

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	04/09/2018 13:53
Date Of Accident	03/09/2018 11:25
Exact Location Of Accident	CTE TWDS CITY NEAR BRADDELL EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGM6621S
Insured/Policyholder	
Name Of Registered Owner	WANG & LEE GENERAL CONTRACTOR PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63429180

Vehicle Particulars

Manufacturer	MAZDA
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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 80444177 MCY
Cover Note Number	-

Driver

Name of Driver	LEE AH YONG @LEE AH ENG
NRIC No	S1314090A
Date Of Birth	10/11/1958
Occupation	OUTDOOR
Date Of Driving Pass	01/01/1993
Driving Experience	25 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94373990
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 55 MARINE TERRACE #08-03
Postcode	440055
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	NO
Was any injured conveyed to hospital by ambulance?	
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 ATTACHED STATEMENT.

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	SLL263C
Vehicle Make/Model/Colour	
Details Of Properties	
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)	

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

Brookfield Exit

A = SGM 66215
B = S22 263 C

CTE turns city Near Brookfield Exit

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

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.:

Accident Sketch Plan

I WAS TRAVELLING ALONG CTE TWDS CITY NEAR BRADDELL EXIT ON THE 4TH LANE. VEH INFRONT BRAKE, I ACCIDENTALLY HIT ONTO THE VEH REAR PORTION.

DRIVING DOC



**SINGAPORE
POLICE FORCE**



G/20180904/2053

1 of 2

POLICE REPORT (NP322)

Report No. G/20180904/2053

Police Station Of Origin
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

Date/Time Report Made 04/09/2018 13:15	Vide Report No.	Station Diary No. 14
Name Of Informant LEE AH YONG	Address APT BLK 55 MARINE TERRACE #08-03 SINGAPORE 440055	
ID Type / ID No. NRIC NO / S1314090A	Contact No. Home/Office	Mobile 94373990
Nationality SINGAPORE CITIZEN	Email Address	
Occupation SALES CORDINATOR	Sex Male	Age 59
Institution/School Name	Date of Birth 10/11/1958	Race Chinese
Date/Time Of Incident 01/08/2018 00:00 - 03/09/2018 00:00	Language English	
	Location Of Incident 34 PENJURU LANE PENJURU LOGISTICS HUB SINGAPORE 609201	

Brief details.

On the above mentioned date, time and placed, I discovered the below mentioned item was missing. A search was but to no avail.

Property Information

Signature Of Officer Recording The Report: G / Sgt 3 MUHAMMAD DJAMADIL BIN SIDIK	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 04/09/2018 13:15
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Insp SUFYAN BIN RIZAL Contact No.: 62447200	Classification Of Case:
Authentication Stamp	FUPO hotline number: 68429645

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**SINGAPORE
POLICE FORCE**



G/20180904/2053

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POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. G/20180904/2053

S/N	Item	Type	Brand/ Account/ Property/ Security- Type	Make/ Model/ Bank/ Address/ Counter	Serial No./ IMEI/ Acct No.	Quantity	Value	Description
1	Identity Card	Lost	Sinapore Driving License		S131409 0A	1		One Singapore Driving Licence belong to Lee Ah Yong

Signature Of Officer Recording The Report:

G / Sgt 3 MUHAMMAD DJAMADIL BIN SIDIK

Signature Of Interpreter:
Not applicableOfficer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
Insp SUFYAN BIN RIZAL
Contact No.: 62447200

Authentication Stamp

Signature Of Informant:

Date/Time:
04/09/2018 13:15

Classification Of Case:

FUPO hotline number: 68429645

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

