# 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.

  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 First Submission 04/11/2024 19:33 (SGT) Reported by **Actual Driver** Date of Accident 01/11/2024 16:20 (SGT) Exact Location of Accident Singapore Additional Location Information SLE (BKE) EXIT 11 Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Lexus

Vehicle Registration Number SJU1128E

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner SIAH TEONG BOON Passport No/FIN 540528-10-5749 Email Address SYNNSIAH@GMAIL.COM Mobile Phone No (Phone) +65-94516683 Alternative Phone No

## VEHICLE PARTICULARS

Manufacturer

Model Is 250 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 2500 Vehicle Fuel Petrol First Regisration Date 25/09/2009 Chassis no JTHBK262505108901

Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number B300358410QMY

DRIVER

Name of Driver NRIC No Date Of Birth Occupation Driving Pass Date Driving License Pass Class Driving License Validity Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	SIAH SIEW SYNN S8380053D 16/12/1983 Indoor 01/10/2009 3 Valid 15 YEARS AND 1 MONTH Female (Phone) +65-94516683 - SYNNSIAH@GMAIL.COM BLK 963 BUKIT TIMAH ROAD #06-22 - 589656 No Child No
Type of Accident Weather Conditions Road Surface	Collision - Change/cross lane Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement	No 2 Yes Yes Yes 1 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No
CIRCUMSTANCES OF ACCIDENT	
REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	SMH75M
Vehicle Manufacturer	Volvo
Vehicle Model	S60
Vehicle Variant	_
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	_
Postcode	-
Insurance Company Name	-
Nature Of Damage	_
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

# **INJURED PERSONS DETAILS**

## INJURED 1

Name of injured person SIAH SIEW SYNN Gender Female Phone No (Phone) +65-94516683 Address Address Complement Post Code Approximate Age Years Old Injuries Sustained **RIGHT HEAD** Injured person in which vehicle? SJU1128E Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? No INJURED 2 Name of injured person **DRIVER** Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? SMH75M

# WITNESS DETAILS

Yes

# WITNESS 1

Were seat belts worn?

 Name
 CHRISTOPHER AARON

 Phone

 Email

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 Actual Driver.
- 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.
- 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.
- 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, involces, 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

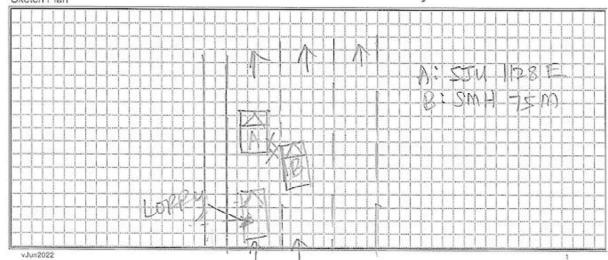
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

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

# Sketch Plan



4 NOV 2024

VIDEO IS FROM YOUTUBE, I HAVE NO COMMERCY.  VEHICLE TOWED TO PICARDO #02- FROM SCENE ON 1. NOV. 2024 1  TP CLAIM: Ricardo.	REFER	TO \$ 10	ollow ke	POP -		
	amo	CA.				
	VEHIC	E TOO	VED T	· Nov- 7	troo WERK	9407-1
					14.149	
			100			
				-3-56-2	-310	

Declaration

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

Policyholder's Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder) Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

vJun2022

2

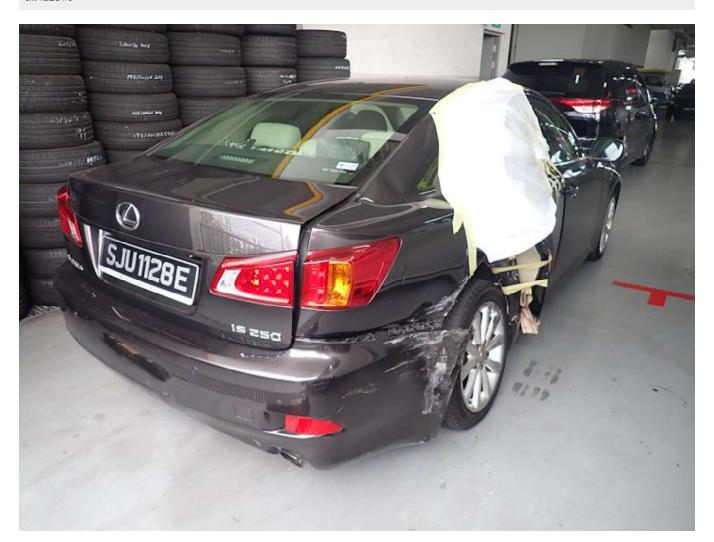






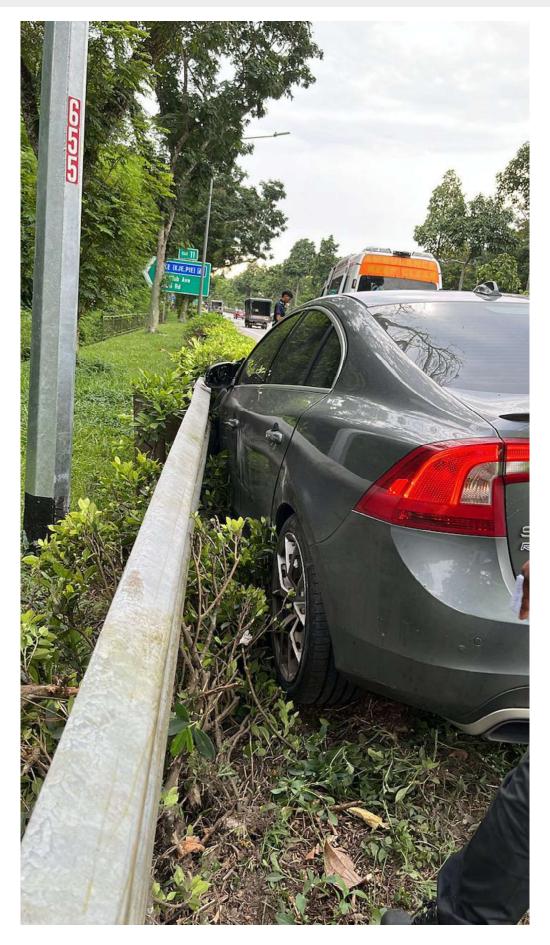


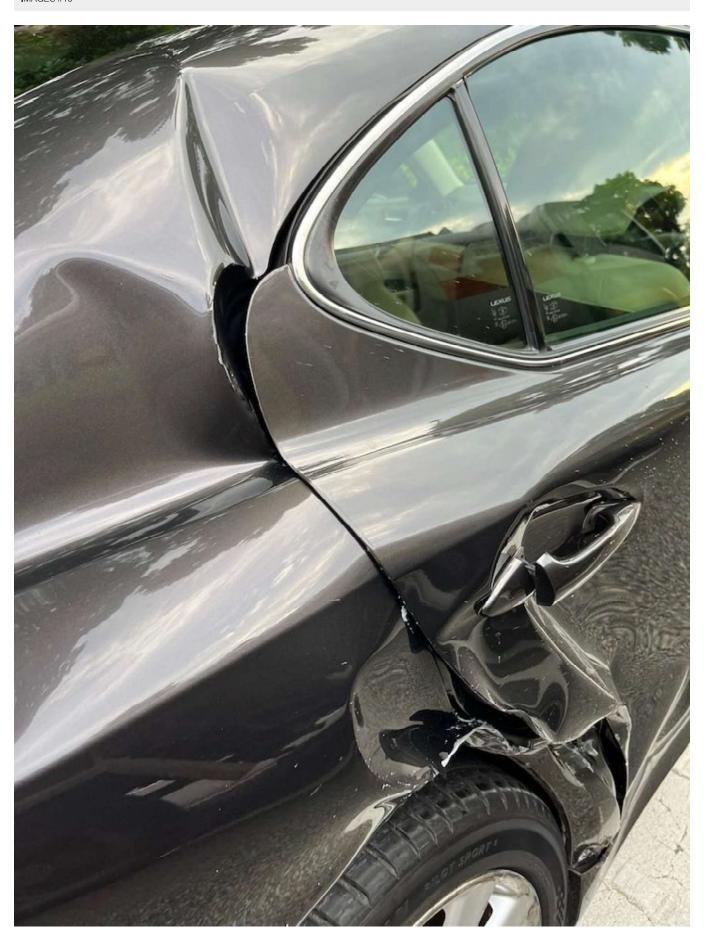


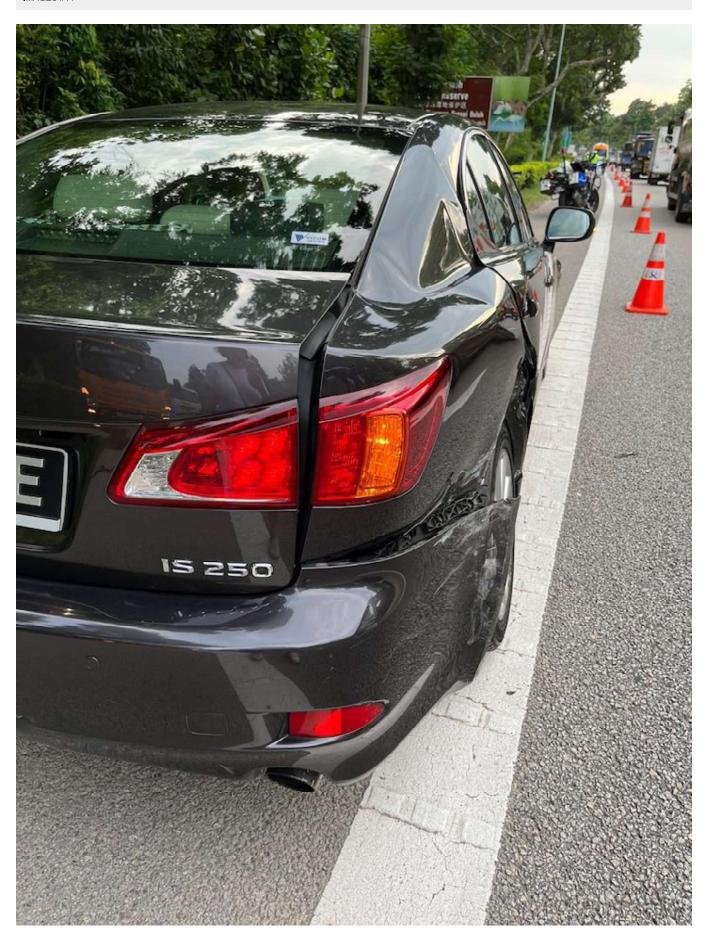


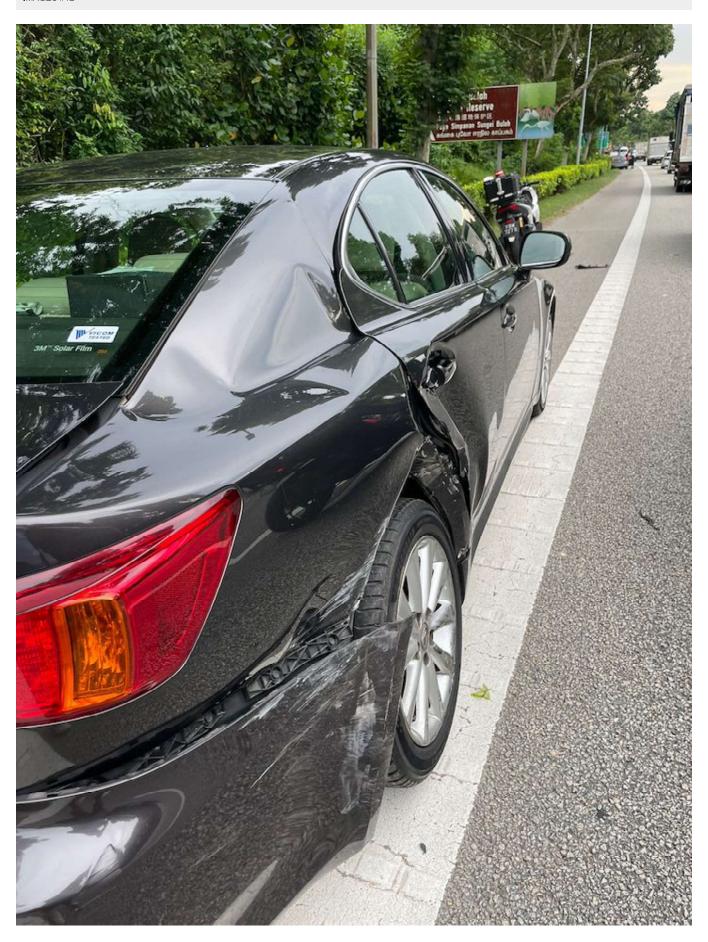


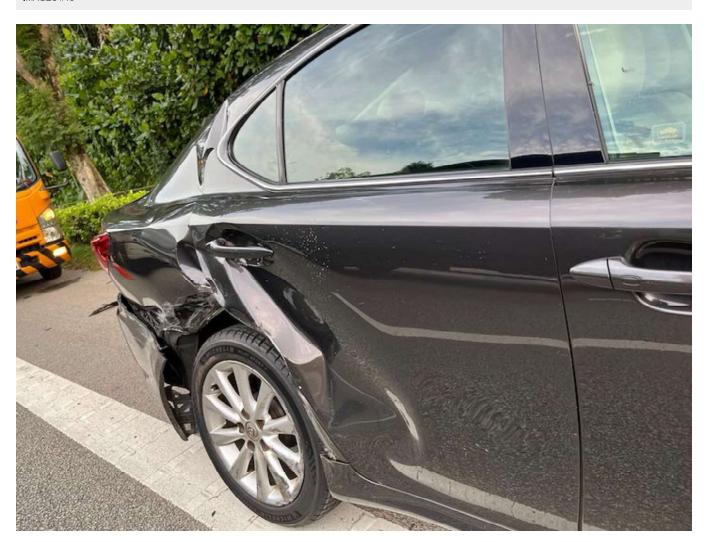


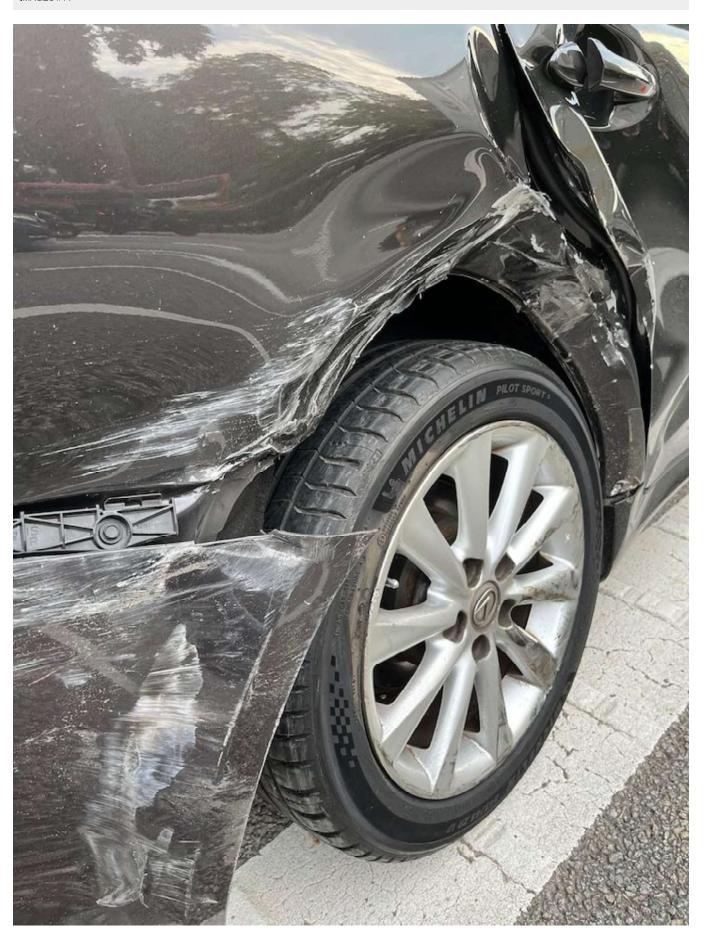


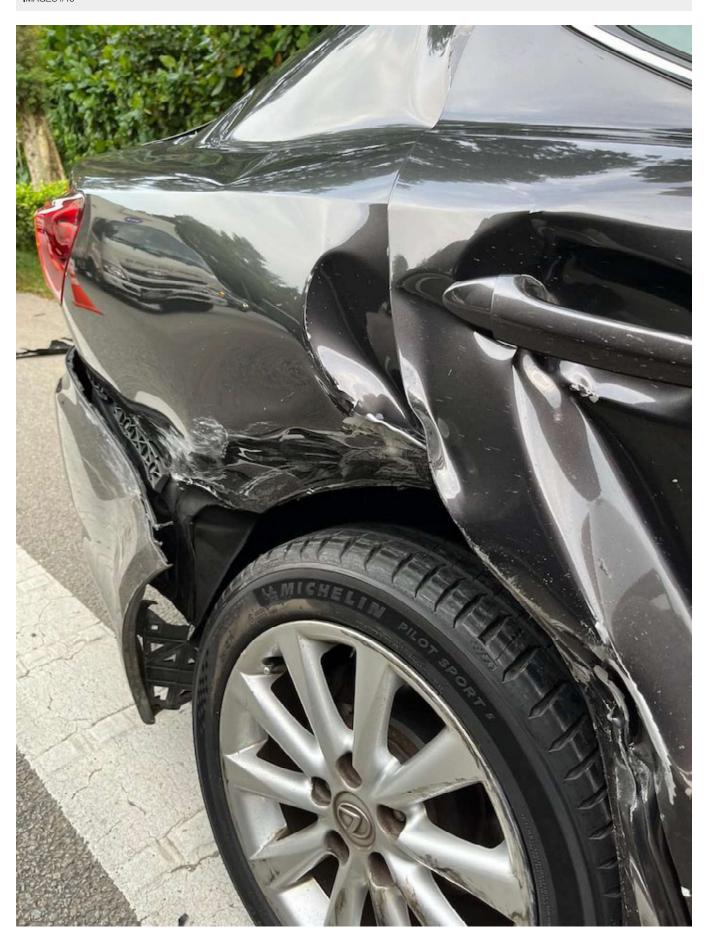


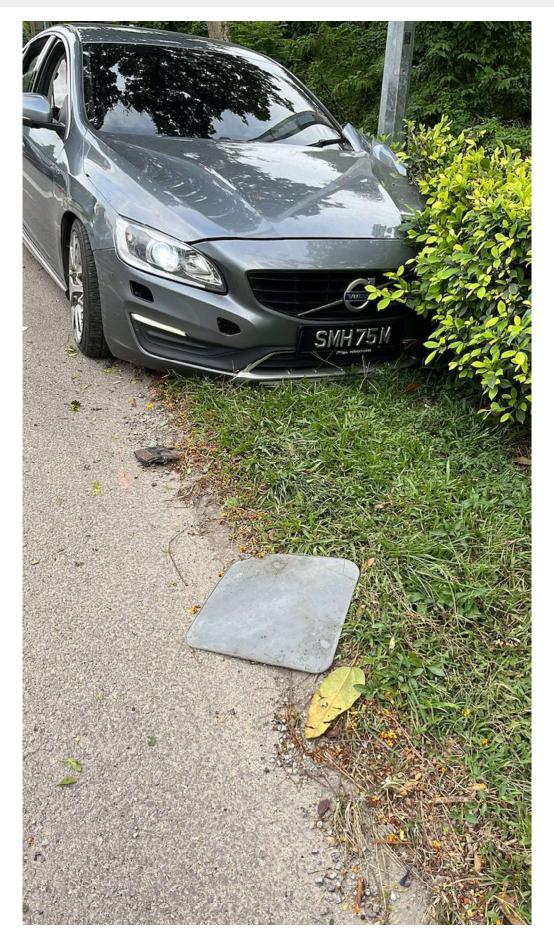


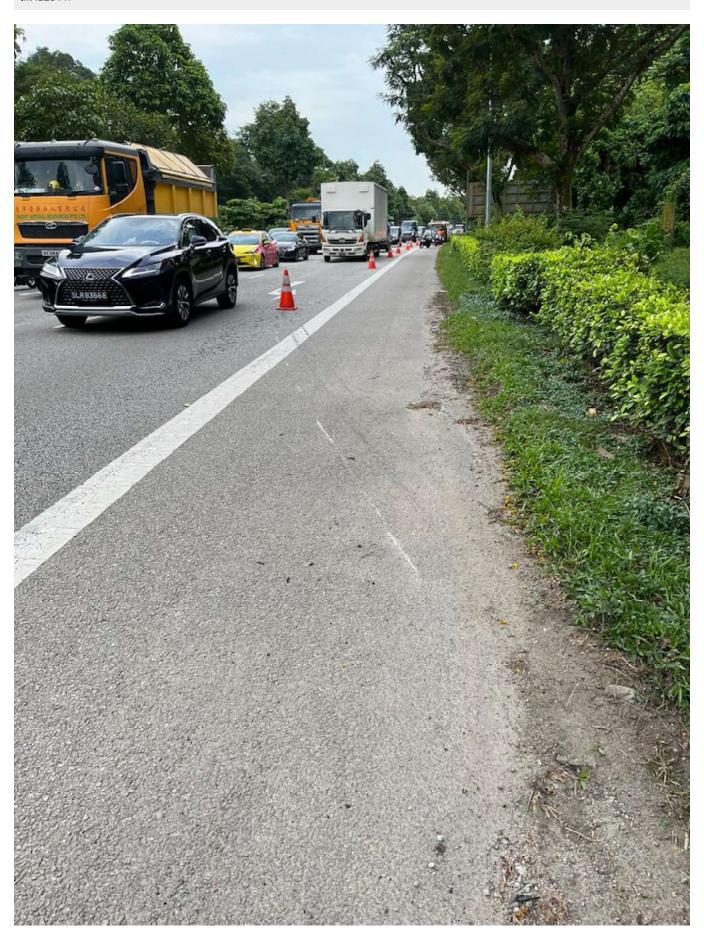
















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20241102/7032

REPORT	OF	Δ	TRAFFIC	ACC	IDENT
11-1 0111	91	63	LOWELL	2 Milely	11 34-10 1

	Date/Time Report Made: 02/11/2024 12:24		Vide Report No.:	Station Diary No.:		
Informant	s Particular	8				
Name of Informant: SIAH SIEW SYNN			Address: 963 BUKIT TIMAH ROAD #06-22 SINGAPORE 589656			
ID Type / ID No.: NRIC NO / S8380053D Nationality: SINGAPORE CITIZEN		BD	Contact No.: Home/Office:	Mobile: 94516683		
		N	Email: SYNNSIAH@GMAIL.COM			
Sex:         Age:         Date of Birth:           Female         40         16/12/1983			Type of Informant: Driver			
Race: Chinese Occupation: sales director		- I saint	Language: English			
			Driving Licence Information: Class:	Date of Expiry:		

Type of Accident:	Non-Injury Police Vehicle	Drink Drive; No	Date/Time of Accident: 01/11/2024 16:20	Type of Location Straight Road
Location: SELETAR EXPRE	SSWAY			
The second second		Road Surface: Dry		
Weather: Clear Traffic Flow: One Way Type of Collision:				fic Volume:

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SJU1128E	Motor car	LEXUS	i250	Brown	Seriously Damaged	0
SMH75M	Motor car	VOLVO	s60 t5	Grey	Seriously Damaged	0

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SJU1128E	MSIG Insurance (Singapore) Pte Ltd	B300358410QMY	25/09/2024	24/09/2025
SMH75M			01/11/2024	31/10/2025



T/20241102/7032

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

2 of 3 Report No. T/20241102/7032

# CONTINUATION OF REPORT

A . D	Involved				
Any Pedestrian In					
No. of Pedestrians	Use of Pedestrian Crossing: NA				
Driver			0.5		
Name	SIAH SIEW SYNN				S8380053D
Related Vehicle	SJU1128E (Motor car)			ct No.	94516683
Hospital/Clinic	NIL			of g ce & Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Disc			NIL	
No. of Days granted Medical Leave (MC) NIL Degree				NIL	
Driver			MANUEL	000000000	
Name	Unknown Driver		ID No.		NIL
Related Vehicle	NIL			ct No.	NIL
Hospital/Clinic	NIL			of g ce & Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discha	rae	NIL	
No. of Days grante	ed Medical Leave (MC)   NIL	Degree of In		NIL	

#### Brief Details.

L/20241101/0140.

I was travelling along SLE towards BKE to head home, on the most left lane at a moderate speed, preparing to exit 11. Suddenly I felt a hard jolt and hit the right rear side. I hit my right side of head to the window, and I came to a halt on the left road shoulder. I saw the vehicle that collided with me (SMH75M - volvo) spin into the right lane before veering to the left sholder of the road. Accident happened around 4.20pm. A traffic warden from cisco (christopher aaron with motorbike vehicle FBW727S) stop as he has witness vehicle SMH75M weaving in and out of lanes. He helped me by advising me to remain calm. He then check on the driver who seems to be delusional and unable to walk straight. The driver went back into his car and refuse to come out. I did not engage with the driver, I called 999 at 4.28pm who immediately sent SCDF, Police and EMAS to the site. The officer from 999 called me back again to ask whether the volvo was white in colour as there was another car hit and run behind. SCDF performed assessment on me; LTA and police also took my statement. Cisco Warden Christopher Aaron informed me that he has a body cam, and we can write into Cisco HQ to retrieve footage. Police also took a statement and details of Christopher Aaron. I will be heading to A&E NUH to do a further assessment of my head condition. I have no in car camera installed. EMAS shared that there is not enough tow truck vehicle and has allowed my own tow truck to tow the car. My car sustained severe rear back wheel damage which is no longer able to drive. Damages will be high cost as my car was severely damage.



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



3 of 3 Report No. T/20241102/7032

CONTINUATION OF REPORT

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.
Signature Of Interpreter: Not applicable	Date/Time: 02/11/2024 12:24
Officer In Charge Of Case: TP / DDGVT / YEO KIA HUAT Contact No.: 65476162	Classification Of Case:
This report is lodged at Bukit Timah NPC Kiosk 1	

NP168



# CASE CARD

Report Number: L/2024(101/040)
Traffic Accident along SLE(BKE), IIIM
Involving vehicles: SIMH 75 M, SJU 1129E
On VII/24 at about 1620kms am/pm.

With reference to the above, you are advised to lodge a traffic accident report online via the Pelice E-Gervices website (https://leservices.pelice.gov.sg) within 24 hours.

NP319E(2019)

You are required to be present at Traffic Police on at any pm to excet the Investigation Officer to assist in the investigation.

Please bring along your: a) Identity Card / Passport / Work Pass

b) Driving License / Vocational License c) Vehicle Insurance / Medical Certificate

d) Any other relevant documents (e.g. Video footages)

If you are unable to keep to the appointment, please contact
IC: TP IO NUT hut yet 1
TEL 1620 6874
Investigation Branchs 5617 6391

Email: SPF\_TP\_Invest\_Branch@spl.gov.sg

NP3198(2019)