

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 | 29/03/2018 16:21 |
| Date Of Accident | 29/03/2018 10:00 |
| Exact Location Of Accident | JUNC OF FARRER RD & EMPRESS RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------------|
| Vehicle Registration Number | GBC6649A |
| Insured/Policyholder | |
| Name Of Registered Owner | TOP CHANNEL SECURITY SYSTEM |
| Co Reg No | - |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-84289518 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | NISSAN |
| Model | NV200 |
| Exact Purpose for which vehicle was being used at time of accident | WORKING |
| 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 | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | MSIG INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | A 28944955 MKC |
| Cover Note Number | - |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | WONG SIONG TONG |
| NRIC No | S2018856A |
| Date Of Birth | 01/11/1954 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 09/07/1976 |
| Driving Experience | 41 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-84289518 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|------------------------------|
| Address | BLK 660 JALAN TENAGA #10-126 |
| Postcode | 410660 |
| Was driver an employee of the Insured's Company | YES |
| If No, Relationship of the Driver with the Insured | |
| 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: : ALBERT DE SILVA GENDER: : MALE |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | EUNOS NEIGHBOURHOOD POLICE POST |
| Police Station Address | ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-4439999 - FAX NO: 62444376 |
| 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 |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|--------------|
| Vehicle Registration Number | SGC1906G |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | ONG TECK HWA |
| NRIC/Passport Number | S0190282B |
| Contact Number | 97806884 |
| Address | |

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name WONG SIONG TONG

Approximate Age

Injuries Sustain RIGHT SHOULDER & DIZZY & BACK

Injured person in which vehicle? GBC6649A

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name ALBERT DE SILVA

Approximate Age

Injuries Sustain FOREHEAD, DIZZY

Injured person in which vehicle? GBC6649A

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

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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.



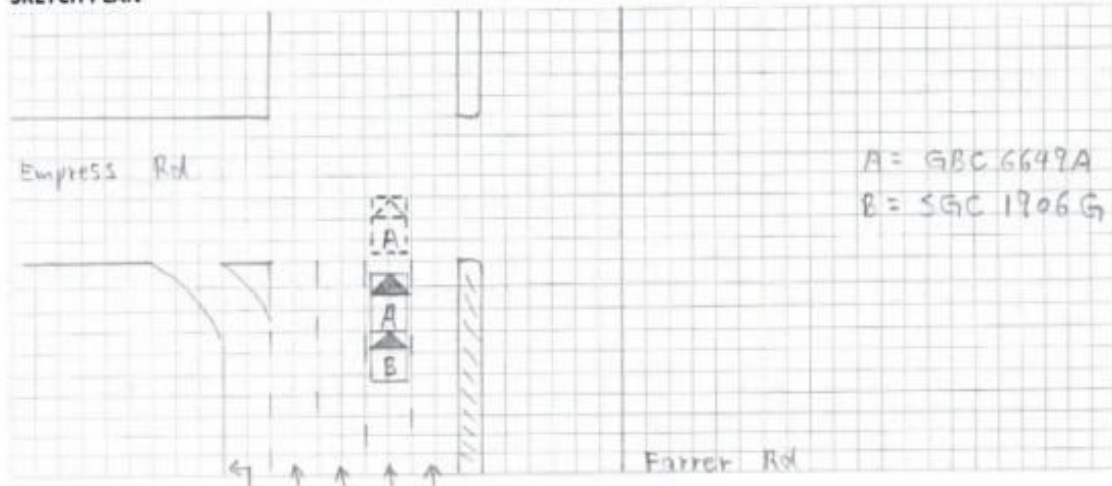
Policyholder's Signature
Date & Time:

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



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.:

GERMANY Standard Form 12

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180329/2076D

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

1 of 4

Report No. T/20180329/2076D

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|----------------------------|
| Date/Time Report Made: 29/03/2018 14:25 | Vide Report No.: | Station Diary No.: 5018 |
|--|------------------|----------------------------|

Informant's Particulars

| | | | |
|--|---|------------------------------|------------------------------|
| Name of Informant: WONG SIONG TONG | Address: APT BLK 660 JALAN TENAGA #10-126 SINGAPORE 410660 | | |
| ID Type / ID No.: NRIC NO / S2018856A | Contact No.: Home/Office: Mobile: 84289518 | | |
| Nationality: SINGAPORE CITIZEN | Email: | | |
| Sex: Male | Age: 63 | Date of Birth: 01/11/1954 | Type of Informant: Driver |
| Race: Chinese | Language: | | Institution / School Name: |
| Occupation: CISCO TECHNICIAN | Driving Licence Information: Class: 3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|---|------------------|---|--|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 29/03/2018 10:00 | Type of Location: X-Junction |
| Location: Junction of Road 1 and Road 2 FARRER ROAD EMPRESS ROAD Farrer Road towards Adam Road, at the junction of Farrer Road and Empress Road | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: Moderate |
| 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 |
|-------------|------|--------|-------|-------|-------------------|-----------------|
| GBC6649A | Van | NISSAN | NV200 | Grey | Seriously Damaged | 1 |
| SGC1906G | Car | TOYOTA | CAMRY | Gold | Seriously Damaged | 0 |

Details of Person Involved

| | | |
|---------------------------------|--------------------------------|--|
| Any Pedestrian Involved: No | | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA | |

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180329/2076D

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

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Report No. T/20180329/2076D

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|----------------------------|------------------|---|
| Passenger | | | |
| Name | ALBERT DE SILVA | | ID No. S71480521I |
| Related Vehicle | GBC6649A (Van) | | Contact No. 93763195 |
| Hospital/Clinic | SINGAPORE GENERAL HOSPITAL | | Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL |
| Date Treatment | 29/03/2018 | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | Serious |
| Driver | | | |
| Name | WONG SIONG TONG | | ID No. S2018856A |
| Related Vehicle | GBC6649A (Van) | | Contact No. 84289518 |
| Hospital/Clinic | MOUNT ALVERNIA HOSPITAL | | Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL |
| Date Treatment | 29/03/2018 | Date Discharge | 29/03/2018 |
| No. of Days granted Medical Leave | 05 | Degree of Injury | Slight |
| Driver | | | |
| Name | ONG TECK HWA | | ID No. S0190282B |
| Related Vehicle | SGC1906G (Car) | | Contact No. 97806884 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date Class: NIL 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 time and date, I was driving my van GBC6649A along Farrer Road towards Adam Road on the middle lane. I had an armed cisco passenger with me, and he is Albert De Silva, S71480251I, H/P: 93763195. As I approached the junction of Farrer Road and Empress Road, the traffic light had become red and I came to a stop. When my vehicle was stationary, out of a sudden I felt and impact coming from the rear of my vehicle. Due to the impact, my body was thrown forward. After which, I alighted my vehicle and discovered that vehicle SGC1906G was not able to stop on time for the traffic light and collided to the rear of my vehicle. Due to the collision, the rear portion of my vehicle was seriously dented and had scratches. The front bonnet of vehicle SGC1906G also had scratches and also seriously dented. Subsequently, we both came to an agreement of insurance settlement and we both exchanged particulars and left the scene. I did not observed any visible injuries on the driver of SGC1906G. However, my passenger was feeling dizzy and his forehead was bleeding. He had then

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180329/2076D

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SINGAPORE 470629
Tel No: 1800-4439999

Report No. T/20180329/2076D

CONTINUATION OF REPORT

checked with Cisco management and he was instructed to return to their base to return his firearms and rounds, and to proceed to hospital after which. He had then went to SGH afterwards. After the accident, I had felt dizzy and also my right shoulder and back area was numb. As such, I had went to visit a hospital and was given 5 days of MC.

I would like to state that inside my vehicle there is an in-car camera.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180329/2076D

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Report No. T/20180329/2076D

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SINGAPORE 470629
Tel No: 1800-4439999

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:

G /
Sgt 2 LEE WEI LIANG 

Signature Of Informant:



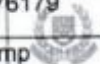
Signature Of Interpreter:
Not applicable

Date/Time:
29/03/2018 14:25

Officer In Charge Of Case:
TP / AEIT /
SSI KASMAWATI BTE SAMIAN
Contact No.: 65476179

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SIGNATURE

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

