

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	02/01/2018 09:41
Date Of Accident	30/12/2017 21:45
Exact Location Of Accident	CTE TOWARDS AYE, EXITING TO PIE TOWARDS PAYA LEBAR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR3258S
Insured/Policyholder	
Name Of Registered Owner	PONG YONG WAH
NRIC No	S1496070H
Email Address	SPECIALDAY99@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96153031
Alternative Phone No	OTHERS-96153031

Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA-1.5 X CVT (A)
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	A 29006566 QMY
Cover Note Number	

Driver

Name of Driver	PONG YONG WAH
NRIC No	S1496070H
Date Of Birth	06/04/1961
Occupation	OUTDOOR
Date Of Driving Pass	31/05/1983
Driving Experience	34 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96153031
Fax Number	
Contact Number	OTHERS-96153031
Email Address	SPECIALDAY99@HOTMAIL.COM

Address	BLK 124A BUKIT MERAH VIEW #09-410
Postcode	151124
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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	BUKIT MERAH WEST NPC
Police Station Address	ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20171231/2002(PHOTO ONLY GIVEN BY THE INSURED HANDPHONE)

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN1495D
Vehicle Make/Model/Colour	LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Sketch Plan


SKETCH PLAN


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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.

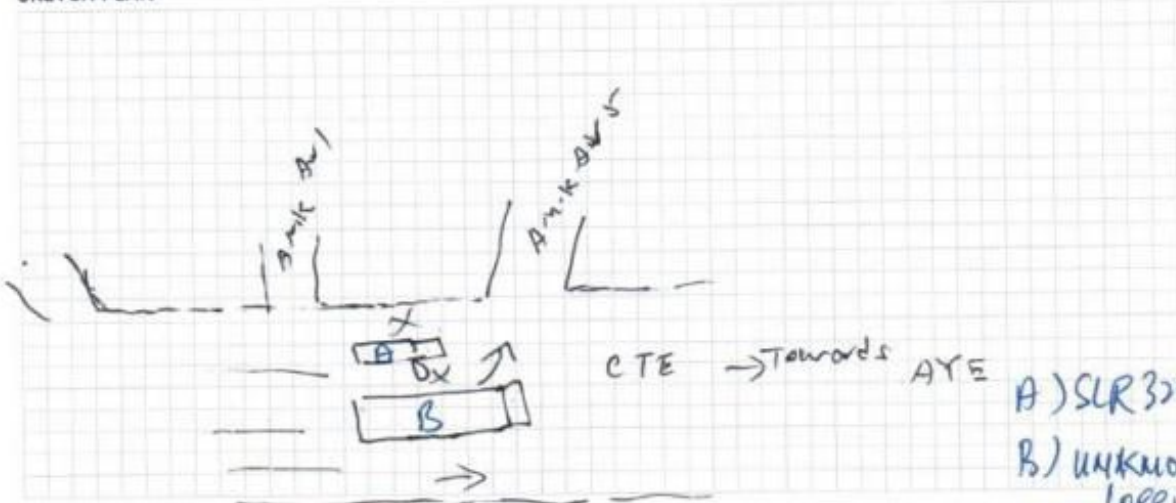

Policyholder's Signature
Date & Time:

 2-1-18 9.15 AM
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 02/01/2018
Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text across the section:

PLS REFER TO POLICE REPORT
T/2017/231/2002

DECLARATION

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

Policyholder's Signature
Date & Time: 2-1-18 9.15pm

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

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

Source: Sketch of Accident

Sketch Plan #3



POLICE FORCE



T/20171231/2002

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

1 of 3

Report No. T/20171231/2002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/12/2017 00:14	Vide Report No.:	Station Diary No.: 1
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Informant's Particulars

Name of Informant: PONG YONG WAH			Address: APT BLK 124A BUKIT MERAH VIEW #09-410 SINGAPORE 151124	
ID Type / ID No.: NRIC NO / S1496070H			Contact No.: Home/Office: Mobile: 91542414	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 56	Date of Birth: 06/04/1961	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Sales Manager			Driving Licence Information: Class: 3,4 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 30/12/2017 21:45	Type of Location: Expressway
Location: Along Road 1 CENTRAL EXPRESSWAY				
CTE Towards AYE, Exiting to PIE towards Paya Lebar				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLR3258S	Car	TOYOTA	SIENTA 1.5 CVT ELEGANCE	Orange	Slightly Damaged	0

Sketch Plan #4



POLICE FORCE



T/20171231/2002

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

2 of 3

Report No. T/20171231/2002

CONTINUATION OF REPORT

Brief Details.

On 30/12/2017, at about 2145hrs, I was driving my car, bearing registration plate number SLR 3258S, along CTE towards AYE on the Lane 4 when a truck travelling along Lane 3 tried to overtake me on my lane. However, due to a poor judgement by the truck driver, the left rear side of the truck collided onto my right side mirror of my car. I tried to avoid the collision but did not managed to. My right side mirror is totally damaged.

I was travelling at 70 km/h. I did not managed to see the truck registration plate because it sped off before I got the chance to. The truck was travelling faster than me. I attempted to signal him to stop by using my horn and headlight, but did not managed to stop.

I also wish to state that this report is made for insurance claim purpose.

Sketch Plan #5



POLICE FORCE



T/20171231/2002

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

3 of 3

Report No. T/20171231/2002

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:
D /
Sgt 2 DANIEL HO WEI CONG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
31/12/2017 00:14

Officer In Charge Of Case:
TP / HRT /
Sr Staff Sgt LIM WOON TIONG
Contact No.: 65476418

Classification Of Case:

Authentication Stamp
NP168:

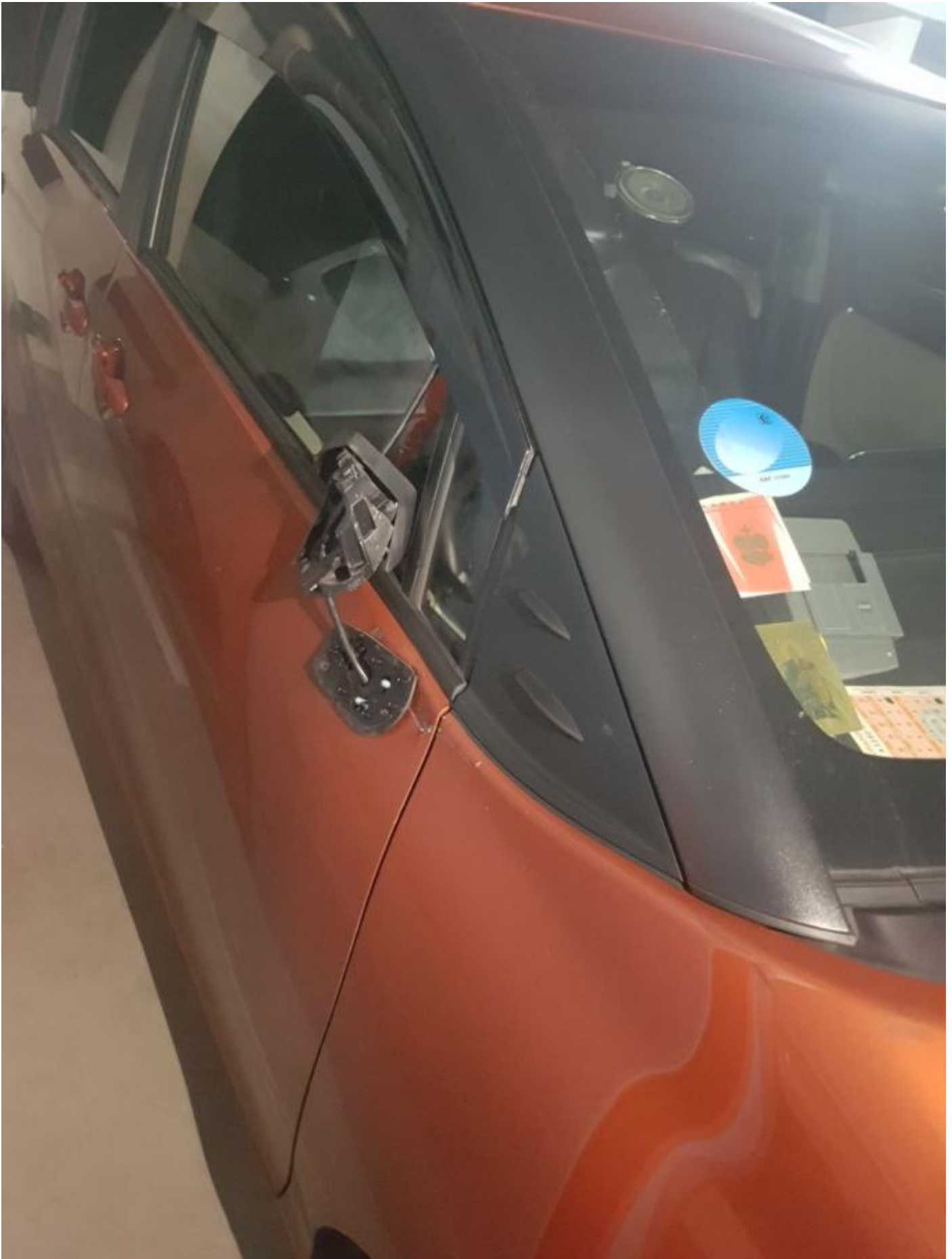
Accident Photo



Accident Photo



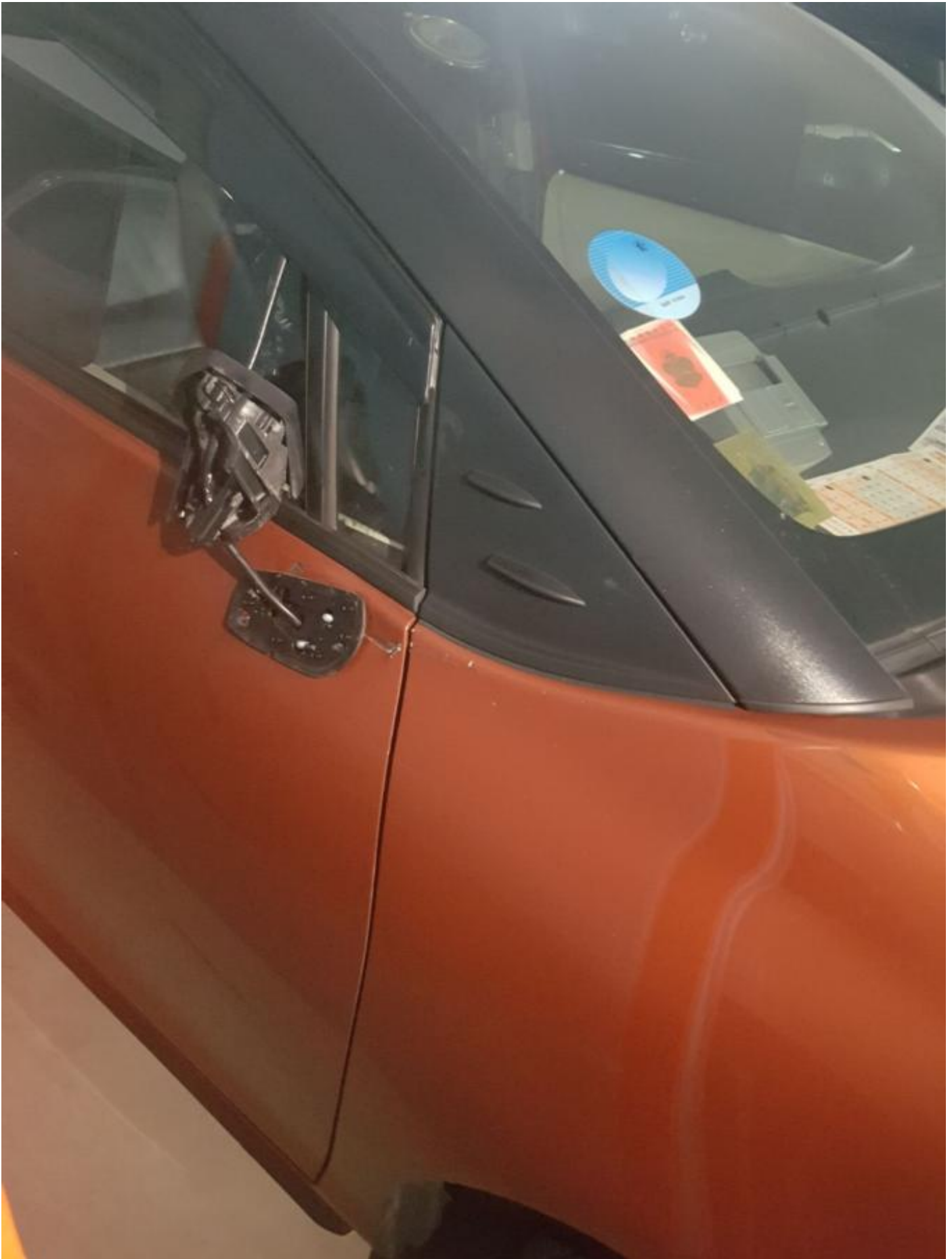
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: S665500206 / GST Reg. No.: M420017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MA41800072 Vehicle Registration No: SLR 32585
Name (as shown in NRIC): PENG YONG WEN NRIC/FIN/Passport No: S14960704
(*Vehicle Driver / Vehicle Owner *) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: 96153031

Email Address: _____

Date of Accident: 30/12/2017 Time of Accident: 21:45

Place of Accident: CRUISE TOWARDS AYR, TURNING TO RKE TOWARDS PAPA

Insurance Company: MLK CHASAC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- ① To insert T/P vehicle number YN 1495 U or D.
- ② To withdraw from reporting to T/P claims
- ③ Insert video footage

Policyholder / Driver's Signature
Date: _____

Reporting Centre Personnel's Signature
Name: Koshi Watanabe
NRIC/FIN No.: _____
Date: 04/01/2018