

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	09/04/2018 12:34
Date Of Accident	08/04/2018 19:10
Exact Location Of Accident	X-JUNC OF CCK NORTH 6 & CCK DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ4384Z
Insured/Policyholder	
Name Of Registered Owner	TAN SI HAO DESMOND
NRIC No	S8631233F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98807541
Alternative Phone No	OTHERS-97633790

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
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	7VPCB1766090
Cover Note Number	

Driver

Name of Driver	TAN EN MEI,SARAH
NRIC No	S8944132C
Date Of Birth	28/11/1989
Occupation	INDOOR
Date Of Driving Pass	19/05/2010
Driving Experience	7 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97633790
Fax Number	
Contact Number	
Email Address	SARAHTANEM@HOTMAIL.COM

Address	27 VERDE GROVE
Postcode	688559
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	COLLIDED INTO PEDESTRIAN
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?	NO
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	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180408/2114

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	CAN'T EXCESS FULL VIDEO
Was there any audio recorded?	NO

DETAILS OF INJURED PERSON 1

Name	UNKNOWN
Approximate Age	
Injuries Sustain	LEG FRACTURED (PEDESTRIAN)
Injured person in which vehicle?	
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN


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5. Any false reporting may be referred to the Police for investigation.
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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)**

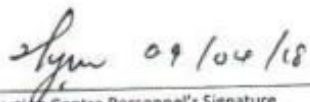
I understand, acknowledge, agree and consent that:

- (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:



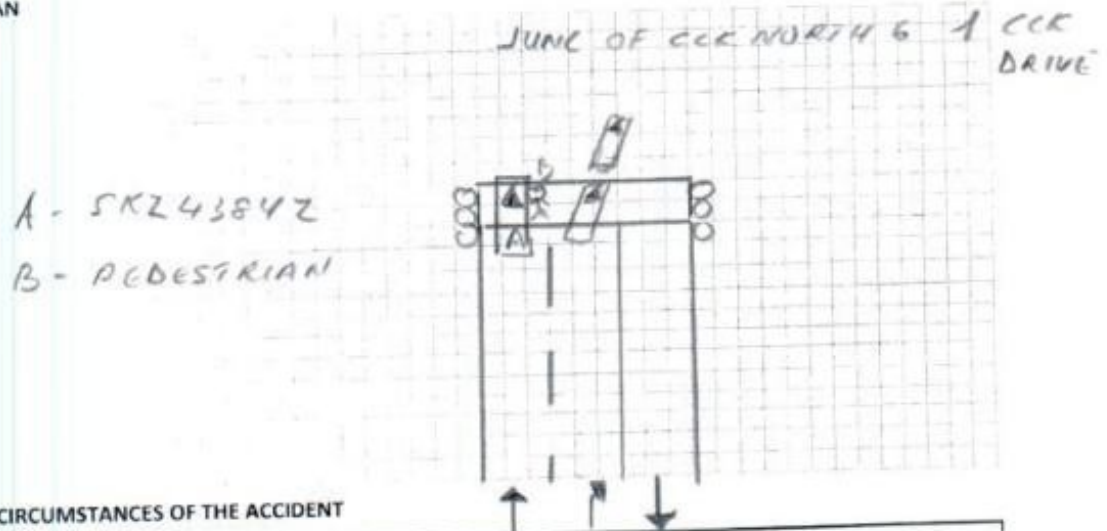
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: T/20180408/2114

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.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20180408/2114

2 of 3

Report No. T/20180408/2114

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

CONTINUATION OF REPORT

Driver			
Name	TAN EN MEI, SARAH	ID No.	S8944132C
Related Vehicle	SKZ4384Z (Car)	Contact No.	97633790
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 08/04/2018 at about 1910hrs, I was driving my vehicle along Choa Chu Kang North 6 towards Yew Tee Point and I was involved in a traffic accident at the junction of Choa Chu Kang Drive and Choa Chu Kang North 6. The traffic light at Choa Chu Kang North 6 was green and I continued to head straight. After crossing the junction, I was stopped by a rider who informed that my vehicle had an accident with a pedestrian. The pedestrian was a boy. I wish to state that when the boy was crossing the road, I did not notice him crossing the road. Prior to that, I was not aware that I was involved in any traffic accident until the rider informed me.

The boy was conveyed by the ambulance to KK Hospital. Traffic police was also at scene. The Traffic police had taken the memory card of my in car camera.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T20180408/2114

1 of 3

Report No. T20180408/2114

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/04/2018 21:37	Video Report No.: J/20180408/0231	Station Diary No.: 113
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Informant's Particulars

Name of Informant: TAN EN MEI, SARAH			Address: 27 VERDE GROVE SINGAPORE 696559		
ID Type / ID No.: NRIC NO / S8844132C			Contact No.: Home/Office: Mobile: 97633790		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 28	Date of Birth: 28/11/1989	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: DOCTOR			Driving Licence Information: Class: 3A		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 08/04/2018 19:10	Type of Location: X-Junction
Location: Along Road 1 CHOA CHU KANG NORTH S				
cross junction of Choa Chu Kang North S and Choa Chu Kang Drive				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKZ4384Z	Car	HONDA	Vezei	White	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: Yes	
No. of Pedestrians Injured: 1	Use of Pedestrian Crossing: Used

Police Report



**SINGAPORE
POLICE FORCE**



T/20180408/2114

2 of 3

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689288
Tel No: 1800-7653995

Report No. T/20180408/2114

CONTINUATION OF REPORT

Driver			
Name	TAN EN MEI, SARAH	ID No.	58944132C
Related Vehicle	SKZ4384Z (Car)	Contact No.	97633790
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

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The boy was conveyed by the ambulance to KK Hospital. Traffic police was also at scene. The Traffic police had taken the memory card of my in car camera.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180400/2114

3 of 3

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 680288
Tel No: 1800-7959999

Report No: T/20180400/2114

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:

J /

Staff Sgt WANG ZHENXIONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt YUS MASTARI / KHAZALI

Contact No.: 65476214

Signature Of Informant:

Date/Time:

08/04/2018 21:37

Classification Of Case:

Authentication Stamp

NP108