

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	25/06/2018 12:06
Date Of Accident	22/06/2018 12:30
Exact Location Of Accident	WOODLANDS CAUSEWAY TOWARDS JOHOR BAHRU
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU6006S
Insured/Policyholder	
Name Of Registered Owner	WILSON PANG KONG CHUN
NRIC No	S7778352J
Email Address	WPKC77@YAHOO.COM
Mobile Phone No	(LOCAL) +65-91552175
Alternative Phone No	OTHERS-91552175

Vehicle Particulars

Manufacturer	HYUNDAI
Model	TUCSON
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?	YES
If No, Please state action to be taken	
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 29059935 QMY
Cover Note Number	

Driver

Name of Driver	WILSON PANG KONG CHUN
NRIC No	S7778352J
Date Of Birth	29/11/1977
Occupation	INDOOR
Date Of Driving Pass	27/02/2007
Driving Experience	11 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91552175
Fax Number	
Contact Number	OTHERS-91552175
Email Address	WPKC77@YAHOO.COM

Address	99 MARSHALL ROAD #05-03
Postcode	424894
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	VS1378 (PRIVATE CAR)
Number of vehicles involved in the accident	3
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	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20180625/2016

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	VS1378
Vehicle Make/Model/Colour	HONDA HRV
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	STEVEN CHEOK
NRIC/Passport Number	
Contact Number	91148088
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJW5972Y
Vehicle Make/Model/Colour BMW 730
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver SARA.M
NRIC/Passport Number
Contact Number 91080447
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver) 1

Accident Sketch Plan

SKETCH PLAN

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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:

25/06/2018
9:45 AM

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

25/06/2018
7:45 AM

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

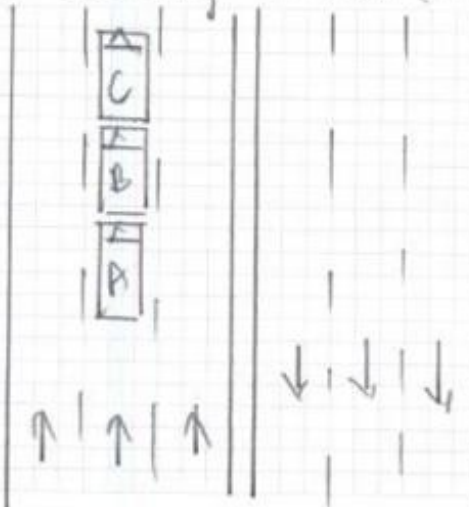
25/06/2018
Rishi Wadhwa

Accident Sketch Plan

SKETCH PLAN

WOODLAND CAUSEWAY TOWARD (JB)

- A) SLH 60065
- B) VS 1378
- C) SJW 5972Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

THE ACCIDENT HAPPENED AT WOODLANDS CAUSEWAY FIN 60065. I ACCIDENTALLY HIT THIS CAR (HONDA HRV ~~VS~~ 1378) IN FRONT OF ME, AND THE HONDA CAR DRIVERS HIT ANOTHER CAR (SJW 5972Y) IN FRONT OF HIM. HONDA HRV VS 1378 WAS DAMAGED IN FRONT & BACK OF HIS CAR, WHEREAS, BMW SJW 5972Y WAS SCRATCHED AT BUMPER. MY CAR (SLH 60065) WAS DAMAGED AT THE FRONT.

POLICE REPORT 1/20/80625/2016

DECLARATION

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

Policyholder's Signature
Date & Time:

28/06/2018
9:48 AM

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

28/06/2018
9:48 AM

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

28/06/2018
Resh Nordin

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180625/2018

1 of 4

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20180625/2018

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/06/2018 10:27		Vide Report No.:		Station Diary No.: 21	
Informant's Particulars					
Name of Informant: WILSON PANG KONG CHUN			Address: 99 MARSHALL ROAD #05-03 SINGAPORE 424894		
ID Type / ID No.: NRIC NO / S7778352J			Contact No.: Home/Office: Mobile: 91552175		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 40	Date of Birth: 29/11/1977	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: OTHERS			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 22/06/2018 12:30	Type of Location:
Location: Along Road 1 WOODLANDS CENTRE ROAD WOODLANDS CHECKPOINT TOWARDS JB				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJW5972Y	Car				Slightly Damaged	0
SLU6006S	Car				Slightly Damaged	0
VS1378	Car				Slightly 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/20180625/2016

2 of 4

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20180625/2016

CONTINUATION OF REPORT

Name	SARA.M		ID No.	NIL
Related Vehicle	NIL		Contact No.	91080447
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	WILSON PANG KONG CHUN		ID No.	S7778352J
Related Vehicle	NIL		Contact No.	91552175
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
Driver				
Name	STEVEN CHEOK		ID No.	NIL
Related Vehicle	NIL		Contact No.	91148088
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	

Brief Details.

On 22.06.2018 at about about 1230 HRS, I was driving in the middle lane at the Causeway heading towards Woodlands Customs to JB. It was a heavy traffic and I was feeling sleepy. As such, I had hit the accelerator pedal instead of the break pedal. This has caused me to hit the front vehicle in front of me, VS1378. The impact has left my vehicle, SLU6006S, a dent and scratches on the front portion of my car and a dent on VS1378's rear portion of the car.

VS1378 was not able to brake on time thus hitting onto another vehicle at the front, SJW5972Y. I am unsure of the damages caused between the two vehicles.

I wish to state that nobody was injured during the incident. There was a delay in lodging a police report as I was entering JB and had only returned back to Singapore 24.06.2018

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180625/2016

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Tel No: 1800-4719999

3 of 4

Report No. T/20180625/2016

CONTINUATION OF REPORT

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180625/2016

4 of 4

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20180625/2016

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 /

Sgt 2 NUR AIN BINTE JAAIS

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

Signature Of Informant:

Date/Time:

25/06/2018 10:27

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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