

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	04/04/2018 11:37
Date Of Accident	08/02/2018 23:45
Exact Location Of Accident	JUNC BEACH RD & JAVA RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE3383G
Insured/Policyholder	
Name Of Registered Owner	IGU KAR WAH
NRIC No	S7780269Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91893999
Alternative Phone No	OFFICE-91893999

Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE 2.5Z G-EDITION
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A28768024QMX
Cover Note Number	

Driver

Name of Driver	IGU KAR WAH
NRIC No	S7780269Z
Date Of Birth	04/11/1977
Occupation	INDOOR
Date Of Driving Pass	31/07/2001
Driving Experience	16 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91893999
Fax Number	
Contact Number	OFFICE-91893999
Email Address	NOEMAIL

Address	BLK 126D EDGEDALE PLAINS #16-322
Postcode	824126
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 - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	4
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	NAME: : - GENDER: : FEMALE

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 - SINGAPORE CITY
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

REFER TO POLICE REPORT - T/20180402/2033.

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	FBH4161B
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Accident 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.

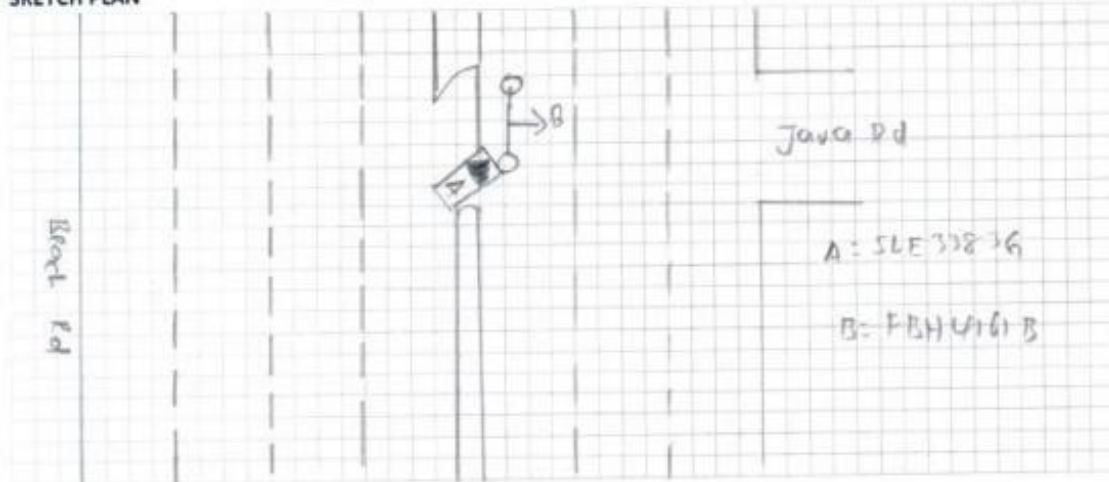

Policyholder's Signature
Date & Time:


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

Refer to police report - 7/20/80402/2033.

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.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20180402/2033

1 of 3

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

Report No. T/20180402/2033

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/04/2018 11:29	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: IGU KAR WAH			Address: APT BLK 126D EDGEDALE PLAINS #16-322 HDB- SENGKANG SINGAPORE 824126	
ID Type / ID No.: NRIC NO / S7780269Z			Contact No.: Home/Office:	Mobile: 91893999
Nationality: MALAYSIAN			Email:	
Sex: Male	Age: 40	Date of Birth: 04/11/1977	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Managing director/Chief executive officer			Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: Yes	Date/Time of Accident: 08/02/2018 23:45	Type of Location:
Location: Along Road 1 BEACH ROAD TURNING INTO JAVA ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH4161B	Motorcycle	BAJAJ CHETAK	PULSAR 200 NS MANUAL			0
SLE3383G	Car	TOYOTA	VELLFIRE 2.5Z G- EDITION	Black	Slightly Damaged	3

Police Report



**SINGAPORE
POLICE FORCE**



T/20180402/2033

2 of 3

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

Report No. T/20180402/2033

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	IGU KAR WAH	ID No.	S7780269Z
Related Vehicle	SLE3383G (Car)	Contact No.	91893999
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

AT THE ABOVE MENTIONED DATE AND TIME,

I WAS TRAVELLING ALONG BEACH ROAD ON FIRST OF THREE LANES, I WAS ABOUT TO TURN INTO JAVA ROAD WHEN ALL OF A SUDDEN A MOTORBIKE APPEARED OUT OF NOWHERE AND I IMMEDIATELY BRAKED BUT COULD NOT AVOID ANY COLLISION AND THE BIKE SCRATCHED THE RIGHT FRONT PORTION OF MY CAR. WHEN I GOT OUT OF MY CAR, I SAW THAT THE BIKE WAS ALREADY LYING ON THE ROAD INFRONT OF MY CAR. THEN I WENT DOWN AND TAKE A LOOK AROUND TO MAKE SURE THAT NOBODY ELSE IS SURROUNDING AND CHECKED MY CAR FOR ANY DAMAGE, THEN PASSERBYS CAME AND HELPED THE RIDER. AFTER A WHILE, MY PASSENGER HELPED MOVE THE MOTORCYCLE TO THE ROAD SIDE. AMBULANCE CAME, FOLLOWED BY POLICE. THE RIDER WAS BROUGHT TO THE HOSPITAL, I WAS BROUGHT BACK TO TPHQ FOR DRINK DRIVING.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180402/2033

3 of 3

Report No. T/20180402/2033

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

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 /
TAN KIN WAH

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
02/04/2018 11:29

Officer In Charge Of Case:
TP / GIT /
SI YEO CHUN JIAN
Contact No.: 65476213

Classification Of Case:

Authentication Stamp
NP168

Accident Photo



Accident Photo



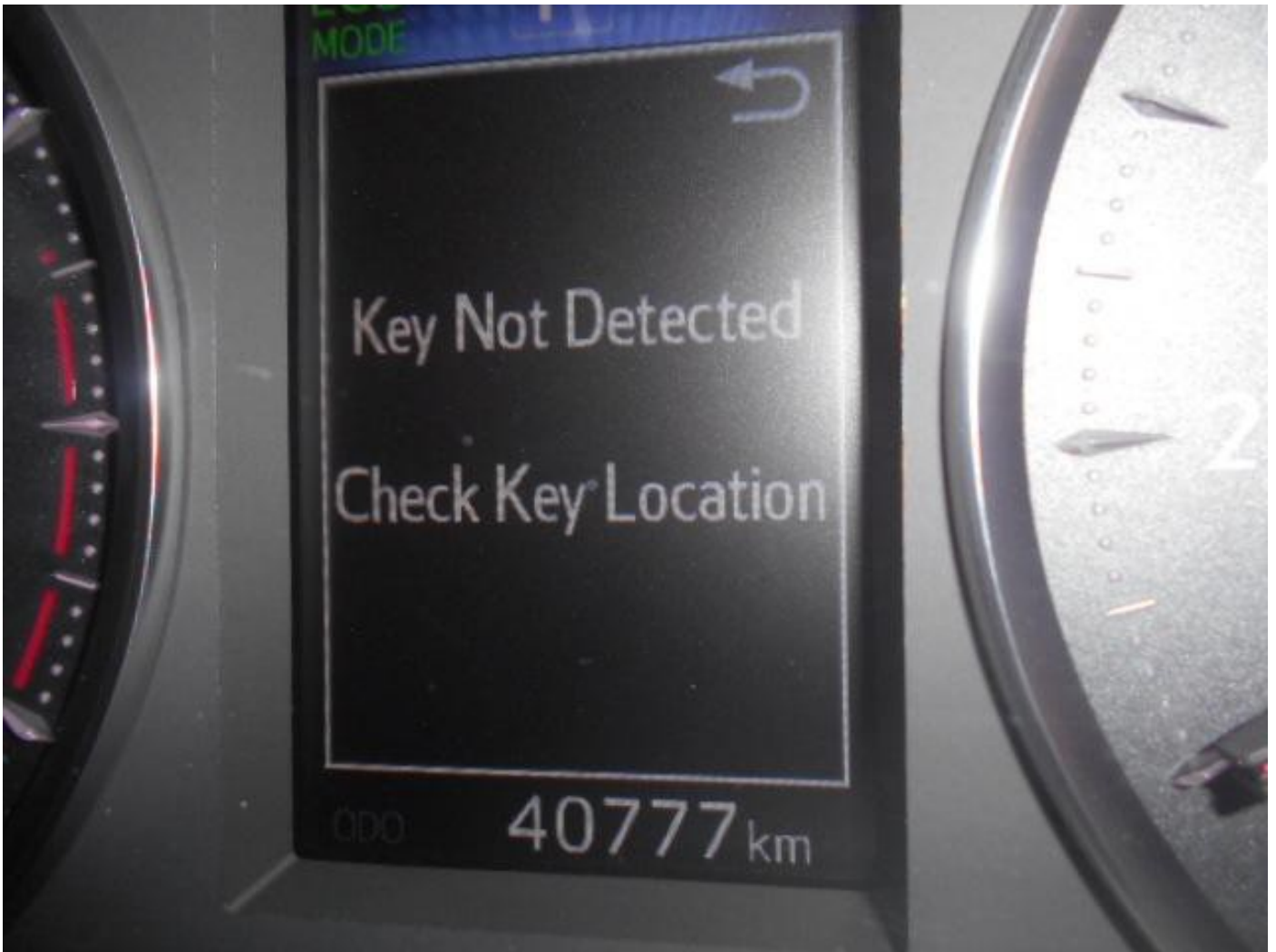
Accident Photo



Accident Photo



Accident Photo



Accident Photo

