

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	14/08/2018 12:17
Date Of Accident	11/08/2018 14:00
Exact Location Of Accident	VICTORIA ST TWDS CITY (NEXT TO RAFFLES HOSPITAL)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDM1360M
Insured/Policyholder	
Name Of Registered Owner	ADVANCE LIMO & RENTAL PTE LTD
Co Reg No	201406694C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93872022
Alternative Phone No	OFFICE-93872022

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY
Exact Purpose for which vehicle was being used at time of accident	HIRER 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 HIRE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	83007102
Cover Note Number	

Driver

Name of Driver	HENG BOON LIANG
NRIC No	S6801306B
Date Of Birth	06/01/1968
Occupation	OUTDOOR
Date Of Driving Pass	25/09/1985
Driving Experience	32 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93872022
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	APT BLK 351 YISHUN AVE 11 #06-193
Postcode	760351
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	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?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED

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	SKM3767C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SEAH KWEE CHEONG
NRIC/Passport Number	S7822822I
Contact Number	98562344
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBE3570B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	VENKADACHALAM SADEESH
NRIC/Passport Number	G6513868P
Contact Number	93800657
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

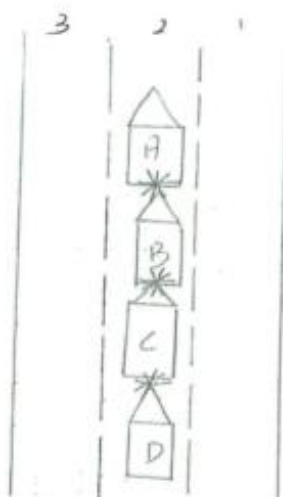
Vehicle Registration Number	SLG7674E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MALATINO MICHEL
NRIC/Passport Number	G3304781P
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	HENG BOON LIANG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SDM1360M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan

SKETCH PLAN



Car A: SKM3767C

Car B: SDM1360M

Car C: GBE3570B

Car D: SLG7674E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Victoria Street towards City (not to Raffles Hospital) when I came to a traffic light and ^{had completely} stopped behind Vehicle A (SKM3767C). A few seconds later, Vehicle C (GBE3570B) hit into my Vehicle B (SDM1360M) rear side which caused my Vehicle B to forward and scratch the rear of Vehicle A (SKM3767C). I realised it was a 4 cars collision which Vehicle D (SLG7674E) hit into Vehicle C (GBE3570B).

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.:

Sketch Plan #2

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:
NRJC/FIN No.:

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180812/2052

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

1 of 3

Report No. T/20180812/2052

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/08/2018 14:35		Vide Report No.:		Station Diary No.: 115
Informant's Particulars				
Name of Informant: HENG BOON LIANG		Address: APT BLK 351 YISHUN AVENUE 11 #06-193 SINGAPORE 760351		
ID Type / ID No.: NRIC NO / S6801306B		Contact No.: Home/Office: Mobile: 93872022		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 50	Date of Birth: 06/01/1968	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: GRAB DRIVER		Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/08/2018 14:00	Type of Location: Straight Road
Location: Along Road 1 VICTORIA STREET				
Along Victoria Street towards City Hall MRT station near Raffles Hospital				
Weather: Sunny		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
GBE3570B	Van					0
SDM1360M	Car				Slightly Damaged	2
SKM3767C	Car					0
SLG7674E	Car					0



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999



T/20180812/2052

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Report No. T/20180812/2052

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Driver			
Name	HENG BOON LIANG	ID No.	S6801306B
Related Vehicle	SDM1360M (Car)	Contact No.	93872022
Hospital/Clinic	I. Medical & I. Aesthetics	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	12/08/2018	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight



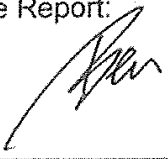
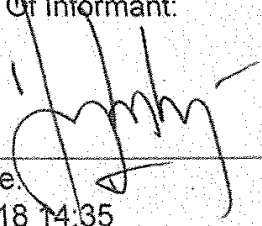

Brief Details.

On 11/08/2018 at about 1400hrs, I was travelling along Victoria Street towards City Hall MRT station near the Raffles Hospital with my Dark grey-colored Toyota Camry SDM1360M with 2 passengers (one Chinese male in his 30's and one Chinese female in her 60's). I was on the middle lane of the 3-lane road. In front of me was a grey-colored Nissan car SKM3767C that had come to a halt to the traffic light indicating red. I then formed up behind SKM3767C. A few seconds later, a van GBE3570B collided into the rear side of my vehicle. I did not feel any pain at that time. I then made a check with my passengers and they informed that they were not injured. I then proceeded out of the vehicle and realized that I was involved in a four car collision on the middle lane. There was another vehicle Black-colored Nissan SLG7674E that had collided behind the van. None of us were conveyed by ambulance or Traffic Police attended to us. We exchanged particulars and left the vicinity of the accident. There is a dent to the rear of my vehicle.

On 12/08/2018, I felt pain to my neck and lower back. I then went to see a doctor at the I. Medical & Aesthetics (1 Northpoint Drive #B1-176 S768019). I was given treatment for the muscle injury to my neck and lower back. I was given MC for 3 days from 12/08/2018 till 14/08/2018.

The particulars of the drivers are as followed:

SKM3767C (Seah Kwee Leong, S7822822I, HP:98562344)
SLG7674E (Malatino Michel, G3304781P, HP: 85331880)
GBE3570B (Venkadachalam Sadeesh, G6513868P, HP:93800657)

 SINGAPORE POLICE FORCE		 T/20180812/2052
Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999		3 of 3 Report No. T/20180812/2052
CONTINUATION OF REPORT		
Sketch Plan Informant is not able to provide sketch plan		
<p>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 <u>report number</u> as reference.</p>		
Signature Of Officer Recording The Report: F / Sgt 2 BERNARD LAU MENG WAI 		Signature Of Informant: 
Signature Of Interpreter: Not applicable		Date/Time: 12/08/2018 14:35
Officer In Charge Of Case: P / AEIT / Staff Sgt ONG YONG HOCK Contact No.: 65476436		Classification Of Case: 
Authentication Stamp 18		

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

