



# 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	09/06/2023 11:51 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	08/06/2023 11:23 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TEMBELING ROAD TOWARDS JOO CHIAT TERRANCE BESIDE J0017 CARPARK
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SBE129M

### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHIA TEH CHONG
NRIC No	SXXXX099I
Email Address	CHIA.TEH.CHONG@GMAIL.COM
Mobile Phone No	(Phone) +65-91099907
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 300754922 AHM

### DRIVER

Name of Driver	CHIA TEH CHONG
NRIC No	SXXXX099I
Date Of Birth	01/03/1947

Occupation .....	Indoor
Date Of Driving Pass .....	30/09/1965
Driving experience .....	57 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91099907
Alt. Phone Number .....	-
Email Address .....	CHIA.TEH.CHONG@GMAIL.COM
Address .....	252 TEMBELING ROAD
Address complement .....	# 01-06
Postcode .....	423731
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 .....	Side Swipe
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? .....	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 THE ATTACHED STATEMENT

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SJR3200G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	MOHAMMAD FAKHRURAZI

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 .....	CHIA TEH CHONG
Gender .....	Male
Phone No .....	(Phone) +65-91099907
Address .....	252 TEMBELING ROAD
Address Complement .....	# 01-06
Post Code .....	423731
Approximate Age Years Old .....	-
Injuries Sustained .....	SHOULDER AND BACK ACHE
Injured person in which vehicle? .....	SBE129M
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

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 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

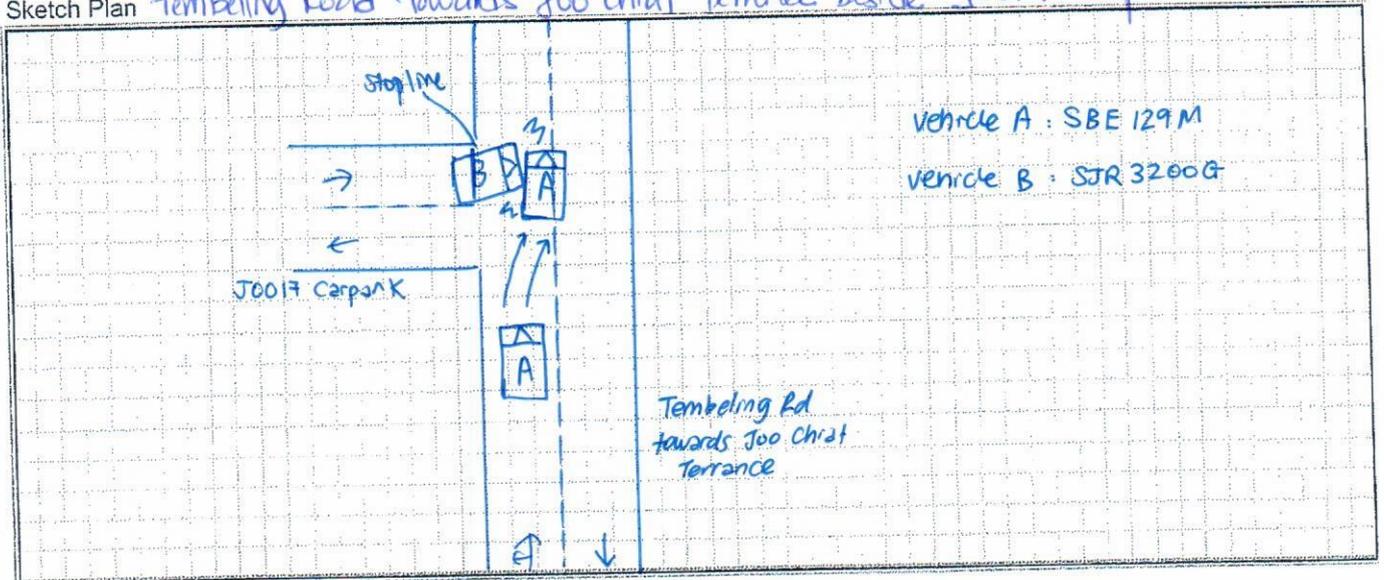
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Sketch Plan

Tembeling Road towards Joo Chiat Terrace beside J0017 Carpark



Vehicle A : SBE 129M  
Vehicle B : STR 3200G

Describe Circumstance of the Accident

As of above date and time, I was driving my vehicle

( SBE 129 M ) along Tembeling Rd towards Joo chist Terrace.

I was driving straight & suddenly vehicle B ( SJR 3200 G )

exited from J0017 carpark. upon seeing vehicle B exit, I tried

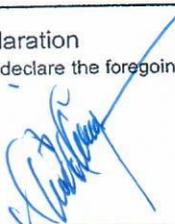
to swerve to the other lane but my vehicle left portion

collided into vehicle B right front portion.

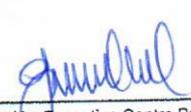
Video footage Attached.

Declaration

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

 9/6/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

VEHICLE NO: <u>SBE 129 M</u>	MAKE & MODEL: <u>Hyundai Avante</u>	<input checked="" type="radio"/> AUTO / <input type="radio"/> MANUAL
DATE OF ACCIDENT: <u>08 / 06 / 2023</u>	CC: <u>1-6</u>	
TIME OF ACCIDENT: <u>1123</u> HRS		
LOCATION OF ACCIDENT: <u>Tembeling Rd towards Joo Chiat Terrace beside J0017 Carpark</u>		
EXACT PURPOSE USE DURING ACCIDENT: <u>EMPLOYMENT / <input checked="" type="radio"/> PRIVATE USE / PRIVATE HIRE</u>		
NAME OF OWNER: <u>Chia Teh Chong</u>		
TEL NO:	H/P: <u>9109 9907</u> OFFICE:	HOME:
NRIC: <u>S0741099I</u>		
ADDRESS: <u>252 Tembeling Road #01-06 S 423731</u>		
EMAIL: <u>CHIA.TEH.CHONG@gmail.com</u>		
CLAIM TYPE: <u>OD / <input checked="" type="radio"/> THIRD PARTY / REPORTING ONLY</u>		
FLEET POLICY: <u>YES <input checked="" type="radio"/> NO?</u>		
INSURANCE COMPANY: <u>MSIG</u>		
TYPE OF COVERAGE: <u>Comprehensive / Third Party / Third Party Fire &amp; Theft</u>		
POLICY NO: <u>A 300754922 AHM</u>		
NAME OF DRIVER: <u>AS ABOVE / IF NO:</u>		
NRIC: <u>as above</u>	ANY PASSENGER:	
DATE OF BIRTH: <u>01 / 03 / 1947</u>	LICENCE PASSED DATE: <u>30 / 09 / 1965</u>	
OCCUPATION: <u>OUTDOOR / <input checked="" type="radio"/> INDOOR</u>		
GENDER: <u>MALE / FEMALE</u>		
CONTACT NO:	H/P: <u>as above</u> OFFICE:	HOME:
ADDRESS: <u>as above</u>		
EMAIL: <u>as above</u>		
DOES DRIVER OWNED ANY VEHICLE: <u><input checked="" type="radio"/> NO / IF YES, REG NO:</u>	INSURER:	
RELATIONSHIP: <u>Owner</u>		
WEATHER CONDITION: <u><input checked="" type="radio"/> CLEAR / RAINING / OTHERS:</u>		
ROAD SURFACE: <u><input checked="" type="radio"/> DRY / WET / OTHER:</u>		
ANY INJURIES: <u>NO / IF YES, WHO?</u>		
NAME & CONTACT: <u>Chia Teh Chong ( 9109 9907 ) Shoulder and back</u>		
NAME & CONTACT:		
POLICE REPORT: <u><input checked="" type="radio"/> NO / IF YES, WHERE?</u>		
NOTICE OF INTENDED PROSECUTION GIVEN? <u><input checked="" type="radio"/> NO / IF YES, WHO?</u>		
VEHICLE B REG NO: <u>SJR 3200 G</u>	ANY PASSENGERS: <u>NIA</u>	
NAME OF DRIVER: <u>Mohammad Fakhurrazi</u>	CONTACT NO: <u>unknown</u>	
VEHICLE C REG NO:	ANY PASSENGERS:	
VEHICLE D REG NO:	ANY PASSENGERS:	
VEHICLE E REG NO:	ANY PASSENGERS:	
VEHICLE F REG NO:	ANY PASSENGERS:	
VEHICLE G REG NO:	ANY PASSENGERS:	
ANY WITNESS? IF YES, NAME:	WITNESS CONTACT:	
WAS THERE ANY VIDEO CAPTURE? <u><input checked="" type="radio"/> YES / NO</u>		
WAS THERE ANY AUDIO RECORDED? <u>YES / <input checked="" type="radio"/> NO</u>		
ACCIDENT SCENE PHOTOS TAKEN? <u>YES / NO</u>		
ACCIDENT PORTION: <u>left portion</u>		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance? <u>YES / <input checked="" type="radio"/> NO</u>		
WORKSHOP PARTICULAR: <u>N-51 Automotive Pte Ltd</u>		
CONTACT NO: <u>68420051 / 67440510</u>		
CONTACT PERSON: <u>Steve 88215151</u>		
FAX NO: <u>67410510</u>		
WORKSHOP EMAIL: <u>sales@n51.com.sg</u>		



**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 DRIVEELITE2 Comprehensive

**Certificate No.** A 300754922 AHM

**Excess :** SGD0

**Windscreen Excess :** SGD100

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

SBE129M

**2. Name of Policyholder**

Chia Teh Chong

**3. Effective Date of the Commencement of Insurance for the purposes of the Act**

05/01/2023

**4. Date of Expiry of Insurance**

04/01/2025

**5. Persons or Classes of Persons entitled to drive\***

Chia Teh Chong, Chia Ken Siong

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