

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	05/06/2018 11:40
Date Of Accident	04/06/2018 14:20
Exact Location Of Accident	NICOLL DRIVE TWDS CARGO COMPLEX
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFK8328Z
Insured/Policyholder	
Name Of Registered Owner	YAP CHIN GUAN
NRIC No	S1716179B
Email Address	YAPCG@LINKWAYLOG.COM.SG
Mobile Phone No	(LOCAL) +65-96353614
Alternative Phone No	OTHERS-96353614

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY 2.5
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	B 28836457 QMY
Cover Note Number	

Driver

Name of Driver	YAP CHIN GUAN
NRIC No	S1716179B
Date Of Birth	01/10/1965
Occupation	INDOOR
Date Of Driving Pass	13/07/1983
Driving Experience	34 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96353614
Fax Number	
Contact Number	OTHERS-96353614
Email Address	YAPCG@LINKWAYLOG.COM.SG

Address	64 JALAN PERGAM
Postcode	488340
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JRS4342 (MOTORCYCLE)
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
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	CHANGI N.P.C
Police Station Address	ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180604/2149

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	JRS4342
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

YM4671Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

UNKNOWN

Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

JRS4342

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: 5/6/18
11:55 AM

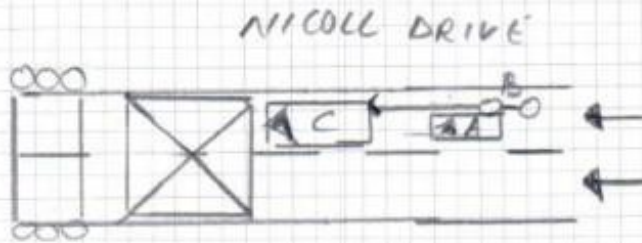
Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

Accident Sketch Plan

SKETCH PLAN

A - SFK8328Z
B - JRS4342
C - YM4671Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: T/20180604/2149

DECLARATION

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



Policyholder's Signature

Date & Time: 5/6/18
11:55 AM

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

 05/06/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20180604/2149

Police Station Of Origin:

Changi N.P.C

9 Simei Street 2 SINGAPORE 529914

Tel No: 1800-5872999

2 of 3

Report No. T/20180604/2149

CONTINUATION OF REPORT

Brief Details.

On 04/06/2018 at about 1420hrs I was driving my car along Nicoll Dr. Subsequently the truck in front of me came to a complete stop as the traffic light indicated red. I was driving behind the truck and slowed down my car and came to a complete stop. Out of nowhere the motorcyclist side swiped the right side of my vehicle and hit the rear of the truck. The rider fell down on to the road and was conscious. I believed he was injured. An ambulance arrived and brought him to the hospital. traffic police was at scene and I was advised to lodge a police report.

Truck driver's particulars :

Hernandez Christopher

G5097209M

HP : 9831 0929

YM 4671Y

Accident Photo



Accident Photo



Accident Photo



Accident Photo



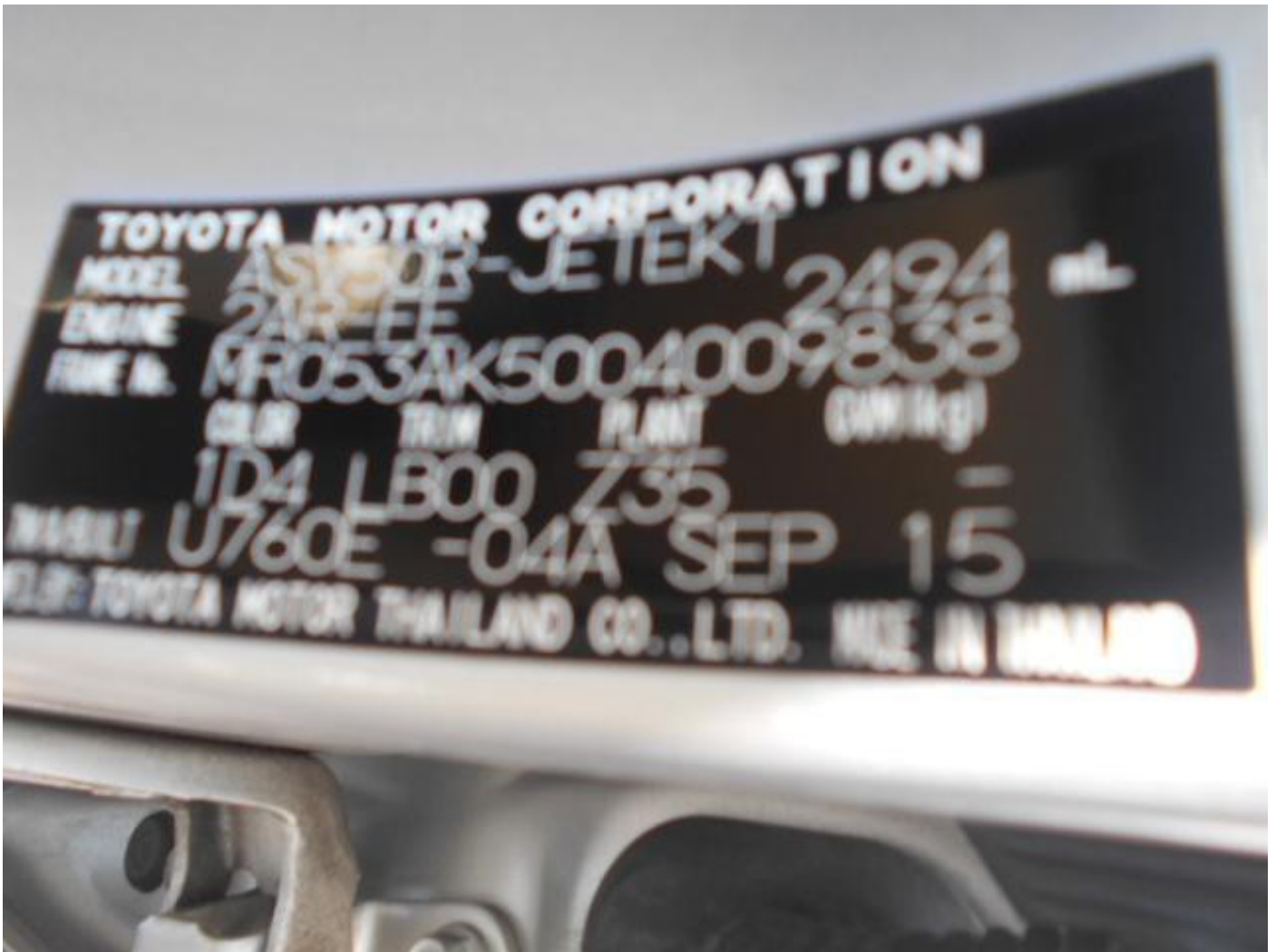
Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20180604/0149

Police Station Of Origin:
Changi N.P.C
9 Simel Street 2 SINGAPORE 528914
Tel No: 1800-5872899

1 of 3

Report No. T/20180604/0149

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/06/2018 17:23		Vide Report No.: M/20180604/0019		Station Diary No.: 33	
Informant's Particulars					
Name of Informant: YAP CHIN GUAN			Address: 64 JALAN PERGAM SINGAPORE 488340		
ID Type / ID No.: NRIC NO / S1716179B			Contact No.: Home/Office:		Mobile: 96353814
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 52	Date of Birth: 01/10/1965	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: DIRECTOR			Driving Licence Information: Class: 3,4		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 04/06/2018 14:20	Type of Location: Straight Road
Location: Along Road 1 NICOLL DRIVE TOWARDS CARGO COMPLEX				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JRS4342	Motorcycle					0
SFK8326Z	Car					0
YM4871Y	TRUCK					0

Police Report



**SINGAPORE
POLICE FORCE**



T/20180604/2149

Police Station Of Origin:

Changi N.P.C

9 Simei Street 2 SINGAPORE 529914

Tel No: 1800-5872999

2 of 3

Report No. T/20180604/2149

CONTINUATION OF REPORT

Brief Details.

On 04/08/2018 at about 1420hrs I was driving my car along Nicoll Dr. Subsequently the truck in front of me came to a complete stop as the traffic light indicated red. I was driving behind the truck and slowed down my car and came to a complete stop. Out of nowhere the motorcyclist side swiped the right side of my vehicle and hit the rear of the truck. The rider fell down on to the road and was conscious. I believed he was injured. An ambulance arrived and brought him to the hospital. traffic police was at scene and I was advised to lodge a police report.

Truck driver's particulars :

Hernandez Christopher

G5097208M

HP : 9831 0929

YM 4671Y

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872995



T20180504/2149

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Report No: T20180504/2149

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:
G /
Sgt 2 RANDY RONALD MINJOOT

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
04/08/2018 17:23

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt YUS MASTARI / KHAZALI
Contact No.: 65476214

Classification Of Case:

Authentication Stamp
N21158



Accident Photo



Accident Photo

