

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	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.	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	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
Was notice of intended Prosecution given?	NO
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	

No. Of Passenger (Including Driver)

2

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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5. **Any false reporting may be referred to the Police for investigation.**
6. 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.
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: 13/4/18 3:30pm

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

Accident Sketch Plan

SKETCH PLAN

A) SLS 7196E
B) SHB 380Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the 12/04/2018 at about 21:00hrs, I was driving my rental car SLS 7196E 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 was traffic build up in front of me. As such I applied my brakes 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 taxi SHB 380Y had collided with my car.

The taxi driver asked me why I brake suddenly. I explained to him that I did not apply sudden braking. 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 me to lodge a traffic Accident Report. The officer-in-charge is TP 10 Shikin. Due to the accident, the rear portion of the car is damaged.

Police Report: 7/20180412/2197

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: 13/4/18 3:30pm

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180412/2197

1 of 3

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

Report No. T/20180412/2197

REPORT OF A TRAFFIC ACCIDENT

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

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			Email:	
Sex: Male	Age: 53	Date of Birth: 20/09/1964	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: DENTAL LABORATORY MANAGER			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/04/2018 21:05	Type of Location:
Location: Along Road 1 CENTRAL EXPRESSWAY Along CTE towards SLE 9.2Km				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Heavy	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB380Y	Car	TOYOTA		Maroon		0
SLS7196E	Car	HONDA		Black		0

Details of Person Involved

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180412/2197

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Report No. T/20180412/2197

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

CONTINUATION OF REPORT

Driver			
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 Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	CHO WAI MUN		ID No. S1652694J
Related Vehicle	SLS7196E (Car)		Contact No. 98373181
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

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 taxi 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 FORCE



T/20180412/2197

3 of 3

Report No. T/20180412/2197

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

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:

F /

Staff Sgt RAHUMATHULLA AZIMAL ALI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

12/04/2018 23:52

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NORASHIKIN BINTE DAUD

Contact No.: 65476439

Classification Of Case:

Authentication Stamp

NP168



Signature:

Singapore Police

SN-085

Accident Photo



Accident Photo



Accident Photo



Accident Photo



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