

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	16/01/2018 16:46
Date Of Accident	13/01/2018 11:50
Exact Location Of Accident	TPE TWDS PIE BEFORE LOYANG EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDA2813E
Insured/Policyholder	
Name Of Registered Owner	KWAUK YU TANG ANDREW
NRIC No	S1822155A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96794684
Alternative Phone No	OFFICE-96794684

Vehicle Particulars

Manufacturer	BMW
Model	116I AT ABS D/AIRBAG 2WD HID 5DR
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B 27348049 SMP
Cover Note Number	-

Driver

Name of Driver	KWAUK YU TANG ANDREW
NRIC No	S1822155A
Date Of Birth	17/02/1967
Occupation	INDOOR
Date Of Driving Pass	24/07/1985
Driving Experience	32 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96794684
Fax Number	
Contact Number	OFFICE-96794684
Email Address	NOEMAIL

Address	BLK 7 FLORA DRIVE #02-26
Postcode	507012
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	NO COLLISION
Weather Conditions	RAINING
Road Surface	WET

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?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : BRANSON KWAIK GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 461 TAMPINES STREET 44 #01-56 , POSTCODE: 520461 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7818999 - FAX NO: 67838603
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

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

Accident Sketch Plan

SKETCH PLAN


IMPORTANT NOTICE

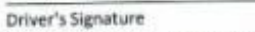
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy 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. 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.:

Accident Sketch Plan

SKETCH PLAN

A = SDA 2813 E

hole

TPE turns PIE Before leaving Exit

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

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.:

Tax Invoice No: LS157919

Invoice To :

CASH

Singapore

Date: 13-Jan-18

Credit Terms: Cash Only

Vehicle Type: BMW

Vehicle Model: F20

Vehicle No: SDA2813E

Mileage: 95730

Stockcode	Description	Quantity	Unitprice	Amount
03.60.238	BBS CH 8518 5/120 +35 BLACK	4	\$467.29	\$1,869.16
P-ZERO-04	PI P-ZERO 225/4018 92Y XL	4		
ALIGN-02	4-WHEEL ALIGNMENT	1	\$56.07	\$56.07

Remarks:

TOTAL \$1,925.23

7% GST \$134.77

GRAND TOTAL \$2,060.00

1. Any irregularity of delivery should be reported within 7 days, otherwise no claim will be entertained.
2. All cheques are to be crossed "A/C Payee/ Not Negotiable" made payable to "L S Tyres & Automotive Pte Ltd"
3. 1% interest per month will be charged for overdue payments.

Sold By

Customer Signature



POLICE REPORT



**SINGAPORE
POLICE FORCE**



G/20180113/2130

1 of 2

POLICE REPORT (NP299)

Report No. G/20180113/2130

Police Station Of Origin
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

Date/Time Report Made 13/01/2018 20:47	Vide Report No.	Station Diary No. 41
Name Of Informant KWAUK YU TANG ANDREW	Address BLK 7 FLORA DRIVE #02-26 SINGAPORE 507012	
ID Type / ID No. NRIC NO / S1822155A	Contact No. Home/Office	Mobile 96794684
Nationality SINGAPORE CITIZEN	Email Address	
Occupation IT Manager	Sex Male	Age 50
Institution/School Name	Date of Birth 17/02/1967	Race Chinese
Date/Time Of Incident 13/01/2018 11:50	Language English	
	Location Of Incident TAMPINES EXPRESSWAY SINGAPORE TPE TOWARDS PIE BEFORE LOYANG EXIT	

Brief details.

On 13 January 2018 at about 11.52am while I was driving my car a silver BMW 116 bearing plate number SDA2813E along the third lane of TPE towards PIE before Loyang Avenue exit when my left tires ran over a hole on the road just beside the signboard 600m before Loyang Exit causing my left front and rear tires to vibrate thus I stopped at the road shoulder. I made a check and discovered both my left tires burst and rim dented. I called for my car to be towed away.

I wish to state that I have the footage of the incident. I am lodging this report for my insurance follow up

Signature Of Officer Recording The Report:

G / Sgt 2 MUHAMMAD AL-HASSAN BIN ABDUL RAHMAN

Signature Of Interpreter:
Not applicable

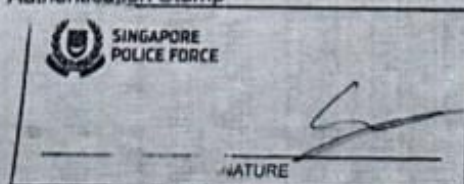
Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
Insp MOHAMAD FAHMI BIN MOHAMAD SANI
Contact No.: 62447200

Signature Of Informant:

Date/Time:
13/01/2018 20:47

Classification Of Case:

Authentication Stamp



POLICE REPORT



SINGAPORE
POLICE FORCE



G/20180113/2130

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20180113/2130

action.

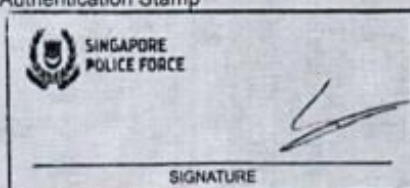
Signature Of Officer Recording The Report:

G / Sgt 2 MUHAMMAD AL-HASSAN BIN ABDUL
RAHMAN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
Insp MOHAMAD FAHMI BIN MOHAMAD SANI
Contact No.: 62447200

Authentication Stamp



Signature Of Informant:

Date/Time:
13/01/2018 20:47

Classification Of Case:

SCENE PHOTO



SCENE PHOTO



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

