

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	08/05/2018 11:42
Date Of Accident	07/05/2018 18:15
Exact Location Of Accident	BLK 75C REDHILL ROAD OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL8559X
Insured/Policyholder	
Name Of Registered Owner	TAN KIM RONG (CHEN JINRONG)
NRIC No	S7903665Z
Email Address	CHERIETAN@YAHOO.COM
Mobile Phone No	(LOCAL) +65-98448407
Alternative Phone No	OTHERS-98448407

Vehicle Particulars

Manufacturer	TOYOTA
Model	VOXY-2.0(A)
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	A 28862873 QMX
Cover Note Number	

Driver

Name of Driver	TAN KIM RONG (CHEN JINRONG)
NRIC No	S7903665Z
Date Of Birth	31/01/1979
Occupation	INDOOR
Date Of Driving Pass	21/10/2008
Driving Experience	9 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98448407
Fax Number	
Contact Number	OTHERS-98448407
Email Address	CHERIETAN@YAHOO.COM

Address	BLK 75C REDHILL ROAD #24-84
Postcode	153075
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	1
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	BUKIT MERAH WEST NPC
Police Station Address	ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180508/2020

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 Witness 1

Name	MS SHAZANA ANUAR
Phone Number	67087816
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	NA/UNKNOWN
Name of Driver	HO SOK HOON
NRIC/Passport Number	S1186291H
Contact Number	97896885

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

DETAILS OF INJURED PERSON 1	
Name	HO SOK HOON
Approximate Age	
Injuries Sustain	SLIGHT INJURY
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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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:

08/05/2018,
11.30am

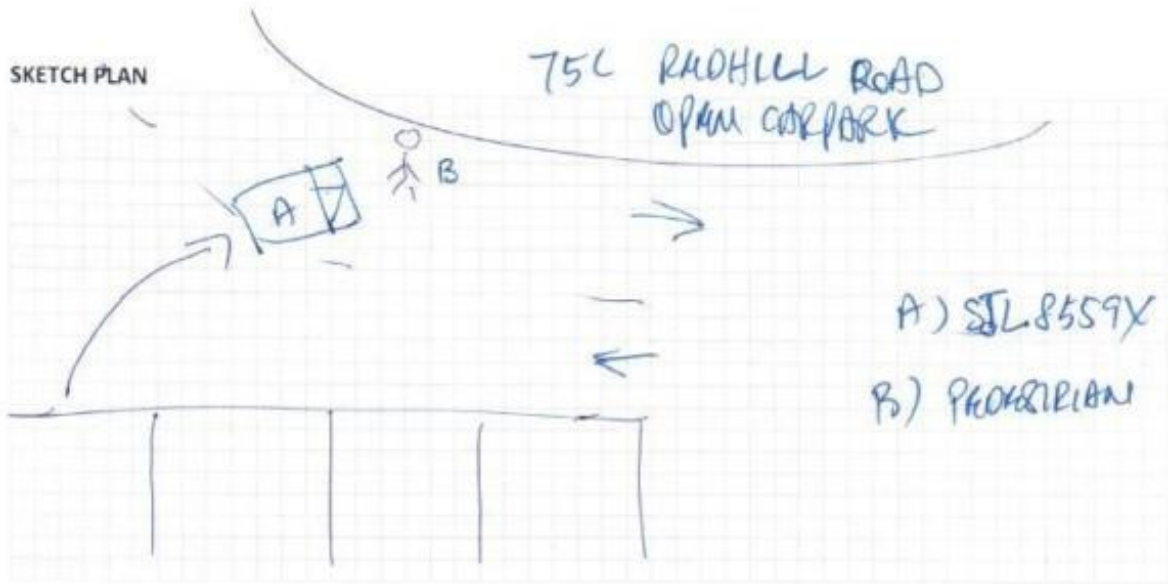
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

08/05/2018
[Signature]
[Signature]

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
1/20180508/2020

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

08/05/2018, 11:20am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centra Personnel's Signature

Name:

NRIC/FIN No:

08/05/2018

Reda Wafar

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180508/2020

1 of 3

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

Report No. T/20180508/2020

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/05/2018 10:47	Vide Report No.:	Station Diary No.: 24
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Informant's Particulars

Name of Informant: TAN KIM RONG			Address: APT BLK 75C REDHILL ROAD #24-84 SINGAPORE 153075		
ID Type / ID No.: NRIC NO / S7903665Z			Contact No.: Home/Office: Mobile: 98448407		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 39	Date of Birth: 31/01/1979	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: PROJECT MANAGER IT			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

General information of the Accident:				
Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 07/05/2018 18:15	Type of Location: service road
Location: Along Road 1 REDHILL ROAD				
Near to B/75C Redhill Road.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Pedestrian			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJL8559X	Car	TOYOTA	VOXY 2.0V CVT	White	No Damage	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJL8559X	MSIG INSURANCE (SINGAPORE) PTE. LTD.	7VPCB1763640	05/01/2018	04/01/2019

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180508/2020

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

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Report No. T/20180508/2020

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: Yes			
No. of Pedestrians Injured: 1		Use of Pedestrian Crossing: Not Used	
Driver			
Name	TAN KIM RONG	ID No.	S7903665Z
Related Vehicle	SJL8559X (Car)	Contact No.	98448407
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
Pedestrian			
Name	HO SOK HOON	ID No.	S1186291H
Related Vehicle	NIL	Contact No.	97896885
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	Slight

Brief Details.

On 7/05/2018, I was driving my vehicle out from the carpark lot in front of B/75C Redhill Road. While turning right, I was checking my left and right blind spot. After I look to the front, I saw a female Chinese walking in front of my vehicle. I pressed the brake however it was too late. I then exited my vehicle and assisted her. I then called for the ambulance and was brought to Singapore General Hospital. Doctor informed me that the pedestrian suffered some bruising on her right shin. She was also given 3 days of medical leave. One female approached me and said that she witness the incident. She then gave me a name card, "Ms Shazana Anuar tel:67087816".

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180508/2020

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

3 of 3


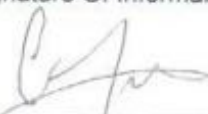

Report No. T/20180508/2020

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 / Sr Staff Sgt AZALI BIN AZAN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 08/05/2018 10:47
Officer In Charge Of Case: TP / AEIT / SSI 2 SITIMARSITA BINTE BOHARI Contact No.: 65476219	Classification Of Case:
Authentication Stamp NP168 	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

