

## 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	20/08/2018 16:58
Date Of Accident	18/08/2018 19:30
Exact Location Of Accident	PASIR RIS DRIVE 8
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGS1549U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAY TING CHIEW
NRIC No	S1580198J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90045213
Alternative Phone No	OFFICE-90045213

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	
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	B29073778QMX
Cover Note Number	

### Driver

Name of Driver	TAY TING CHIEW
NRIC No	S1580198J
Date Of Birth	06/10/1963
Occupation	INDOOR
Date Of Driving Pass	17/07/1989
Driving Experience	29 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90045213
Fax Number	
Contact Number	OFFICE-90045213
Email Address	NOEMAIL

Address	BLK 805 TAMPINES AVE 4 #06-35
Postcode	520805
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?	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)	3
Passenger 1	NAME: : EDMUND NG GENDER: : MALE
Passenger 2	NAME: : JOANNA MAH GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES N.P.C
Police Station Address	ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT: T/20180820/2069.

#### 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	SJS1554T
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
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 SKV7712L  
Vehicle Make/Model/Colour  
Details Of Properties VEHICLE C  
Vehicle Category PRIVATE CAR  
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 TAY TING CHIEW  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SGS1549U  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

## Sketch Plan Pg. 1


### SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
6. The 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 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:

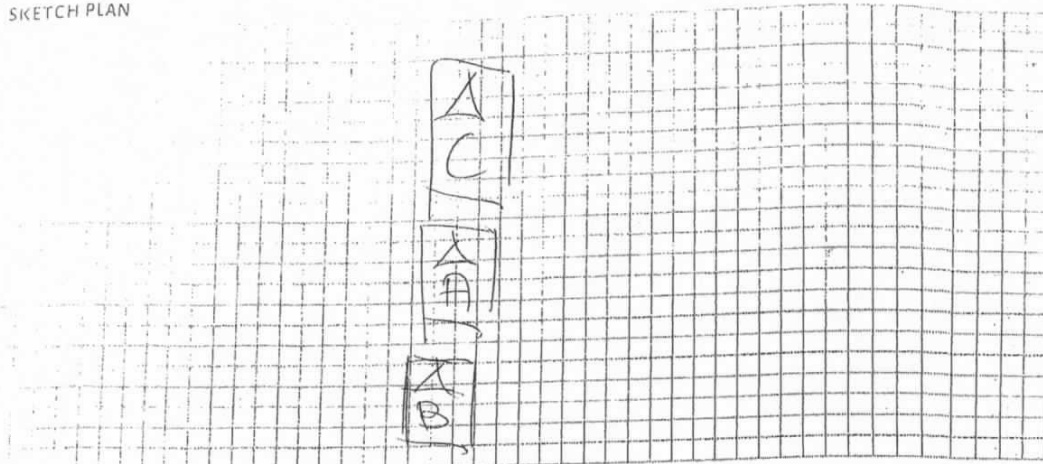
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

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.:



**SINGAPORE  
POLICE FORCE**



T/20180820/2069

1 of 5

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

Report No. T/20180820/2069

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/08/2018 13:41	Vide Report No.:	Station Diary No.: 67
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**Informant's Particulars**

Name of Informant: TAY TING CHIEW			Address: APT BLK 805 TAMPINES AVE 4 #06-35 SINGAPORE 520805	
ID Type / ID No.: NRIC NO / S1580198J			Contact No.: Home/Office: Mobile: 90045213	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 54	Date of Birth: 06/10/1963	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: PROJECT MANAGER			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: 18/08/2018 19:30	Type of Location: Straight Road
Location: Along Road 1 PASIR RIS DRIVE 8				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
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
SGS1549U	Car	TOYOTA	VIOS	White	Seriously Damaged	2
SJS1554T	Car	SUZUKI	SWIFT	White	Seriously Damaged	0
SKV7712L	Car	BMW	318i	White	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20180820/2069

3 of 5

Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

Report No. T/20180820/2069

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	GOH PENG SIONG PATRICK PAUL	ID No.	S6804168F
Related Vehicle	SJS1554T (Car)	Contact No.	96613103
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
<b>Driver</b>			
Name	MUHAMMAD MUSTAQIM BIN MUSTAFA	ID No.	S90230181H
Related Vehicle	SKV7712L (Car)	Contact No.	91251154
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 18/08/2018 at about 1930hrs, I was driving my car Reg no: SGS 1549U Toyota white in colour along Pasir Ris Drive 8 towards Pasir Ris Drive 1. I then saw the vehicles in front of me slowing down and stopped as the traffic light in front had turned red. I am about 100-150M away from the traffic light however there is a long queue at the said traffic light. After I stopped my vehicle, suddenly I felt an impact from the rear of my car. The impact cause my car to move forward and hit onto the rear of the car in front of mine. I then checked if my passengers are ok and after making sure nobody is injured, I went out and saw that a vehicle SJS1554T white in colour had hit the rear of my car. The car in front of me is a White in colour BMW Reg no: SKV7712L.

Nobody is injured at that time. My vehicle suffer damages on rear bumper, boot cover, side mud guard damaged and dented. My car front grill and front bumper also damaged. The Suzuki front bumper and bonnet dented. The BMW had only some scratches on its rear bumper. We change particulars and took photos of the vehicles and my car was being towed by the workshop.

On 19/08/2018 at about 1700hrs, I started feeling chest pain and pain on the back area and neck thus I went to the hospital for treatment and was given 3 days medical leave.



**SINGAPORE  
POLICE FORCE**



T/20180820/2069

2 of 5

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Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

Report No. T/20180820/2069

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
SGS1549U	MSIG INSURANCE (SINGAPORE) PTE. LTD.	B29073779QMX	05/03/2018	04/03/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	JOANNA MAH		ID No.	NIL
Related Vehicle	SGS1549U (Car)		Contact No.	91264780
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
Passenger				
Name	EDMUND NG		ID No.	NIL
Related Vehicle	SGS1549U (Car)		Contact No.	91686460
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	TAY TING CHIEW		ID No.	S1580198J
Related Vehicle	SGS1549U (Car)		Contact No.	90045213
Hospital/Clinic	SENGKANG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	19/08/2018		Date Discharge	19/08/2018
No. of Days granted Medical Leave	03		Degree of Injury	Slight





**SINGAPORE  
POLICE FORCE**



T/20180820/2069

4 of 5

Report No. T/20180820/2069

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CONTINUATION OF REPORT

Accident Sketch Plan Pg. 1



SINGAPORE  
POLICE FORCE



T/20180820/2069

5 of 5

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Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
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Report No. T/20180820/2069

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 /  
Sr Staff Sgt MUHAMAD FAISAL BIN MOHD  
SALEH

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
Sr Staff Sgt ONG YONG HOCK  
Contact No.: 65476436

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
20/08/2018 13:41

Classification Of Case:

SIGNATURE