#### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	17/04/2018 14:54
Date Of Accident	12/04/2018 21:05
Exact Location Of Accident	ALONG CTE TOWARDS SLE 9.2KM
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLS7196E
Insured/Policyholder	
Name Of Registered Owner	SIME DARBY SERVICES PTE LTD
Co Reg No	197501065W
Email Address	WAIMUNCHO@OUTLOOK.COM
Mobile Phone No	(LOCAL) +65-98373181
Alternative Phone No	OFFICE-98373181
Vehicle Particulars	
Manufacturer	HONDA
Model	ODESSEY
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME
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	B 29040710 TMC
Cover Note Number	
Driver	

Name of Driver CHO WAI MUN
NRIC No S1652694J
Date Of Birth 20/09/1964
Occupation INDOOR
Date Of Driving Pass 21/02/1994

Driving Experience 24 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-98373181

Fax Number

Contact Number OTHERS-98373181

EMail Address WAIMUNCHO@OUTLOOK.COM

Address BLK 28 WOODLANDS CRESCENT

#09-19

Postcode 738085

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

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 2
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.

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 ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 81 ANG MO KIO AVE 3, POSTCODE: 569929, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-4519999 - **FAX NO**: 65535679

NO

Was notice of intended Prosecution given?

If Yes, against whom?

#### **Circumstances of Accident**

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20180412/2197

#### 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 SHB380Y
Vehicle Make/Model/Colour TOYOTA

**Details Of Properties** 

Vehicle Category TAXI

Name of Driver CHAN CHEW MUI NRIC/Passport Number S2006439J

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

#### Sketch Plan

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
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- 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.
- 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:
  - 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:
  - 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)

ate & Time: 2/1/1/0 3-7

Reporting Centre Personne

NRIC/FIN N

### **Accident Sketch Plan**

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT  On the 12/04/208 at about 21/20 hrs, I was driving my rental car.  SLST196 along CTE forwards SLE. I was driving at the most right lane. The fraffix was beauty and fine weather was alear as dry. As I wall driving, I nestical there was traffix build up In front of Me. As such I applied my breakes and subserved I felt something award with my car at the rear. I was not injured. I can east to what happened and realized a taxis StB 3807 had callided with my cat.  The taxis driver as lead one why I broke subserved.  The taxis driver as lead one why I broke subserved.  The taxis driver as lead one why I broke subserved and realized to him that I drid not apply subserved as a more fine to the spread of formale passage of the taxis to has proof a treat exchanges but the annumence had consulted a formale passage of the taxis to has proof the passage of the taxis to has proof the passage of the taxis to has proof the passage.  The office with the driver the position of the carts along of the carts and office the foregoing particulars are true in every respect.  Because the foregoing particulars are true in every respect.  Polick without: Tolfortions  Reporting center Personnel's signature  (If driver into the policyholder)  Name:  Reporting center Personnel's signature  (If driver into the policyholder)	SKETCH PLAN	CTE toward	FIL. W	
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Date & Time: 13 14/18 2-300000 NRIC/FIN No.:	ite & Time:	(If driver is not the policy	holder)	Reporting Centre Personnel's Signature Name:

### **POLICE REPORT**





Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

Report No. T/20180412/2197

1 of 3

Tel No: 1800-4519999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.	
12/04/2018 23:52	E/20180412/0196	103	

12/04/20	18 23:52	1	E/20100412/0195	103	
Informat	nt's Particu	lars		Marie	
Name of Informant: CHO WAI MUN			Address: 28 WOODLANDS CRESCENT #09-19 SINGAPORE 738085		
ID Type / ID No.: NRIC NO / S1652694J			Contact No.: Home/Office: Mobile: 98373181		
Nationality: SINGAPORE CITIZEN		EN	Email:		
Sex: Male	Age: 53	Date of Birth: 20/09/1964	Type of Informant: Driver		
Race: Chinese			Language: Institution / School N		
Occupation: DENTAL LABORATARY MANAGER		TARY MANAGER	Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/04/2018 21:05	Type of Location
	PRESSWAY wards SLE 9.2Km			
Weather. Clear		Road Surface: Dry	R	oad Speed Limit:
THE RESERVE THE PARTY OF THE PA	SCHOOL STORY	Traffic Control:	T	
Traffic Flow: Type of Collis			13.7	raffic Volume; eavy

Vehicle No.	Туре	Make	Model	10.	BOOK TO BE OF	BRV BESSER
SHB380Y	Car	TOYOTA	THE COLUMN TWO IS NOT	Color	Condition	No of Passenger
	A COLOR	- OIOIA		Maroon	10 Page 1	0
SLS7196E	Car	HONDA	77	Dinet		
A STATE OF	Sales Sales	3800000	50 P. S.	Black	SE SERVICE ST.	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Lies of Bodowi
Control of the second s	Use of Pedestrian Crossing: NA

#### POLICE REPORT



Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929 Tel No: 1800-4519999 T/20180412/2197

2 of 3

Report No. T/20180412/2197

### CONTINUATION OF REPORT

Driver			No. of the last			MERCHANIST SAN
Name	CHAN CHEW MUI		ID No.		S2006439J	
Related Vehicle	SHB380Y (Car)		Contact No.		NIL	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL Date Disc		harge	NIL		
No. of Days gran	ited Medical Leave NIL Degree o		of Injury NIL			
Driver	Colonial March 19	CALL PROPERTY.	STATE OF THE PARTY		200 m	THE SAME SAME
Name	CHO WAI MUN		ID No		S1652694J	
Related Vehicle	SLS7196E (Car)		Contact No.		98373181	
Hospital/Clinic	NIL		Class Drivin Licent Expiry	g ce &	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL Date Dis		Date Disc	charge	NIL	
No. of Days granted Medical Leave NIL		Degree of Injury NIL			Description of the second second	

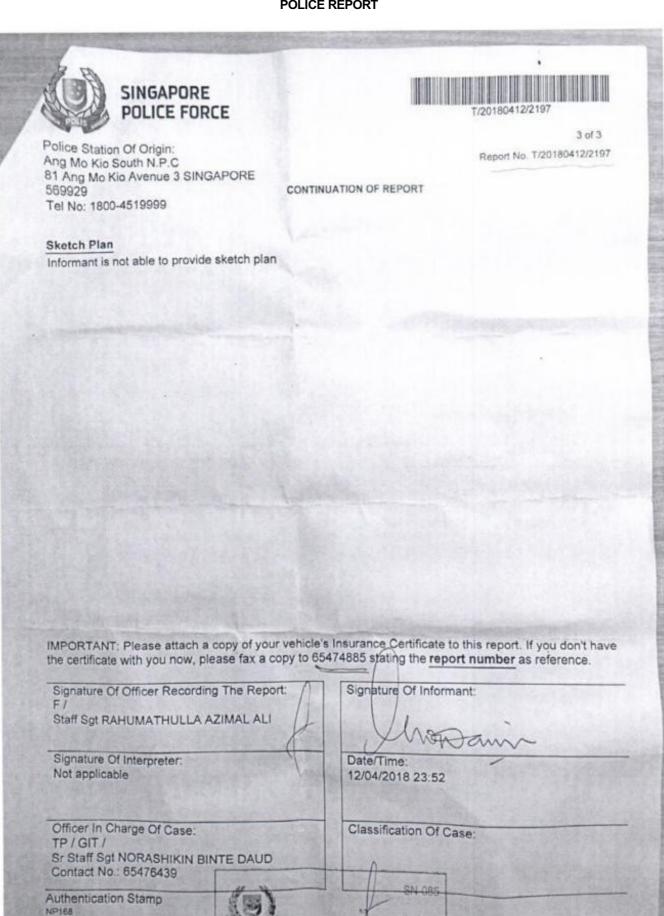
#### Brief Details.

On the 12/04/2018 at about 2105hrs, I was driving my rental car SLS7196E at along CTE towards SLE. I was driving at the most right lane. The traffic was heavy and the weather was clear and dry. As I was driving, I noticed there were traffic build up in-front of me. As such I applied my break and suddenly I felt something collided with my car at the rear. I was not injured. I came out to check what happened and realized a taxl SHB380Y had collided with my car.

The taxi driver asked me why I sudden brake. I explained to him that I did not sudden brake. Subsequently, an ambulance and traffic Police came to investigate. The ambulance had conveyed a female passenger of the taxi to hospital. I then exchanged particulars with the driver. The Traffic Police advised us to lodge a Traffic Accident report. The in-charge case is TP IO Shikin Tel:65476939.

Due to accident, rear portion of my car is damaged.

#### POLICE REPORT



Singapore Police







