NATIONAL Assessment Centre	Services (wef 1 Janros)		
Date In: 4 12/07/2023	Jeb description	Dute & Time Completed	Do
Ref No: CAIMS 923007048 / 04	SAS e-filing		
Yeh No: SLQ 7843 G	E-mail (within shrs, AIC 2hrs)		
D.O.A: 12/07/2023 07:45	i-Motor Claim Form		
OD (TP / Reporting Only	i-Motor W/O (Within: OD 2hrs	s, TP 4lirs)	
	i-Photo Uploaded	!	
TP Insurer:	Assessment/Survey Report		
TT HISUTEL.	Ass't Report by Fax / Hand t	o Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (open S	Fax:
TP Particulars: Veh No: Sk	CC 1146K INC ()/Non-INC()	
Owner / Driver: (Tel:)
Policy No: () Perio	od: ()	Cover Type: ()
Confirmed by: (Date:	Time:	
Insured/Driver Liability: (%) [No	ote-Est. Status (WO): N: 0-20	0%: P: 21-79% F: 80-	100%]
7.	arranty: YES ()/NO ()	15070]
Excess: (\$) Loading: \$1,000			
General Remarks;	John Section States	i en especialista (i. j. j.)	
() Walk-In Customer: Customer's inform	THE STATE OF THE S		
() Total Loss Case : to e-mail Insurer		icty NO Talet Of Tepatier.	
Drive-In ()/ Towed-In (); Invoice:		owing Co. (
		owing Co: (
		owing Co: (Date&Lime Compleied	Do
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () / Co			Do
Remarks: (INC hor line: 6788 6616) 1) Apply for Transport Allowance () / Co 2) QC Check / Post Repair Inspection	YES () / NO () ; T		Do
Remarks: (INC hor line: 6788 6616) 1) Apply for Transport Allowance () / Co 2) QC Check / Post Repair Inspection	YES () / NO () ; T		Bo
Remarks: (INC hor line: 6788 6616) 1) Apply for Transport Allowance () / Co 2) QC Check / Post Repair Inspection	YES () / NO () ; T		(
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () / Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	YES () / NO () ; T		Do
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () / Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	YES () / NO () ; T		Bo
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () / Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	YES () / NO () ; T		
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Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () / Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	YES () / NO () ; T		Do
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () / Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	YES () / NO () ; T		Do
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () / Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	YES() / NO(); T urtesy Car()	Date&Lime Completed	
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () / Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions	YES () / NO (); T urtesy Car ()	Date&Lime Completed	Ant (3
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () / Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date Time > Actions	YES () / NO () ; T urtesy Car ()	Date& Firme Completed	Anit (\$
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () / Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time: Actions Laumant's Particulars:	VES () / NO () ; T urtesy Car ()	Date&Lime Completed paration Checklist Reporting (\$30); Assessment (\$100); INC (\$20);	Anit (\$ 150 Bi) 580) 40/\$45
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () / Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time > Actions Liumant's Particulars:	VES () / NO () ; T urtesy Car () () 00] () Invoice Pre 1) AR : Acciden 2) DA : Damage 3) TF : Towing In 4) FT : Follow-T	Date&Lime Completed paration Checklist Reporting (\$30); Assessment (\$100); INC (\$700); IN	Anit (\$ 75t Bi) 580) 40/\$45 \$120
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () / Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time: Actions Liumant's Particulars river/Owner:	VES () / NO () ; T urtesy Car () () 00] () Invoice Pre 1) AR : Acciden 2) DA : Damage 3) TF : Towing I 4) FT : Follow-T 5) FT : Follow-T For claiming e	Date& Firme Completed paration Checklist Reporting (\$30); Assessment (\$100); INC (Tee \$ Through Survey Through Survey (Resurvey) Resinst INC Only (wef 10 Jan 200)	Anit (\$ \$\$ [\$\$\text{F\$}]\$ \$\$80) \$\$40/\$45 \$\$120 \$\$30 \$\$50
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () / Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time: Actions Liumant's Particulars: civer/Owner:	Theorem Theo	Date& Firme Completed paration Checklist Reporting (\$30); Assessment (\$100); INC (See	Anit (\$
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () / Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Liumant's Particulars: river/Owner: Ontact No: amaged Portion:	Trivelice Preserved 1 1 1 1 1 1 1 1 1	Date& Firme Completed paration Checklist Reporting (\$30); Assessment (\$100); INC (See	Anit (\$ 15t.Bi) \$80) 40/\$45 \$120 \$30 25) \$75
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () / Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Liumant's Particulars: river/Owner: Ontact No: amaged Portion:	VES () / NO () ; T urtesy Car () () 00] () Invoice Pre 1) AR : Acciden 2) DA : Damage 3) TF : Towing I 4) FT : Follow-T 5) FT : Follow-T For claiming e 6) TR : Re-inspe 7) NI : Idao DA 8) NTUC Additi QIN* *NS: Courtes)	Date& Firme Completed paration Checklist Reporting (\$30); Assessment (\$100); INC (See	Anit (\$ 15t.Bi) \$80) 40/\$45 \$120 \$30 25) \$75
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () / Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury : Date Time Actions Limitant's Particulars: river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	Trysice Pre	Date& Firme Completed Date &	Anit (S 18t Bi) 580) 40/\$45 \$120 \$30 25) \$75 \$160
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () / Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Limmant's Particulars: river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	Invoice Pre	Date& Firme Completed Daration Checklist Reporting (\$30); Assessment (\$100); INC (Rec	Ant (3
Remarks: (INC horline, 6788 6616) 1) Apply for Transport Allowance () / Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time > Actions	Invoice Pre	Date& Firme Completed Daration Checklist Reporting (\$30); Assessment (\$100); INC (Rec	Anit (\$



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>
- 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
- 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 12/07/2023 17:47 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 12/07/2023 07:45 (SGT) Exact Location of Accident Singapore Additional Location Information ALONG KPE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Auto

1591

Vehicle Registration Number SLQ7843G

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner CHONG WEE TAT (ZHUANG WEIDA) NRIC No SXXXX009F **Email Address** mk3_winston@yahoo.com Mobile Phone No (Phone) +65-93383756 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Hyundai Model Elantra 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

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number CN51013449

DRIVER

CC

Name of Driver CHONG WEE TAT (ZHUANG WEIDA) NRIC No SXXXX009F Date Of Birth 19/04/1983 Occupation Indoor



Date Of Driving Pass	01/11/2010
Driving experience	12 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93383756
Alt. Phone Number	•
Email Address	mk3_winston@yahoo.com
Address	APT BLK 601D PUNGGOL CENTRAL
Address complement	# 15-636
Postcode	824601
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	4
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	
Weather Conditions	Chain Collision
Road Surface	Clear
	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No.
Number of vehicles involved in the accident	No
Was anybody injured in the Accident?	6 No
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)	2
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	LIU XIU HUI
Gender	Female
	Note the second little fraction (and all relative parts and a constraint of the second
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	Vac
Police Station Name	Yes Punggol Noighbourhood Delice Courts
Police Station Phone No	Punggol Neighbourhood Police Centre
Alt. Police Station Phone No	(Phone) +65-18006049999 (Fax) +65-64468015
Police Station Address	
Was notice of intended Prosecution given?	Blk 21A Tebing Lane Singapore 828837 No
If yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO THE ATTACHED POLICE REPORT-T/20230	712/2020
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No No

Vehicle Registration Number	SKC1146K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	
Name of Driver	Private car
	IKHWAN
Contact Number	(Phone) +65-81579579
Address	-
Address complement	
Postcode	
Insurance Company Name	
Nature Of Danie	1
	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SNA8661T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	_
Vehicle Category	Private car
Name of Driver	LOY KC
Contact Number	
Address	(Phone) +65-96943873
Address complement	-
Postcode	-,
Insurance Company Name	-
Natura Of Damaga	-
•	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	•

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	61.01.1.00.15
\/a a a a A aaa	SMW4661R
Vohiala Madal	-
***************************************	-
Vehicle Variant	=
Vehicle Colour	·
Vehicle Category	Private car
Name of Driver	LEONG CS
NRIC No	SXXXX014Z
Contact Number	(Phone) +65-93652047
Address	(1 Hone) 103-33032047
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 4

Vehicle Registration Number	SKV2927S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	_
Vehicle Category	Private car
Name of Driver	VINCENT
Contact Number	
Address	(Phone) +65-96687137
Address complement	-

Postcode	
Insurance Company Name	-
Nature Of Damage	
Details of property damaged in assident	-
No. Of Passenger (Including Driver)	-
The cooling of (moldaling billyel)	-

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number	SLB6828L
Vehicle Manufacturer	-
Vehicle Model	
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
Contact Number	EUGENE NG
Address	(Phone) +65-90095880
Address complement	
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Pagagners (Institution D.)	-
No. Of Passenger (Including Driver)	1-

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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 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's et 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' 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.

Jet 12/07/2023		Smull 12/3/202
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
Sketch Plan	Along KPE	<u> </u>
		A - SLQ 78436 B - SKC 1146 K C - SNA 866 IT D - SMW 4 66 IR E - SKV 2927S F - SLB 6828L

e Circumstance o	f the Accident
2	
	places Roler to the cutter had.
	Please Refer to the latter
	police Report - 7/202307/2/2020

Actual Driver's Signature (if driver is not the policyholder)

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

vJun2022





1 of 5

Report No. T/20230712/2020

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727 Tel No: 1800-6049999

REPORT OF A TRAFFIC ACCIDENT

Date/Tim 12/07/202	e Report N 23 09:03	Made:	Vide Report No.:	Station Diary No.: 24
Informan	t's Partic	ulars	The state of the s	
Name of	Informant: WEE TAT		Address: APT BLK 601D PUNGGOL C 824601	CENTRAL #15-636 SINGAPORE
ID Type / NRIC NO Nationality SINGAPO	/ S831200 y:		Contact No.: Home/Office: Email:	Mobile: 93383756
Sex: Male	Age: 40	Date of Birth: 19/04/1983	Type of Informant: Driver	
Race: Chinese			Language:	
Occupation SENIOR E		₹	Driving Licence Information: Class: 2B,3	Date of Expiry:

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 12/07/2023 07:45	Type of Location
KALLANG PA	YA LEBAR EXPRES			
		Road Surface:		
Clear		Dry		
Clear Traffic Flow: One Way Type of Collisi		Traffic Control: Not Controlled	The second secon	affic Volume:

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SKC1146K	Car				Slightly Damaged	0
SKV2927S	Car				Slightly Damaged	0
SLB6828L	Car				Slightly Damaged	0
SLQ7843G	Car	HYUNDAI	ELANTRA AD 1.6 GLS AT	Blue	Seriously Damaged	1





2 of 5

Report No. T/20230712/2020

Police Station Of Origin: Punggol N.P.C 151 Punggol Central SINGAPORE 828727 Tel No: 1800-6049999

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SMW4661R	Car				Slightly Damaged	0
SNA8661T	Car				Slightly Damaged	0

Details of V	ehicle Insurance	和利用的基础的		
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLQ7843G	MSIG INSURANCE (SINGAPORE) PTE. LTD.	300634562	24/07/2022	23/07/2023

Any Pedestrian I	avolved: No	A DECEMBER OF THE PERSON OF TH			9.0	
No. of Pedestriar			Use of Pe	destriar	Cross	sing: NA
Driver		ALERT BETTER				
Name	IKHWAN			ID No		NIL
Related Vehicle	SKC1146K (Car)			Contact No.		81579579
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Disc				
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL NIL	
Driver						
Name	VINCENT			ID No	•	NIL
Related Vehicle	SKV2927S (Car)			Contact No.		96687137
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc			
No of Days grant	ed Medical Leave	NIL	Degree of		NIL NIL	





Police Station Of Origin: Punggol N.P.C

151 Punggol Central SINGAPORE 828727 Tel No: 1800-6049999

3 of 5 Report No. T/20230712/2020

CONTINUATION OF REPORT

Driver						
Name	EUGENE NG			ID No).	NIL
Related Vehicle	SLB6828L (Car)			Contact No.		90095880
11 11 1/20				Conta	act No.	30033880
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o			
Driver						pugation and appropri
Name	CHONG WEE TAT			ID No		S8312009F
Related Vehicle	SLQ7843G (Car)	-		Conta	ct No.	93383756
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
	ed Medical Leave	NIL	Degree of		NIL	
Passenger						
Name	LIU XIU HUI			ID No		S8328014Z
Related Vehicle	SLQ7843G (Car)			Conta	ct No.	93652047
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discl		NIL	
No. of Days grant	ed Medical Leave	NIL	Degree of		NIL	
)river				ALL MELLS		
lame	LEONG CS			ID No.		NIL
Related Vehicle	SMW4661R (Car)			Contact No.		NIL
lospital/Clinic	NIL			Class of Driving Licence &		Class: NIL Date of Expiry: NIL
					Data	
ate Treatment	NIL		Date Disch	Expiry	Date NIL	





Police Station Of Origin: Punggol N.P.C 151 Punggol Central SINGAPORE 828727

4 of 5 Report No. T/20230712/2020

Tel No: 1800-6049999 CONTINUATION OF REPORT

Driver					da de la la	
Name	LOY KC	nade were softal fundaments.	ID No		NIL	
Related Vehicle	SNA8661T (Car)			Contact No.		96943873
Hospital/Clinic	NIL		Class Drivin Licend Expire	g	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Disc	ate Discharge NIL			
No. of Days granted Medical Leave NIL			Degree of		NIL	

Brief Details.

On the above-mentioned date and time, I was driving my vehicle (plate number: SLQ7843G) along KPE. My wife, Ms Liu Xiu Hui was sitting in the passenger seat, and I was on the first lane of the expressway.

At one point, the vehicle in front of me had come to a stop so I followed suit. However, we suddenly felt an impact from the back as the vehicle behind us (SKC1146K) collided into the rear of our vehicle.

Subsequently, we felt a second impact shortly after the first one.

We realized that another vehicle had also collided into the rear of another vehicle, adding onto our first accident.

There were 6 cars in total that was involved in the car accident.

As a result, my vehicle sustained serious damages at the rear.

No ambulance or police attended the incident and we were advised by a LTA officer to move off from the scene.

I wish to state that my wife and I have not observed any injuries as of now, but we will be monitoring our condition and visit a doctor if necessary.





5 of 5

Report No. T/20230712/2020

Police Station Of Origin: Punggol N.P.C 151 Punggol Central SINGAPORE 828727 Tel No: 1800-6049999

CONTINUATION OF REPORT

Signature of Officer Recording The Report: F / SGT 2 Tan Ting Wei Colette @Dania	Signature Of Informant:				
Signature Of Interpreter: Not applicable	Date/Time: 12/07/2023 09:03				
Officer In Charge Of Case: TP / GIA / SSI TAY CHUN KEEN Contact No.: 65476436	Classification Of Case:				

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT: 12/07/2023	TIME OF ACCIDENT: 07:45
VEHICLE NO: SLQ 78436	TRANSMISION AUTO / MANUAL
MAKE & MODEL :	LOCATION: Along KPE
EXACT PURPOSE USE DURING ACCIDENT: EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE: OD / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY: MS)	POLICYNO: CN51013449
TYPE OF COVERAGE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE : (SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE)
NAME OF OWNER: Chang wee tot	NRIC: S8312009F
ADDRESS: APT BIK 601 D Punggol Central # 15-636, 5824601	CONTACT NO: 93383756
EMAIL ADDRESS :	VIDEO RECORDING : YES NO
NAME OF DRIVER : AS ABOVE / IF NO :	NRIC: CONTACT NO :
DRIVER OWNER RELATIONSHIP:	PASSENGER: MALE() FEMALE(/)
DATE OF BIRTH: 14 / 04 / 1983	DRIVING PASSING DATE: 01 / 11 / 2010
OCCUPATION: INDOOR / OUTDOOR	ADDRESS:
ANY INJURIES: NO, IF YES :	PUNGOO N.P.
WEATHER CONDITION: CLEAR / RAINING / OTHERS:	ROAD SURFACE: DRY / WET / OTHERS
VEHICLE B REG NO : SKC 1146K DRIVER NAME : NRIC :	VEHICLE C REG NO : SNA 8 661T DRIVER NAME : NRIC :
CONTACT:	CONTACT: 96 94 3873
VEHICLE D REG NO: SMW 4661 R	ANY WITNESS ? NO IF YES :
NRIC:	CONTACT:
CONTACT:	
WAS NOTICE OF PROSECUTION GIVEN? (YES NO) IF YES, AGAINST WHOM:	WERE INJURY CONVEYED BY AMBULANCE : YES / NO
DOES THE ACTUAL DRIVER OWN OTHER VEHICLES: YES	HANDLING INSURER:
VEHICLE NUMBER:	(27) Vincent

E-SKX 2927S (96687137) Vincent F-SLB 6828L (9009 580) Guagare Ng



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

MOTOR INSURANCE COVER NOTE

In consideration of the Insured having paid or agreed to pay the premium, the risk detailed below is HELD COVERED for the Period of Insurance, subject to the terms and conditions of the Company's usual form of policy.

This Cover Note is valid for 30 days from the Date of Issue.

Date of Issue

: 14/07/2022

Cover Note No.

: CN51013449

Existing Policy No.

Intermediary Name

: Komoco Trading Pte Ltd

Name of Insured Named Driver

: CHONG WEE TAT (Zhuang Welda)

Make and Model of Vehicle

: CHONG WEE TAT (Zhuang Weida)

Vehicle Registration No.

: Hyundai Elantra 1.6(A)

: SLQ7843G

Year of Manufacture

: 2017

Engine No.

: G4FGHU629970

Chassis No

: KMHD841CMJU516367

Capacity

Cover

: 1591.00 C.C. : Comprehensive Cover

Sum Insured

: Market value at time of loss

Risks & Compensation) Act (Cap. 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment Act or

Period of Insurance

: 24/07/2022 To 23/07/2023

Excess

Finance Company

Acts passed in substitution thereof.

I/We hereby certify that this Cover note is issued in accordance with the Provisions of the Motor Vehicles(Third Party

SIGNED FOR AND ON BEHALF OF THE COMPANY

Chief Executive Officer MSIG Insurance (Singapore) Pte. Ltd.