

## 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 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 16:08
Date Of Accident	16/01/2018 07:20
Exact Location Of Accident	CARPARK OF TIONG BAHRU MARKET
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY1108C
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### Insured/Policyholder

Name Of Registered Owner	JE ROYAL NATURAL HEALTH FOODS
Co Reg No	unknown
Email Address	JEROYALNHF@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94689255
Alternative Phone No	Office-63375937

### Vehicle Particulars

Manufacturer	TOYOTA
Model	LITEACE
Exact Purpose for which vehicle was being used at time of accident	work
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 28654175 MKC
Cover Note Number	

### Driver

Name of Driver	YUE LOKE
NRIC No	S0362108A
Date Of Birth	20/11/1938
Occupation	INDOOR
Date Of Driving Pass	05/05/1958
Driving Experience	59 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	
Fax Number	
Contact Number	OFFICE-63375937
EMail Address	JEROYALNHF@GMAIL.COM

Address	234 DUNEARN ROAD, DUNEARN ESTATE
Postcode	299530
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - PARTNER
Vehicle Registration Number of Driver's Own Vehicle	SBA234M
	-
	-
Insurance Company of Driver's Own Vehicle	MSIG Insurance (Singapore) Pte. Ltd.
	-
	-

#### General Information of the Accident

Type Of Accident	NO COLLISION
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?	NO
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)	2
Passenger 1	Name: : YANTI Gender: : Female

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TRAFFIC POLICE HQ
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

see attached police report.

#### 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	SGM2628A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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.

JE ROYAL NATURAL HEALTH FOODS

203 Henderson Road (Wing A)

#05-03 Henderson Industrial Park

Tel : 4686097 Fax : 4686098  
Email: jeroyalnhf@gmail.com

Policyholder's Signature

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Officer's Signature

Name:

NRIC/FN No:

Signature

A hand-drawn schematic of a circuit board. At the top, there is a downward-pointing arrow and the text "720 HCU". The board itself is a horizontal rectangle containing two smaller rectangles. The left rectangle is marked with an 'X' and has a line pointing to the label "GY1108C" below it. The right rectangle has a line pointing to the label "54H.2628A" below it.

See attached Police Report T/20180116/2018

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

#05-03 Henderson Industrial Park

Policyholder's Signature 159546

Tel : 465 6337 5037 Fax : 465 6337 5037

Date \_\_\_\_\_  
Email: jeroyalnhf@gmail.com

Driver's Signature

- (if driver is not the policyholder)

Date &amp; Time:



Reporting Centre  and School's Signature

Name: John

NRIC/FIN No.:

**police report**



**SINGAPORE  
POLICE FORCE**



T/20180116/2068

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

1 of 3

Report No. T/20180116/2068

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/01/2018 13:32			Vide Report No.:		Station Diary No.:
<b>Name of Informant:</b> YUE LOKE					
<b>Address:</b> 234 DUNEARN RD DUNEARN ESTATE SINGAPORE 299530					
<b>ID Type / ID No.:</b> NRIC NO / S0362108A			<b>Contact No.:</b> Home/Office: Mobile: 63375937		
<b>Nationality:</b> SINGAPORE CITIZEN			<b>Email:</b>		
<b>Sex:</b> Male	<b>Age:</b> 79	<b>Date of Birth:</b> 20/11/1938	<b>Type of Informant:</b> Driver		
<b>Race:</b> Chinese			<b>Language:</b> English	<b>Institution / School Name:</b>	
<b>Occupation:</b> SELF-EMPLOYED			<b>Driving Licence Information:</b> Class: 2B,2A,2,3 Date of Expiry:		

<b>Type of Accident:</b>	<b>Non-Injury Others</b>	<b>Drink Drive:</b> No	<b>Date/Time of Accident:</b> 16/01/2018 07:20	<b>Type of Location:</b> CARPARK
<b>Location:</b> Along Road 1 TIONG BAHRU ROAD  AT CARPARK OF TIONG BAHRU MARKET				
<b>Weather:</b> Clear		<b>Road Surface:</b> Dry	<b>Road Speed Limit:</b>	
<b>Traffic Flow:</b>		<b>Traffic Control:</b>	<b>Traffic Volume:</b>	
<b>Type of Collision:</b> Moving Vehicle Against - Parked Vehicle				<b>Anyone conveyed by ambulance:</b> No

Vehicle No.	Type	Make	Model	Year	Damage	Count
GY1108C	Van				No Damage	1
SGM2628A	Car				No Damage	0

<b>Details of Person Involved:</b>	
<b>Any Pedestrian Involved:</b> No	
<b>No. of Pedestrians Injured:</b> NIL	<b>Use of Pedestrian Crossing:</b> NA



**SINGAPORE  
POLICE FORCE**



T/20180116/2068

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

2 of 3

Report No. T/20180116/2068

**CONTINUATION OF REPORT**

Name	YUE LOKE		ID No.	S0362108A
Related Vehicle	NIL		Contact No.	63375937
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.**

ON THE ABOVE MENTIONED DATE AND TIME.

I WENT TO TIONG BAHRU MARKET AND PARKED MY VAN BESIDE THE CAR(SGM2628A). THE BACK OF THE CAR WAS FACING THE SIDE OF MY VEHICLE. WHEN I FINISHED WITH THE GROCERY SHOPPING AND WANTED TO GO OUT, SOMEONE STOPPED ME AND WENT TO GET THE DRIVER SAYING THAT I HAD HIT THE CAR AND WAS TRYING TO RUN AWAY. HE SAID THAT I HAD CAUSED THE SCRATCH ON HIS CAR BUT WHEN I WAS DRIVING OUT, I DID NOT FEEL LIKE I HIT ANYTHING. HE INSISTED THAT I MADE THE SCRATCH AND WE BOTH DECIDED TO MAKE SEPERATE REPORTS.



**SINGAPORE  
POLICE FORCE**



T/20180116/2068

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

3 of 3

Report No. T/20180116/2068

**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 /  
MUHAMMAD SYUKRI BIN ABU BAKAR

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt TANG SIEW PING  
Contact No.: 65476430

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
16/01/2018 13:32

Classification Of Case:



**SINGAPORE  
POLICE FORCE**

Signature: 

General View





chassis no



existing damage; no contact with SGM 2628A



existing damage; no contact with SGM2628A



existing damage; no contact with SGM 2628 A



existing damage; no contact with SGM 2628 A

