SK0U2345000M / KAN FOOK SING MOTOR WORKSHOP [533758] ENTRY DATE & TIME: 05/04/2023 17:10 (SGT) SUBMITTED BY: Boo Miow Hwa VERSION: 1 (05/04/2023 17:10 (SGT))

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 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.

- 4. The issue and acceptance of this is form by instrained 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 05/04/2023 17:10 (SGT) Reported by **Actual Driver** Date of Accident 03/04/2023 18:05 (SGT) Exact Location of Accident Singapore Additional Location Information PIE TOWARDS TAMPINES AVENUE 2 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJP8378E INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner FOO CHEE SENG, BENJI (FU ZHISHENG, BENJI) NRIC No S7937890I Fmail Address bfoo97@gmail.com Mobile Phone No (Phone) +65-97686603 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Toyota Model **VIOS J AUTO** 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? No - Claiming third party Vehicle Category Private car Transmission Auto CC 1497

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number A 300565500 QMX

DRIVER

Name of Driver SOH HWEE BIN NRIC No S1377177D Date Of Birth 21/06/1959 Occupation Indoor

Date Of Driving Pass 03/05/1984 Driving experience 38 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-98446109 Alt. Phone Number Email Address sohhweebin@gmail.com Address 166 TAMPINES ST 12 #04-327 (S) 521166 Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured MOTHER-IN-LAW Does Driver Own Other Vehicles? Nο 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 Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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 PASSENGER 1 Name **FOO JUN HEE** Gender **Female DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER WITH ATTACHED. ATTACHMENT(S) Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

No

Was there any video captured by Car Camera?

Vehicle Registration Number	GBJ9879X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	KRISHNAMOORTHY DHINESHKUMAR
Work Permit No	G2450458T
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 2

Vehicle Registration Number SFX3828L Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver KEITH TAN GUO WEN NRIC No S9043704F Contact Number 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

1100.125	
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	- - - - - SJP8378E
INJURED 2	
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	

SKETCH PLAN

IMPORTANT NOTICE

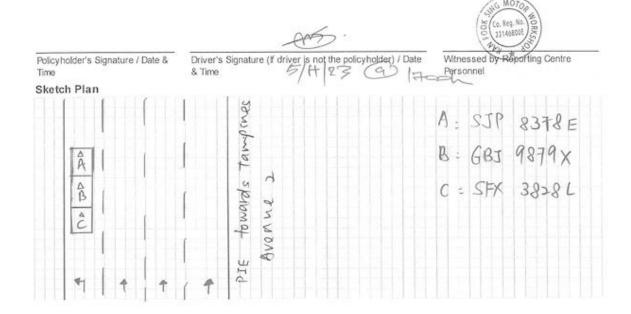
- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material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

Lunderstand, 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' 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' law yers/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.



due to the front traffic. Suddenly, I felt an impact from my vehicle rear portion. I was involved in a	Describe Circumstances of the Accident
along PIE towards Tampines Avenue J. I was stationary due to the front traffic. Suddenly, I felt an impact from my vehicle rear portion. I was involved in a 3 vehicles chain collision. Driver felt a bone back pain and neck pain after the accident.	On 03.04.2023 at about 6=05pm. I was travelling
due to the front traffic. Suddenly, I felt an impact from my vehicle rear portion. I was involved in a 3 vehicles chain collision. Driver felt a bone back pain and neck pain after the accident.	
from my vehicle rear portion. I was involved in a 3 vehicles chain collision. Driver felt a bone back pain and neck pain after the accident-	along PIE towards Tampines Avenue J. I was stationary
3 vehicles chain collision. Driver felt a bone back pain and neck pain after the accident-	due to the front traffic. Suddenly, I felt an impact
and neck pain after the accident-	from my vehicle rear portion. I was involved in a
	3 vehicles chain collision. Driver felt a bone back pain
Please refer the police report : Timossoutoul 17056	and neck pain after the accident-
TIME TELEVITOR TOPOLOGICAL TOPOLOGICA TOPOLOGICA TOPOLOGICA TOPOLOGICA TOPOLOGICA TOPOLOGI	Dlanso rator the notice round - Timesouth 170 Th
	FIXAZE PETER THE PIOTA CE PEPORT CONTROLLE

Declaration

IWWe declare the foregoing particulars are true in every respect.

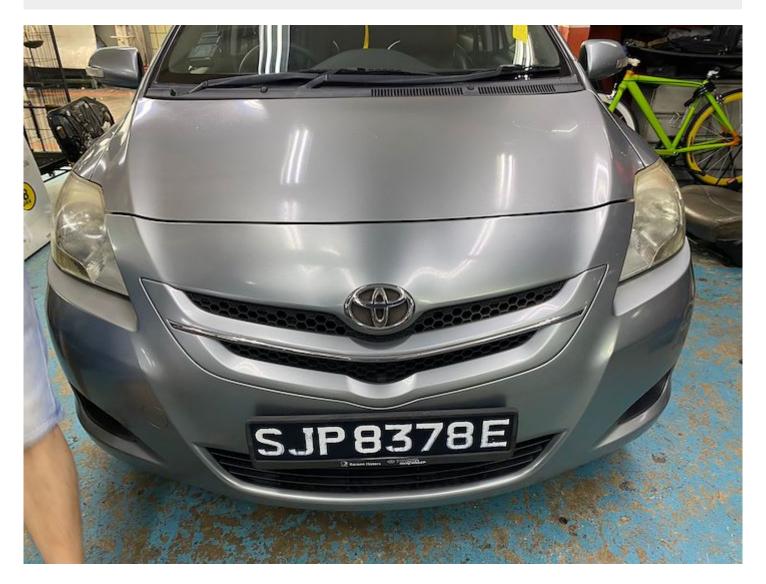
4/4/23

12.25

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

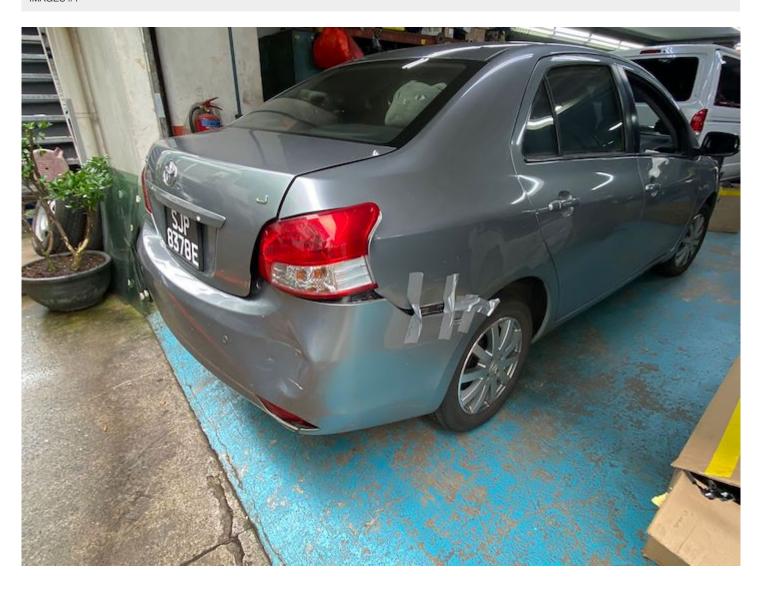
Witnessed by Reporting Centre Personnel

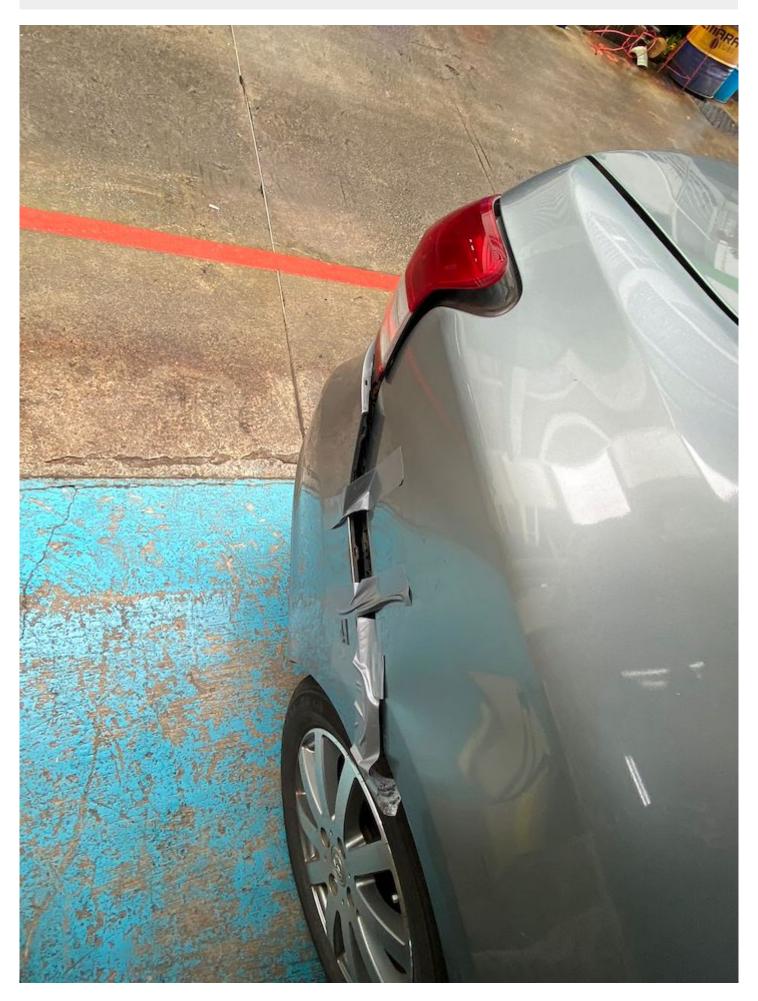
Policyholder's Signature / Date & Time







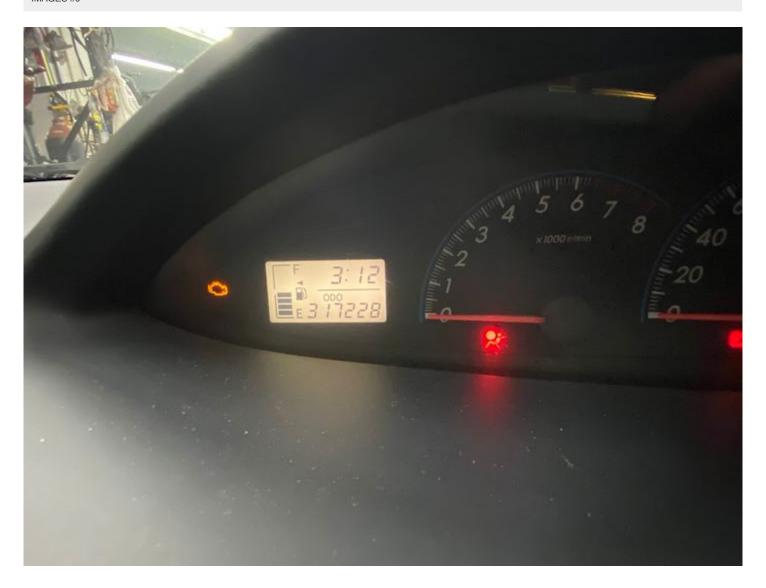


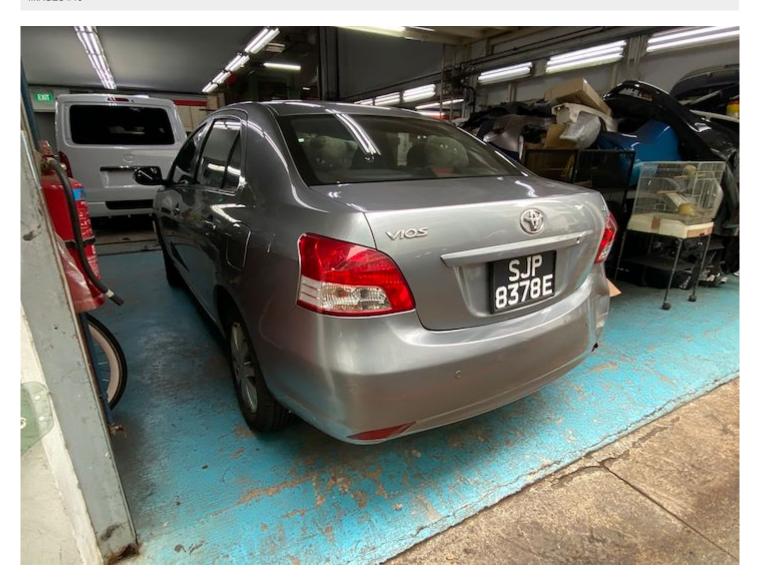
















Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3

Report No. T/20230404/7056

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 04/04/2023 15:32		Vide Report No.:	Station Diary No.:	
Informan	t's Partic	ulars			
Name of I SOH HW			Address: 166 TAMPINES STREET	12 #04-327 SINGAPORE 521166	
ID Type / NRIC NO		77D	Contact No.: Home/Office: Mobile: 98446109		
Nationalit SINGAPO		EN	Email: sohhweebin@gmail.com		
Sex: Female	Age: 63	Date of Birth: 21/06/1959	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: UNEMPLOYED			Driving Licence Information: Class: 3 Date of Expiry:		

General Infor	mation of the Acci	dent		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/04/2023 18:05	Type of Location Straight Road
Location: PIE				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collis Between Mov	ion: ring Vehicles - Head	To Rear		Anyone conveyed by ambulance: No

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
GBJ9879X	Van					0
SFX3828L	Car					0
SJP8378E	Car	TOYOTA	VIOS J	Silver	Seriously Damaged	2



Report No. T/20230404/7056

2 of 3

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

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJP8378E	MSIG INSURANCE (SINGAPORE) PTE. LTD.	A300565500QMX	14/04/2022	13/04/2023

Details of Perso	n Involved		ES INKTERNI		7 1000	
Any Pedestrian I	nvolved: No				-10.100	
No. of Pedestrians Injured: NIL Use of Ped			edestriar	Cross	ing: NA	
Driver						
Name	SOH HWEE BIN			ID No.		S1377177D
Related Vehicle	SJP8378E (Car)			Contact No.		98446109
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: 3 Date of Expiry: NIL
Date	04/04/2023 D		Date	b .	04/04	/2023
No. of Days gran	nted Medical Leave 03 D		Degree o	of Seriou		us
Passenger						
Name	FOO JUN HEE		ID No.		NIL	
Related Vehicle	NIL			Contact No.		NIL
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: ,3 Date of Expiry: NIL
Date	NIL Date				NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

Brief Details.

ON 03.04.2023 AT ABOUT 6:05PM. I WAS TRAVELLING ALONG PIE TOWARDS TAMPINES AVENUE 2. I (1ST VEHICLE) WAS STATIONARY DUE TO THE FRONT TRAFFIC. SUDDENLY, I FELT AN IMPACT FROM MY VEHICLE REAR PORTION, VEHICLE GBJ 9879X (2ND VEHICLE) HIT MY VEHICLE, THERE WAS ANOTHER VEHICLE, SFX3828L (3RD VEHICLE), I INVOLVED IN A 3 VEHICLES CHAIN COLLISION.

I FELT BACK PAIN AND NECK PAIN. I VISITED INSYNC MEDICAL AFTER THE ACCIDENT. THE DOCTOR GAVEN ME 3 DAYS MC.



T/20230404/7056

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20230404/7056

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 has been authenticated by Singpass. No signature is required.

Date/Time:
04/04/2023 15:32

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476219

Signature Of Informant:
The identity of the person making this report has been authenticated by Singpass. No signature is required.

Classification Of Case:

NP168



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.S.AD INSURANCE GROUP

MOTORMAX RENEWAL CERTIFICATE

POLICYHOLDER INFORMATION

: Foo Chee Seng, Benji (Fu Zhisheng, Name

Benji)

Date of Issue

: 12/04/2022

Policy No.

: A 300565500 QMX

Account No.

: 3392

: 498J Tampines Street 45

#06-466

Premium Singapore 527498

Period of Insurance: 14/04/2022 to 13/04/2023

: SGD685.74

(inclusive of GST)

RISK NUMBER 1

Address

Insured Details

Engine No. Chassis No.

Registration No. Make/Model

: SJP8378E

: Toyota Vios 1.5 GLX

: 1NZX884310 : MR053HY9305106750 Year of Registration : 2009

Capacity

: 1497 C.C. Seating Capacity : 05 (Incl. Driver)

Off-peak Car

: No

Coverage Details

Type of Cover Windscreen

: Comprehensive : Unlimited

: 50% : SGD640.88 Sum Insured Windscreen Excess : SGD100

: Market Value at the Time of Loss

NCD Protector

: Covered Good Driver Discount: 5%

Excess

: SGD500 (Own Damage Excess)

No Claim Discount

Annual Premium

Authorized Driver(s) : Foo Chee Seng, Benji (Fu Zhisheng, Benji)

Any other person provided he is driving on the Policyholder's order or with the Policyholder's

permission.

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.

Clauses/Endorsements applicable to the above Risk

This Policy extends to include the following endorsements and clauses subject otherwise to the terms conditions and exceptions/exclusions of this Policy:

Automobile And Medical Assistance Services Endorsement

The Automobile and Emergency Medical Evacuation and Repatriation Assistance Services are arranged by Us through Our appointed assistance company to assist You in an emergency caused by or arising out of the use of the Insured Vehicle within the Geographical Area unless otherwise stated.

The caller will be required to always identify themselves by their full name and Policy number.

MSIG 24 HOUR EMERGENCY HELPLINE

(65) 6337 1208

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