

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	11/12/2017 10:18
Date Of Accident	10/12/2017 01:45
Exact Location Of Accident	JUNC OF GEYLANG EAST CENTRAL / PAYA LEBAR RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJQ9460M
Insured/Policyholder	
Name Of Registered Owner	CHONG WAN CHEONG
NRIC No	S7713067E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85712343
Alternative Phone No	OTHERS-85712343
Vehicle Particulars	
Manufacturer	HONDA
Model	-
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	S 28720973 SMA
Cover Note Number	
Driver	
Name of Driver	PHUA AH LAY
NRIC No	S1096700G
Date Of Birth	27/05/1947
Occupation	OUTDOOR
Date Of Driving Pass	24/06/1974
Driving Experience	43 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85712343
Fax Number	
Contact Number	OTHERS-85712343
Email Address	NOEMAIL

Address	BLK 457 ANG MO KIO AVE 10 #02-1532
Postcode	560457
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	SIDE SWIPE
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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20171210/2053

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REVERT
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC2689P
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	LAM POH KHOON
NRIC/Passport Number	S1453536E
Contact Number	96830608
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name PHUA AH LAY

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJQ9460M

Were seat belts worn? YES

Was injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan

SKETCH PLAN

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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)

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.
- (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.

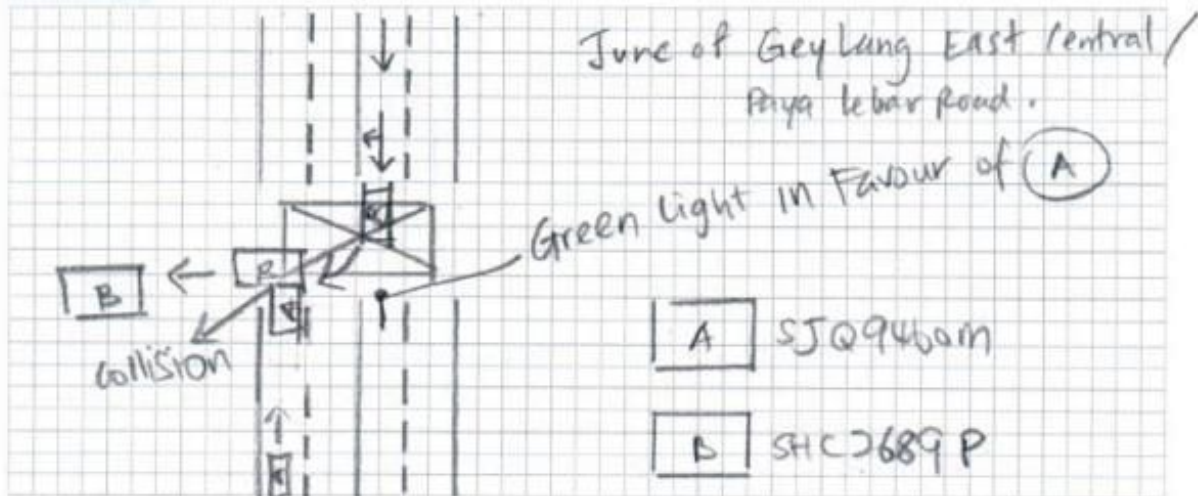
Policyholder's Signature
Date & Time:


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


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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

— Pls Refer to the Police Report,
T/20171210/2053

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:

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

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20171210/2053

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

2 of 3

Report No. T/20171210/2053

CONTINUATION OF REPORT

Driver			
Name	LAM POH KHOON	ID No.	S1453536E
Related Vehicle	SHC2689 (Car)	Contact No.	96830608
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	NIL
Driver			
Name	PHUA AH LAY	ID No.	S1096700G
Related Vehicle	SJQ9460M (Car)	Contact No.	94511947
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

AT THE ABOVE MENTIONED TIME, DATE AND LOCATION.

I WAS TRAVELLING ALONG PAYA LEBAR ROAD, ON THE EXTREME LEFT LANE. AS I WAS APPROACHING THE JUNCTION. IT WAS A GREEN LIGHT. BUT THEN I NOTICED THE CAR ABOVE MENTIONED WAS TURNING RIGHT AND HE DID NOT STOP TO GIVE ME WAY, SO I PRESSED ON THE BRAKES. BUT I COULD NOT STOP IN TIME. I HIT INTO THE LEFT SIDE OF HIS VEHICLE AT THE JUNCTION. POLICE CAME TO THE SCENE AND INFORMED TO MAKE A REPORT. I WENT TO THE HOSPITAL ON 10/12/2017 AT 10 AM. RECEIVED 2 DAYS MC. CHEST AND LEG INJURY. FEELING GIDDY. AND NECK SORE. I HAVE VIDEO FOOTAGE FOR EVIDENCE. THAT'S ALL.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20171210/2053

1 of 3

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

Report No. T/20171210/2053

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/12/2017 15:26	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: PHUA AH LAY	Address: APT BLK 457 ANG MO KIO AVE 10 #02-1532 HDB-ANG MO KIO SINGAPORE 560457		
ID Type / ID No.: NRIC NO / S1096700G	Contact No.:	Mobile: 94511947	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email:	
Sex: Male	Age: 70	Date of Birth: 27/05/1947	Type of Informant: Driver
Race: Chinese	Language:	Institution / School Name:	
Occupation: PART TIME DELIVERY	Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

General Information of the Accident

General information of the Accident:				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/12/2017 01:45	Type of Location:
Location: Junction of Road 1 and Road 2 GEYLANG EAST CENTRAL PAYA LEBAR ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC2689 P (Not Accurate)	Car				Slightly Damaged	0
SJQ9460M	Car				Seriously Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	

Police Report



**SINGAPORE
POLICE FORCE**



T/20171210/2053

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

2 of 3
Report No. T/20171210/2053

CONTINUATION OF REPORT

Driver			
Name	LAM POH KHOON	ID No.	S1453536E
Related Vehicle	SHC2689 (Car)	Contact No.	96830608
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	NIL
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Police Report



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Tel No: 65470000

3 of 3

Report No. T/20171210/2053

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:
TP /
KHALED AMR HASSAN MOHSSEN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /

Contact No.:

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
10/12/2017 15:26

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature: 