

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	09/06/2018 15:34
Date Of Accident	07/06/2018 23:40
Exact Location Of Accident	ALONG DESKER RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH2807J
Insured/Policyholder	
Name Of Registered Owner	YEO AH HEE
NRIC No	S0346046J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97478752
Alternative Phone No	OFFICE-97478752

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA AXIO 1.5X 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	THIRD PARTY
Vehicle Category	TAXI

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D-180089355MSH
Cover Note Number	

Driver

Name of Driver	CHUA TIN HENG
NRIC No	S1260710E
Date Of Birth	03/07/1957
Occupation	OUTDOOR
Date Of Driving Pass	05/11/2004
Driving Experience	13 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97636263
Fax Number	
Contact Number	OFFICE-97636263
Email Address	NOEMAIL

Address	BLK 14 ST. GEORGE'S ROAD #05-68
Postcode	320014
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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?	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)	2
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	ROCHOR NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2949999 - FAX NO: 63918583
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180608/2017.

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	FBK3059E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	SHANMUGAM PALANIKUMAR
NRIC/Passport Number	S8185554D
Contact Number	81387862
Address	

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

DETAILS OF INJURED PERSON 1	
Name	CHUA TIN HENG
Approximate Age	
Injuries Sustain	NECK
Injured person in which vehicle?	SH2807J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
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:


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

Deskur Road

Vehicle A: SH2807J

Vehicle B: FBK3059E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer police report = T/20180608/2017

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:

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20180608/2017

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

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Report No. T/20180608/2017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/06/2018 10:20		Vide Report No.:		Station Diary No.: 48
Informant's Particulars				
Name of Informant: CHUA TIN HENG		Address: APT BLK 14 ST. GEORGE'S ROAD #05-68 SINGAPORE 320014		
ID Type / ID No.: NRIC NO / S1260710E		Contact No.: Home/Office: Mobile: 97636263		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 60	Date of Birth: 03/07/1957	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: Taxi driver		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/06/2018 23:40	Type of Location: Straight Road
Location: Along Road 1 DESKER ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK3059E	Motorcycle				Slightly Damaged	0
SH2807J	Car				Seriously Damaged	0

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20180608/2017

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Report No. T/20180608/2017

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

CONTINUATION OF REPORT

Name	SHANMUGAM PALANIKUMAR		ID No.	S8185554D
Related Vehicle	FBK3059E (Motorcycle)		Contact No.	81387862
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	CHUA TIN HENG		ID No.	S1260710E
Related Vehicle	SH2807J (Car)		Contact No.	97636263
Hospital/Clinic	UNITED MEDICAL CLINIC		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	08/06/2018		Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight	

Brief Details.

On the above mentioned date and time , I was driving my vehicle (registration no: SH2807J) along Desker Road when there was a taxi which stopped in front of mine. As such I proceeded to stop too . Out of a sudden, I felt a big impact on the rear of my vehicle and I realized that a motorcycle (registration no: FBK3059E) had knocked onto the rear of my vehicle. My vehicle rear bumper and lights were damaged due to the impact. I did not felt any discomfort at the point of time and as such we did not call for police or ambulance.

However I felt pain in my neck this morning and as such I proceeded to the clinic for medical assistance and was given 3 days of MC. I am lodging this report for police follow-up actions. That is all.

Police Report



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999



T/20180608/2017

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Report No. T/20180608/2017

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:

A /

Sgt 3 BENJAMIN TAN MIN JIE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI KASMAWATI BTE SAMIAN

Contact No.: 65476179

SN 12

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

08/06/2018 10:20

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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