

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	06/02/2018 14:28
Date Of Accident	28/01/2018 01:50
Exact Location Of Accident	JUNC OF PASIR RIS DR 1 & PASIR RIS DR 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGZ7668H
Insured/Policyholder	
Name Of Registered Owner	CWA ISSAC TERRY
NRIC No	S7602745E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94893868
Alternative Phone No	OTHERS-94893868

Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO
Exact Purpose for which vehicle was being used at time of accident	OTW BACK HOME
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 HIRE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 29048663 QMX
Cover Note Number	

Driver

Name of Driver	CWA CHENG KIAT
NRIC No	S1761953E
Date Of Birth	03/06/1966
Occupation	OUTDOOR
Date Of Driving Pass	05/07/2005
Driving Experience	12 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98378338
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 225 PASIR RIS ST 21 #03-64
Postcode	510225
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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?	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 ATTACHED STATEMENT.

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	SCK101Z
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)

DETAILS OF INJURED PERSON 1

Name	CWA CHENG KIAT
Approximate Age	
Injuries Sustain	SERIOUS
Injured person in which vehicle?	SGZ7668H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
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 lodging of this report to the insurers, you hereby consent to the archiving of the 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 be 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 purposes:
 - (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 and 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 be 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 (a) 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.

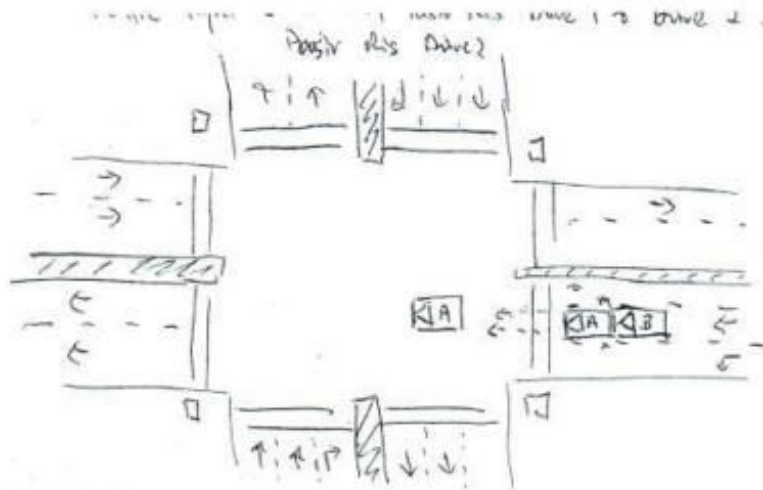
Policyholder's Signature
Date & Time

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

Report Centre Personnel's Signature
Name
NRIC/IN No.

Sketch Plan #2

SKETCH PLAN



veh A: SGZ 768H

veh B: SCK 101Z

Passir Ris Drive 1

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Passir Ris Drive 1 on the center lane of a 3-lane road somewhere before Junction of Passir Ris Drive 1 and Drive 2, I stopped at traffic light due to red lights. While waiting for the traffic light to turn green, I suddenly a very strong impact from the rear portion of my vehicle. After the accident, I was semi-conscious and only remember a passer-by informing me that he had informed the police and the ambulance. I was hospitalised from 28 Jan 2018 till further notice by hospital. I applied for hospitalization leave for purpose of doing accident reports and traffic police report.

veh A SGZ 768H

veh B. SCK 101Z

DECLARATION

(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:
N/C/IN/No:

sgn 06/02/18

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20180206/2075

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

1 of 3

Report No. T/20180206/2075

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/02/2018 13:03	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: CWA CHENG KIAT			Address: APT BLK 225 PASIR RIS STREET 21 #03-64 SINGAPORE		
ID Type / ID No.: NRIC NO / S1761953E			Contact No.:		
			Home/Office:		Mobile: 98378338
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 51	Date of Birth: 03/06/1966	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: DELIVERY			Driving Licence Information: Class: 3		
			Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 28/01/2018 01:50	Type of Location: X-Junction
Location: PASIR RIS DRIVE 1 ALONG PASIR RIS DRIVE 1 JUNCTION OF PASIR RIS DRIVE 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCK101Z		BMW	523I 2.5 AT ABS D/AB 2WD 4DR GAS/D	Silver		0
SGZ7668H	Car	NISSAN	LATIO 1.5L A	White		0

Police Report



**SINGAPORE
POLICE FORCE**



T/20180206/2075

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

2 of 3

Report No: T/20180206/2075

CONTINUATION OF REPORT

Brief Details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION,
I WAS TRAVELLING ALONG PASIR RIS DRIVE 1 ON THE CENTER LANE OF A 3-LANE ROAD
SOMEWHERE BEFORE THE JUNCTION OF PASIR RIS DRIVE 1 AND DRIVE 2, I STOPPED AT
TRAFFIC LIGHT DUE TO RED LIGHTS. WHILE WAITING FOR THE TRAFFIC TO TURN GREEN,
SUDDENLY A VERY STRONG IMPACT FROM MY REAR PORTION OF MY VEHICLE. AFTER THE
ACCIDENT, I WAS SEMI-CONSCIOUS AND ONLY REMEMBER A PASSER-BY INFORMING ME THAT
HE HAD INFORMED THE POLICE AND THE AMBULANCE. I WAS HOSPITALISED FROM 28
JANUARY 2018 TILL FURTHER NOTICE BY THE HOSPITAL. I APPLIED FOR HOSPITALISATION
LEAVE FOR PURPOSE OF DOING ACCIDENT AND TRAFFIC POLICE REPORT.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180206/2075

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

3 of 3

Report No: T/20180206/2075

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 HAZIQ BIN SAIFUDDIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

06/02/2018 13:03

Officer In Charge Of Case:

TP / HRT /
SI NOR AFFENDY BIN JAFFAR
Contact No.: 65476209

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Authentication Stamp

NP168

Signature: _____