

## 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	22/01/2018 10:41
Date Of Accident	20/01/2018 15:15
Exact Location Of Accident	BEDOK NORTH AVE 4
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA9920M
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#### Insured/Policyholder

Name Of Registered Owner	KWEH KIM ENG
NRIC No	S1581564G
Email Address	KIMKWEH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98201616
Alternative Phone No	OFFICE-98201616

#### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	POLO GP 1.2 BMT DSG SR LED
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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 28711186 AVW
Cover Note Number	

#### Driver

Name of Driver	KWEH KIM ENG
NRIC No	S1581564G
Date Of Birth	02/12/1963
Occupation	INDOOR
Date Of Driving Pass	21/12/2011
Driving Experience	6 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98201616
Fax Number	
Contact Number	OFFICE-98201616
EMail Address	KIMKWEH@GMAIL.COM

Address	BLK 228 SIMEI STREET 4 #10-214
Postcode	520228
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	COLLISION - HEAD TO REAR
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?	YES
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: : KATHERINE NG GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHANGI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 9 SIMEI STREET 2 , <b>POSTCODE:</b> 529914 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5872999 - <b>FAX NO:</b> 65872900
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO SKETCH PLAN REFER TO 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	SHA7626Z
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	HO CHANG SENG
NRIC/Passport Number	S1440131H
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name

KWEH KIM ENG

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SLA9920M

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

**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:

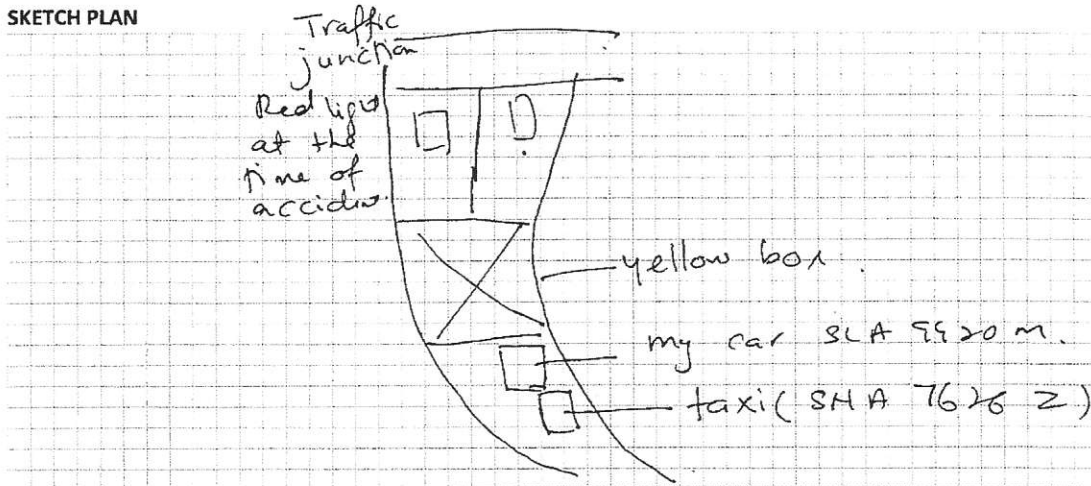
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



81030002  
Name:  
NRIC/FIN No.:

# Accident Sketch Plan Pg. 1

## SKETCH PLAN

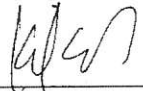


## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

<p>I was driving along Bedok North Ave 4 on 20<sup>th</sup> Jan 2018 at 1515 when I came to a traffic light junction. The light was red and I had come to a complete stop behind the yellow box. A few minutes later, there was a loud 'bang' and my passenger and I were thrown forward.</p> <p>When I came out of the car, and the taxi driver, Ho Cheng Seng, I/C No: S1440131H, came forward and <del>apologized</del> apologized profusely that he was at fault. As it was a 1-lane road, I suggested that we drove to the carpark next to Blk 103, Bedok North Ave 4 to exchange particulars.</p> <p><del>As the back bumper of my car was badly</del> As I was driving to the car park, I heard loud scratching noises. Upon closer examination, I realized that the bumper on the right had been <del>on the</del> scratching on the rear right tyre. The taxi driver helped to push it in.</p>
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## 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:



Report Centre Personnel's Signature

Name:  
 NRIC/PR No:

 27/1/18

Annex E

NOTICE OF REPORTING

This is to confirm that **Kweh Kim Eng** NRIC/FIN: **S1581564G**, residing at **228 Simei Street 4 #10-214** TEL: **98201616**, has reported to the Police, a non-injury traffic accident which occurred at **Bedok North Ave 4 (in front of Blk 103)** on **20/01/2018** at **1515hrs** involving the following vehicle(s):

- i) **SLA9920M**
- ii) **SHA7626Z**

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/ Name of Issuing Officer: **SGT(3) Andy Ong**

Date: **20/01/2018**

Time: **1630hrs**

Police Post/ Unit: **Changi Neighbourhood Police Centre**

Original - to be issued to informant

Duplicate - to be submitted to Traffic Police

  
**Changi NPC**  
No. 9 Simei Street 2  
Singapore 529914  
Tel: 1800-5872999

Hb Chang Seng S 144 0131 M.  
DOB 11/6/1960

20/1/2018

As I was waiting at the  
traffic junction along Bedok  
North Ave 4, a taxi rammed into  
my car from the back. (1519)

SRA 7626Z.

The taxi driver, Hb Chang Seng,  
claimed responsibility.

*Hb Chang Seng* Tel 90076637