### 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.	tent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	27/04/2018 13:16
Date Of Accident	05/04/2018 18:30
Exact Location Of Accident	JUNC CRESCENT RD & MOUNTBATTEN RD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GZ1722Z
Insured/Policyholder	
Name Of Registered Owner	JUN HENG TRADING
Co Reg No	48938100J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63464857
Vehicle Particulars	
Manufacturer	NISSAN
Model	URVAN 5DR(D)
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	A28871729TMV
Cover Note Number	
Driver	
Name of Driver	LEE HOK CHIALI

Name of Driver

LEE HOK CHIAU

NRIC No

S1377570B

Date Of Birth

Occupation

OUTDOOR

Date Of Driving Pass

16/01/1980

Driving Experience 38 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91126626

Fax Number

Contact Number OFFICE-91126626

EMail Address NOEMAIL

Address BLK 63 SIMS PLACE

#17-227

Postcode 380063

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

-

**General Information of the Accident** 

Type Of Accident NO COLLISION

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 injured conveyed to hospital by

Was any body injured in the Accident?

ambulance?

YES

NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Was any other material or property damaged?

NO 2

Number of Passengers (Including Driver)

Passenger 1

NAME: : -

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name MARINE PARADE NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 74 MARINE DRIVE #01-35 , POSTCODE: 440074 , COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-4409999 - **FAX NO**: 64474182

Was notice of intended Prosecution given?

If Yes, against whom?

NO

### **Circumstances of Accident**

REFER TO POLICE REPORT - T/20180425/2138.

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 SJZ97R

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

#### **Accident Sketch Plan**

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 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
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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:

- 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.

作 男 賞 男 FUN HENG TRADING 50 EAST COAST ROAD, NOT-NO & 75 ROXY SQUARE SHOPPING CENTRE POSSERVICE SHOPPING CENTRE TEL: BO 1985 RD7 HF: 9112 5628 李鹤到

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

Name: NRIC/FIN No.:

## **Accident Sketch Plan**

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LARATION  Meclargabe foregoing particular  UN HENG TRADING  0 EAST COAST ROAD, #01-50 1 75  OXY SQUARE SHOPPING CHATRE	rs are true in every respect.	- A

## Police Report





Police Station Of Origin: Marine Parade NPP

74 Marine Drive #01-35 SINGAPORE 440074

Tel No: 1800-4409999

1 of 3 Report No. T/20180425/2138

REPORT O	F A TRAFFIC	ACCIDENT		Di t - Dissi No	
Date/Time Report Made: 25/04/2018 17:58		fade;	Vide Report No.:	Station Diary No.: 23	
Informa	nt's Particu	ulars	MAKE WITH THE REAL		
Name of Informant: LEE HOK CHIAU			Address: APT BLK 63 SIMS PLACE #17-227 SINGAPORE 380063		
ID Type / ID No. NRIC NO / S1377570B Nationality: SINGAPORE CITIZEN		70B	Contact No.: Home/Office:	Mobile: 91126626	
			Email:		
Sex: Male	Age:	Date of Birth: 02/03/1959	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: SELE EMPLOYED			Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 05/04/2018 18:00	Type of Location X-Junction	
CRESCENT	oad 1 and Road 2 ROAD escent road traffic ligh	Road Surface:	R	oad Speed Limit:	
	Teeffee Control:		Т	Traffic Volume:	
		Tantina Cantra		raffic Volume:	
Drizzling Traffic Flow:		Traffic Control:	11.2	raffic Volume: loderate	

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### **Police Report**





T/20180425/2138

2 of 3

Report No. T/20180425/2138

Police Station Of Origin: Marine Parade NPP 74 Marine Drive #01-35 SINGAPORE 440074

Tel No: 1800-4409999

CONTINUATION OF REPORT

Brief Details.

On 05/04/2018, while I was driving along crescent road junction, I stopped too far out of the junction line so I decided to reverse my Van by a little. Behind me was a car, I was not sure if I did touch until the vehicle behind me because if I will to hit until the car behind me, the driver should have come down to speak to me but none of this happen. So when the light turns green, I proceed to drove off. But on the 11/04/2018, I received a letter stating that I have hit until a vehicle (SJZ97R). I have already informed my insurance company and they requested me to lodge a police report.

### **Police Report**





Police Station Of Origin:
Marine Parade NPP
74 Marine Drive #01-35 SINGAPORE 440074
Tel No: 1800-4409999 CONTINUATION OF REPORT

Report No. T/20180425/2138

## 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 Repo G / Sgt 2 TAN JUN JIE	ort: Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 25/04/2018 17:58
Officer In Charge Of Case: TP / GIA /	Classification Of Case:
Staff Sgt TANG SIEW PING Contact No.: 65476430	Sec.
Authentication Stamp	Art NOGRATURE











