

## 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 .....	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
Email 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 .....	Male
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? .....	No
If No, Relationship of the Driver with the Insured .....	MOTHER-IN-LAW
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 .....	Wet

#### 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) .....	2
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? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER WITH ATTACHED.

#### 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 .....	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

Name of injured person .....	SOH HWEE BIN
Gender .....	Male
Phone No .....	(Phone) +65-98446109
Address .....	166 TAMPINES ST 12 #04-327 (S) 521166
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SJP8378E
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

##### INJURED 2

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



**Describe Circumstances of the Accident**

On 03-04-2023 at about 6:05pm. I was travelling along PIE towards Tampines Avenue 2. 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.

Please refer the police report - T/20230404/70J2

**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

Witnessed by Reporting Centre Personnel



4/4/23  
12.25





































**SINGAPORE  
POLICE FORCE**



T/20230404/7056

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.:
--	------------------	--------------------

**Informant's Particulars**

Name of Informant: SOH HWEE BIN			Address: 166 TAMPINES STREET 12 #04-327 SINGAPORE 521166	
ID Type / ID No.: NRIC NO / S1377177D			Contact No.: Home/Office: Mobile: 98446109	
Nationality: SINGAPORE CITIZEN			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 Information of the Accident**

General Information of the Accident				
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 Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBJ9879X	Van					0
SFX3828L	Car					0
SJP8378E	Car	TOYOTA	VIOS J	Silver	Seriously Damaged	2





**SINGAPORE  
POLICE FORCE**

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



T/20230404/7056

2 of 3

Report No. T/20230404/7056

**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 Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: 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	Date	04/04/2023
No. of Days granted Medical Leave	03	Degree of	Serious
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 granted 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.



**SINGAPORE  
POLICE FORCE**

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



T/20230404/7056

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 Interpreter:  
Not applicable

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

NP168

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

Classification Of Case:



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

## MOTORMAX RENEWAL CERTIFICATE

### POLICYHOLDER INFORMATION

Name	: Foo Chee Seng, Benji (Fu Zhisheng, Benji)	Date of Issue	: 12/04/2022
		Policy No.	: A 300565500 QMX
		Account No.	: 3392
Address	: 498J Tampines Street 45 #06-466 Singapore 527498	Period of Insurance	: 14/04/2022 to 13/04/2023
		Premium	: SGD685.74 (Inclusive of GST)

### RISK NUMBER 1

#### Insured Details

Registration No.	: SJP8378E	Year of Registration	: 2009
Make/Model	: Toyota Vios 1.5 GLX	Capacity	: 1497 C.C.
Engine No.	: 1NZX884310	Seating Capacity	: 05 (Incl. Driver)
Chassis No.	: MR053HY9305106750	Off-peak Car	: No

#### Coverage Details

Type of Cover	: Comprehensive	Sum Insured	: Market Value at the Time of Loss
Windscreen	: Unlimited	Windscreen Excess	: SGD100
No Claim Discount	: 50%	NCD Protector	: Covered
Annual Premium	: SGD640.88	Good Driver Discount	: 5%
Excess	: SGD500 (Own Damage Excess)		
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