

## 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	11/07/2018 14:10
Date Of Accident	11/07/2018 06:20
Exact Location Of Accident	COMMONWEALTH AVENUE WEST JUNCTION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ5370R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TEO CHOON SOON
NRIC No	S7117901Z
Email Address	LEONGSEN@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-97427842
Alternative Phone No	OTHERS-98530330

### Vehicle Particulars

Manufacturer	AUDI
Model	QS
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	8VPCP1790030
Cover Note Number	

### Driver

Name of Driver	TOH CHOON HUAY
NRIC No	S7020326Z
Date Of Birth	22/06/1970
Occupation	INDOOR
Date Of Driving Pass	01/06/1995
Driving Experience	23 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-98530330
Fax Number	
Contact Number	OTHERS-97427842
EEmail Address	LEONGSEN@SINGNET.COM.SG

Address	39 FABER HEIGHTS
Postcode	129176
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### 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	SBS3394U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	CHAN WEI LOON
NRIC/Passport Number	S8441868D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	TOH CHOO HUAY
Approximate Age	

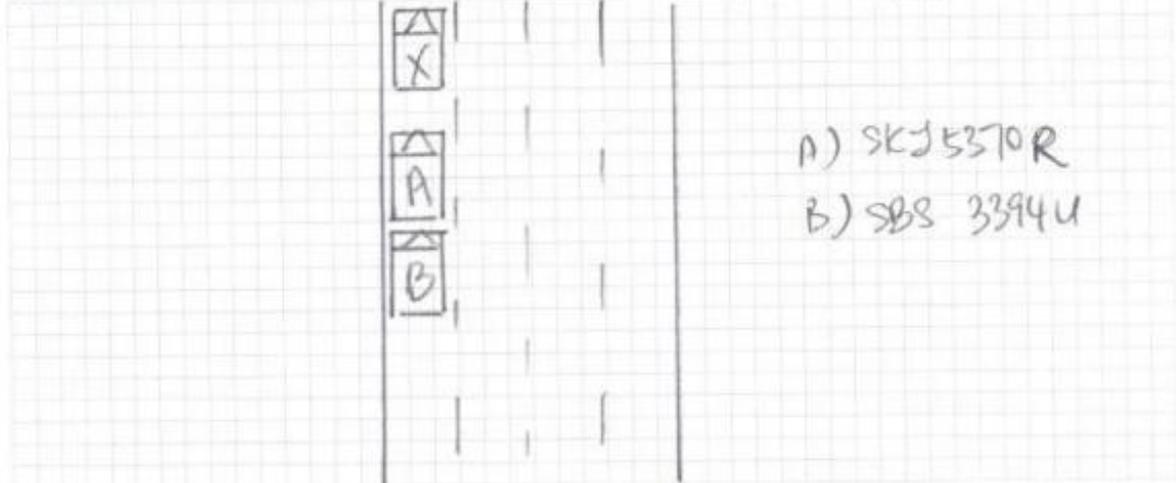
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SKJ5370R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



Accident Sketch Plan

SKETCH PLAN

COMMONWEALTH AVENUE WEST JUNCTION



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/7/2018 @ 0630 hrs, at Junction of Commonwealth Ave West. I stopped at traffic light behind a private bus. When traffic light turned green before I move my vehicle, I heard a loud 'bang', a Transperth Transit bus service 183 (SBS 3394U) hit my car from the rear.

DECLARATION

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

Policyholder's Signature  
Date & Time:

*[Signature]*  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 12.30pm  
11/7/18

*[Signature]* 11/07/2018  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No:

*[Signature]*  
Rohdi usman

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel: (65) 6224 0010 Fax: (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: S565500200 / GST Reg. No.: M40001733

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MNA48089416 Vehicle Registration No: SKJ 5370R
Name (as shown in NRIC): Toy Chuan Huey NRIC/FIN/Passport No: S7020326Z
\*Vehicle Driver / Vehicle Owner (\*) Please delete as appropriate
Address: Singapore
Contact (Tel): Mobile No.: 98530330
Email Address:
Date of Accident: 11/07/2018 Time of Accident: 06:20
Place of Accident: Commercial Road West Singapore
Insurance Company: MSL

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

DRIVER DATE OF BIRTH to 22/06/1970

Policyholder / Driver's Signature
Date:

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

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
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Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 - 17:00  
UEN: S66530200 / GST Reg. No.: M400017738

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : 2008080906-01 Vehicle Registration No: SKJ 5370R  
Name (as shown in NRIC) : Tan Chuan Hui NRIC/FIN/Passport No : S7020326Z  
 Vehicle Driver  (Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 98530330  
Email Address : \_\_\_\_\_  
Date of Accident : 11/07/08 Time of Accident : 06:20  
Place of Accident : COMMONWEALTH AVENUE WEST JUNCTION  
Insurance Company : M&Y

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Insured Vehicle number is SKJ 5370 R on sketch plan

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: [Signature]  
NRIC/FIN No.: [Signature]  
Date: 23/07/2008