

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	13/03/2018 16:58
Date Of Accident	11/03/2018 22:30
Exact Location Of Accident	ALONG JLN BT CHAGAR JB HEADING TWDS WOODLANDS CHE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP258X
Insured/Policyholder	
Name Of Registered Owner	CHAN CHENG HWEE LINDA
NRIC No	S1799634G
Email Address	PALMAX_DAVID@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-92288388
Alternative Phone No	OTHERS-92288388

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200 NGT
Exact Purpose for which vehicle was being used at time of accident	
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 27857872 QMY
Cover Note Number	

Driver

Name of Driver	LIEW WOON FUI
NRIC No	S6832376B
Date Of Birth	29/08/1968
Occupation	INDOOR
Date Of Driving Pass	26/11/1987
Driving Experience	30 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90026330
Fax Number	
Contact Number	
Email Address	PALMAX_DAVID@YAHOO.COM.SG

Address	42 SPRINGSIDE WALK
Postcode	786485
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	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)	5
Passenger 1	NAME: : CHAN CHENG HWEE GENDER: : FEMALE
Passenger 2	NAME: : NG AH MOOI GENDER: : FEMALE
Passenger 3	NAME: : LIEW ZHI ZHENG GENDER: : MALE
Passenger 4	NAME: : LIEW ZHI JIEE GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	THOMSON NPP 25 SIN MING ROAD
Police Station Address	ROAD: 25 SIN MING ROAD #01-180 , POSTCODE: 570025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO. T/20180313/2093.

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	SJL9590Y
-----------------------------	----------

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

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:

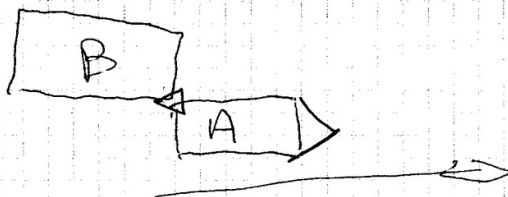
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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.:

A hand-drawn diagram on a grid background. It shows a launch pad labeled 'B' on the left. A rocket labeled 'A' is positioned vertically on top of the launch pad. A large arrow points horizontally to the right, indicating the direction of motion or launch.




Refer to police report no. T/20120313/2093.


Refer to police report no. T/20120313/2093.

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

lars are true in every respect.



Driver's Signature



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

POLICE REPORT PG 1



**SINGAPORE
POLICE FORCE**



T/20180313/2093

1 of 3

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

Report No. T/20180313/2093

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/03/2018 15:13	Vide Report No.:	Station Diary No.: 24
--	------------------	--------------------------

Informant's Particulars

Name of Informant: LIEW WOON FUI	Address: 42 SPRINGSIDE WALK SINGAPORE 786485		
ID Type / ID No.: NRIC NO / S6832376B	Contact No.: Home/Office: Mobile: 90026330		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 49	Date of Birth: 29/08/1968	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: Business Director	Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 11/03/2018 22:30	Type of Location: Straight Road
Location: Along Road 1 WOODLANDS ROAD				
Along Jalan Bukit Chagar, Johor Bahru heading towards Woodlands Checkpoint.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SUL9590Y	Car					1
SJP258X	Car					4



SINGAPORE
POLICE FORCE



T/20180313/2093

2 of 3

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

Report No. T/20180313/2093

CONTINUATION OF REPORT

Brief Details.

On 11/03/2018 at about 2230hrs, I was traveling (SJP258X) along Jalan Bukit Chagar, Johor Bahru heading towards back Singapore via Woodlands Checkpoint. At the point of time, the traffic volume was heavily.

Suddenly, I felt an impact from the rear. As such, I alighted and make a check and discovered that one vehicle (SJL9590Y) had hit onto my bumper area. No one was injured at the point of time. No police or ambulance was activated. I did not exchange particulars as the traffic volume was heavy. I am lodging this report for record purpose and insurance claiming purposes.



SINGAPORE
POLICE FORCE



T/20180313/2093

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

3 of 3

Report No. T/20180313/2093

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:

E /

Sgt 2 LIM HWEE JIE, SAMUEL

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

13/03/2018 15:13

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TAN SENG PING

Contact No: 65476430

Classification Of Case:

SN 070

Authentication Stamp

NP168

DRIVER IC, LICENSE



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

