

## 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 Authorised 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 ability.
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 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 Report	25/11/2017 17:27
Date Of Accident	25/11/2017 12:10
Exact Location Of Accident	NEAR BLK 2A GEYLANG SERAI MARKET CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBB1754S
Insured/Policyholder	
Name Of Registered Owner	QIAOYUE TRADERS
Co Reg No	34845700J
Email Address	KELVINLIM11@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97394769
Alternative Phone No	OFFICE-97394769
Vehicle Particulars	
Manufacturer	OPEL
Model	COMBO-C-1.3 D DTJ MTA E4 (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	A 27942215 MKC
Cover Note Number	
Driver	
Name of Driver	SIM SIAK JWA
NRIC No	S2596528J
Date Of Birth	05/12/1949
Occupation	OUTDOOR
Date Of Driving Pass	05/09/1972
Driving Experience	45 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97394769
Fax Number	
Contact Number	OTHERS-97394769
EEmail Address	KELVINLIM11@HOTMAIL.COM

Address	BLK 340 UBI AVENUE 1 #01-897
Postcode	400340
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLIDED INTO PEDESTRIAN
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG SERAI NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 111 ALJUNIED CRESCENT #01-102 , <b>POSTCODE:</b> 380111 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7459999 - <b>FAX NO:</b> 67455673
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20171125/2069

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PEDESTRIAN
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	MOHD IBRAHIM BIN MOHD YUSOFF
NRIC/Passport Number	S1664157Z
Contact Number	82242641
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
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Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name MOHD IBRAHIM BIN MOHD YUSOFF

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? PEDESTRIAN

Were seat belts worn?

Was injured conveyed to hospital by ambulance? NO

Address

Postcode

### SKETCH PLAN

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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 lodgment 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)**

(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.

(d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.

(e) the information so collected under (d) above may be shared / disclosed:

- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
- (ii) for complying with requirements under any regulations, laws or court orders.



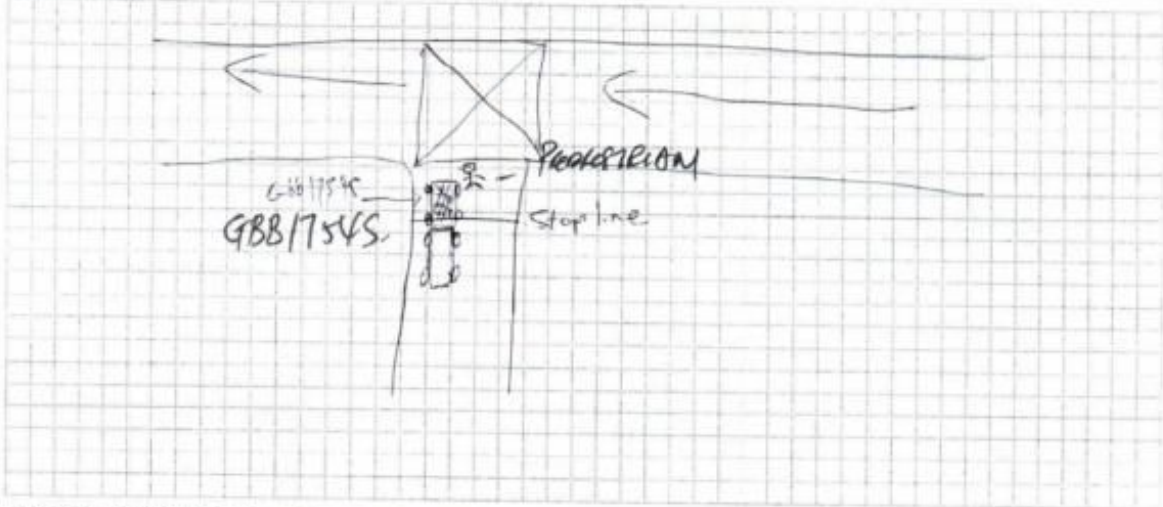
Policyholder's Signature  
Date & Time:

Driver's Signature \_\_\_\_\_  
(if driver is not the policyholder)  
Date & Time: \_\_\_\_\_

Reporting Centre Personnel's Signature  
Name: *Paul W.*  
NRIC/FIN No.:

## Sketch Plan #2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Handwritten note across the section:* AS REFER TO POLICE REPORT 7/20/17/25/2069

### DECLARATION

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

X

Policyholder  
Date & Time:



UABOR 504.01247000 00

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

*Handwritten signature and date:* 25/11/17

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

*Handwritten signature and date:* 25/11/2017  
*Handwritten name:* Resli WAGAB



## Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20171125/2069

1 of 3

Police Station Of Origin:  
Geylang Serai NPP  
111 Aljunied Crescent #01-102 SINGAPORE  
380111  
Tel No: 1800-7459999

Report No. T/20171125/2069

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/11/2017 14:45	Vide Report No.: G/20171125/0135	Station Diary No.: 29
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**Informant's Particulars**

Name of Informant: SIM SIAK JWA	Address: APT BLK 340 UBI AVENUE 1 #01-897 SINGAPORE 400340		
ID Type / ID No.: NRIC NO / S2596528J	Contact No.: Home/Office: Mobile: 97394769		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 67	Date of Birth: 05/12/1949	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: Stall Owner	Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/11/2017 12:10	Type of Location: Straight Road
Location: Along Road 1 GEYLANG SERAI				
Near to the Block 2A Geylang Serai market carpark				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB1754S	Car	OPEL	COMBO-C 1.3DTJ MTA E4	Red	No Damage	0

**Details of Person Involved**

Any Pedestrian Involved: Yes	
No. of Pedestrians Injured: 1	Use of Pedestrian Crossing: Not Available

## Sketch Plan #4



**SINGAPORE  
POLICE FORCE**



T/20171125/2069

2 of 3

Police Station Of Origin:  
Geylang Serai NPP  
111 Aljunied Crescent #01-102 SINGAPORE  
380111  
Tel No: 1800-7459999

Report No. T/20171125/2069

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	SIM SIAK JWA		ID No. S2596528J
Related Vehicle	GBB1754S (Car)		Contact No. 97394769
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Pedestrian</b>			
Name	Mohd Ibrahim Bin Mohd Yusoff		ID No. S1664157Z
Related Vehicle	NIL		Contact No. 82242641
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

**Brief Details.**

In reference to the incident number G/20171125/0135.

On 25/11/2017 at about 1200hrs, while I was exiting Geylang Serai Market carpark about to turn left into Geylang Serai Road while I was slowing down as I wanted to turn left to Geylang Serai Road.

Out of the sudden, I heard a noise from the front right of my vehicle. I then saw a malay male lying on the road, after which I came off my vehicle and help him to the side of the road. I also discovered that the malay male have abrasion on his right foot with some bleeding.

After which I called for the police, the pedestrian then told me to call for the ambulance as well. After the police and ambulance arrived, the pedestrian was then assisted by the paramedics and he refused to be conveyed by the ambulance. I am lodging this report for my record purpose as well.

Sketch Plan #5



**SINGAPORE  
POLICE FORCE**



T/20171125/2069

Police Station Of Origin:  
Geylang Serai NPP  
111 Aljunied Crescent #01-102 SINGAPORE  
380111  
Tel No: 1800-7459999

3 of 3

Report No. T/20171125/2069

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

G /

Sgt 2 ANG YI FENG, ELSON

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 YEO KIA-HUAT

Contact No.: 65476325

SN-024

Authentication Stamp

NP158

Signature /

Singapore Police Force

Signature Of Informant:

Date/Time:

25/11/2017 14:45

Classification Of Case:





Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

