> / Raining / Dizzling / Other:
ROAD SURFACE	<u>Dry</u> / Wet / Other :
ANY INJURIES	NO / If yes : Who? WONG SONG CHEW (2 days m/c)
CONTACT NO.	9637 0047
POLICE REPORT	<u>NO</u> / If yes : Where?
VEHICLE B NO.	<u>B</u> 5JZ 1785 G Any passengers: —
NAME	WEN JIN SHI - 57555497J
CONTACT NO.	9011 1053
VEHICLE C NO.	<u>C</u> 5MM 3454 G : 88582533 Any passengers:
VEHICLE D NO.	Any passengers:
VEHICLE E NO.	Any passengers:
VEHICLE F NO.	Any passengers:
ANY WITNESS	
WITNESS CONTACT NO.	
Have you been approach by unknown person soliciting (s)/	
Referring accident claims assistance?	YES/NO
PARTICULAR WORKSHOP	Focus Auto Pte Ltd - TANCROLL@GMAIL.COM
TELP NO.	1 Kaki Bukit Avenue 6
CONTACT PERSON	Autobay @ kaki.bukit
FAX NO.	#02-48/50 Singapore 417883
	Tel : 6886 9097
	Fax: 6844 4625





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.

**MOTORMAX PLUS**  
Comprehensive

Certificate No. B 300518223 QMY

Excess : SGD500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle  
SMX3043B

2. Name of Policyholder  
Chin Li Lian Stephanie

3. Effective Date of the Commencement of Insurance for the purposes of the Act  
05/01/2023

4. Date of Expiry of Insurance  
04/01/2024

5. Persons or Classes of Persons entitled to drive\*  
Chin Li Lian Stephanie

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 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



