

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	20/04/2018 16:28
Date Of Accident	19/04/2018 20:10
Exact Location Of Accident	YIO CHU KANG TWDS THOMSON NEAR SUNRISE WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX2375X
Insured/Policyholder	
Name Of Registered Owner	MASTER SYSTEMS MANAGEMENT PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98434021
Alternative Phone No	OFFICE-98434021

Vehicle Particulars

Manufacturer	TOYOTA
Model	LITE ACE
Exact Purpose for which vehicle was being used at time of accident	WORK
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	THIRD PARTY
Fleet Policy	NO
Policy Number	D 28910340 TMV
Cover Note Number	

Driver

Name of Driver	TAY SU TING
NRIC No	S7727878H
Date Of Birth	30/09/1977
Occupation	INDOOR
Date Of Driving Pass	28/08/1996
Driving Experience	21 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98434021
Fax Number	
Contact Number	OTHERS-98434021
Email Address	NOEMAIL

Address	BLK 101 BEDOK RESERVOIR ROAD #08-468
Postcode	470101
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180420/2085

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	JNV8990
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

20 Apr 2018 16:58 HP Fax

page 1

SKETCH PLAN

IMPORTANT NOTICE

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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.



富森捷系统管理私人有限公司
MASTER SYSTEMS MANAGEMENT PTE LTD
01 DEPU LANE 10
MASTER SYSTEMS MALAYSIA CENTRE STORE SUKSES
NO. 10288 701 * FAX: 6283 3817

Policyholder's Signature
Date & Time:

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

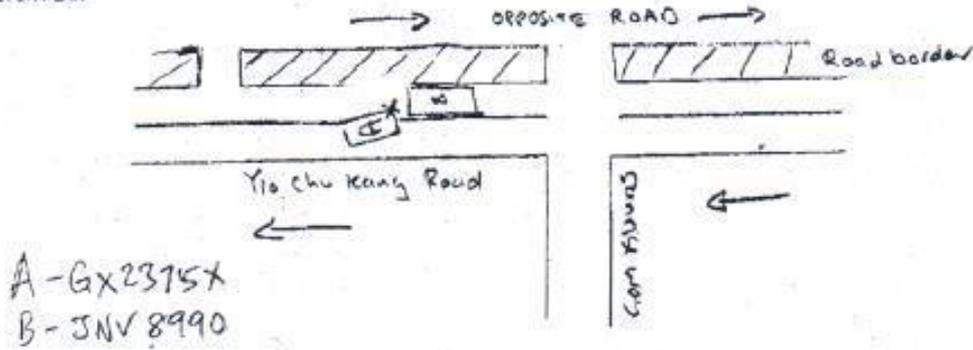
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

10 Apr 2018 16:58 HF Fax

page 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s Refer to the Police Report - T/20180420/2085

萬事通電腦管理私人有限公司
 MASTER SYSTEMS MANAGEMENT SINGAPORE true in every respect.
 401 DEFO LANE #0
 MASTER SYSTEMS RAISING CENTRE 3700 3700
 TEL: 6263 7611 FAX: 6263 3811

Policyholder's Signature
 Date & Time:

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

[Signature] 20/4/2018
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

Sketch Plan #3



SINGAPORE
POLICE FORCE



T/20180420/2085

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

3 of 4

Report No. T/20180420/2085

CONTINUATION OF REPORT

Brief Details.

On the 19th April 2018, at about 2010hrs, I was driving my vehicle, registration plate GX2375X. I exited from Sunrise Way onto Yio Chu Kang Road towards Thomson. After exiting, I then filtered to the second lane after I made a check on my right mirror and the car behind was a distance away and I filtered into the lane. After about 5 to 10 seconds I filtered into the lane, I felt an impact on the back of my vehicle. I then drove to the side of the road to make a check. The vehicle behind also followed. I made a check on my vehicle and discovered my rear right bumper had dented out of place and a dent on the rear door. I then spoke to the driver of the other vehicle, registration plate JNV8990, and he was from Malaysia. The damages to his vehicle is as the left side bonnet had come off and sticking out and left signal lights damaged. The owner of the Malaysian vehicle was also informed and came to scene. After speaking to the owner of the vehicle, we agreed to have our insurance company settle the matter. However as this was an accident between a foreign vehicle, hence I am reporting this accident.

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



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20180420/2085

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

1 of 4

Report No. T/20180420/2085

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/04/2018 14:48	Vide Report No.:	Station Diary No.: 65
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Informant's Particulars

Name of Informant: TAY SU TING		Address: APT BLK 101 BEDOK RESERVOIR ROAD #08-468 SINGAPORE 470101	
ID Type / ID No.: NRIC NO / S7727878H		Contact No.:	Mobile: 98434021
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 40	Date of Birth: 30/09/1977	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: RESEARCH ASSISTANT		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 19/04/2018 20:10	Type of Location: Straight Road
Location: Along Road 1 YIO CHU KANG ROAD Yio Chu Kang Road towards Thomson, near Sunrise Way			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control: Not Controlled	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
GX2375X	Van	TOYOTA	Lite Ace	Silver	Slightly Damaged	0
JNV8990	Car	KIA	FORTE	White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GX2375X	MSIG INSURANCE (SINGAPORE) PTE. LTD.	D 28910340 TMV	11/03/2018	10/03/2019

Police Report



**SINGAPORE
POLICE FORCE**



T/20180420/2085

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

2 of 4

Report No. T/20180420/2085

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
JNV8990	Kurnia Insurans	JVD5151986	04/04/2018	03/04/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	TAY SU TING	ID No.	S7727878H	
Related Vehicle	GX2375X (Van)	Contact No.	98434021	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
Vehicle Owner				
Name	Saranraj A/L Arumugam	ID No.	891206235019	
Related Vehicle	JNV8990 (Car)	Contact No.	82421089	
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	
Driver				
Name	Melvin A/L Mariappan	ID No.	NIL	
Related Vehicle	JNV8990 (Car)	Contact No.	93528219	
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	

Police Report



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Police Report



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T/20180420/2085

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Tel No: 1800-4719999

4 of 4

Report No: T/20180420/2085

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: D / Sgt 2 NG YONG XIN, ALESTER 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 20/04/2018 14:48
Officer In Charge Of Case: TP / AEIT / Sgt 2 YEO KIA HUAT Contact No.: 65476325	Classification Of Case:

Authentication Stamp
NP168