

## 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	12/09/2018 17:06
Date Of Accident	11/09/2018 21:15
Exact Location Of Accident	YISHUN RING RD TWDS YISHUN AVE 4
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT3054C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE KIN-MUN JESSICA
NRIC No	S9021654F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91083232
Alternative Phone No	OTHERS-91083232

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF
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	A 29040092 AVW
Cover Note Number	

### Driver

Name of Driver	SWA CHING WEN,IVAN
NRIC No	S9036390E
Date Of Birth	06/10/1990
Occupation	INDOOR
Date Of Driving Pass	26/05/2016
Driving Experience	2 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88699973
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 676B YISHUN RING RD #08-1930
Postcode	762676
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)	2
Passenger 1	NAME: : LEE KIN-MUN JESSICA GENDER: : FEMALE

#### 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	<b>ROAD:</b> 31 YISHUN CENTRAL , <b>POSTCODE:</b> 768827 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8529999 - <b>FAX NO:</b> 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180912/2001

#### 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	SLF4307R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG CHING BENG
NRIC/Passport Number	S7729119I
Contact Number	90663337
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name SWA CHING WEN,IVAN

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SLT3054C

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

#### DETAILS OF INJURED PERSON 2

Name LEE KIN-MUN JESSICA

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SLT3054C

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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. 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.

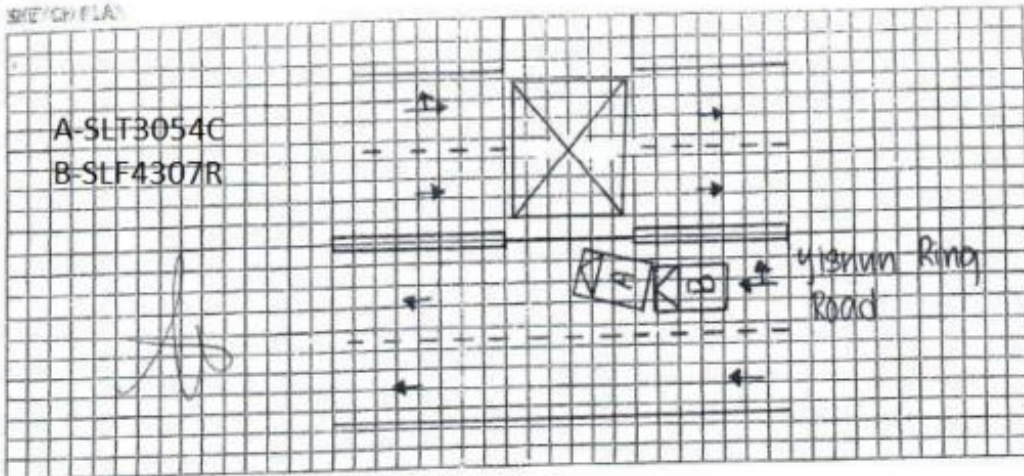
Policyholder's Signature  
Date & Time:

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

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

# Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

## DECLARATION

(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.:

GIARMC SketchPlanForm\_V9



# Individual Statement



SINGAPORE  
POLICE FORCE



T/20180912/001

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

2 of 4

Report No. T/20180912/2001

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	ONG CHING BENG	ID No.	S7729119I
Related Vehicle	SLF4307R (Car)	Contact No.	90663337
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	SWA CHING WEN, IVAN	ID No.	S9036390E
Related Vehicle	SLT3054C (Car)	Contact No.	88699973
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	11/09/2018	Date Discharge	11/09/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Passenger</b>			
Name	LEE KIN-MUN, JESSICA	ID No.	S9021654F
Related Vehicle	SLT3054C (Car)	Contact No.	91083232
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	11/09/2018	Date Discharge	11/09/2018
No. of Days granted Medical Leave	01	Degree of Injury	Slight

### Brief Details.

On the 11/09/2018, I was driving my vehicle bearing registration number SLT3054C, along Yishun Ring Road. On the same day at about 2115hrs, as I was making a right turn towards into the vicinity of Blk 676B Yishun, a vehicle bearing registration number SLF4307R, had suddenly collided onto the rear of my vehicle. I would like to state that my vehicle was stationary when my vehicle was hit.

Subsequently, we then drove our vehicle to the loading/unloading bay of Blk 676B Yishun to settle the matter. I was informed by the driver Ong Ching Beng, that he did not see my vehicle and as such collided onto us. I would like to state that he did not smell of alcohol when we spoke to him. We then agreed to settle the damages through our car insurance.

As a result of the collision, my car boot and the rear left light is damaged. Furthermore, there are also

## Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20180912/2001

3 of 4

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

Report No. T/20180912/2001

### CONTINUATION OF REPORT

dents and scratches to the rear of my vehicle.

After which, we went to Khoo Teck Puat Hospital for a medical check-up, where I was given 3 days MC, whereas my passenger was given a day MC.

Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo







Accident Photo



Accident Photo





Accident Photo



# Accident Photo



**SINGAPORE  
POLICE FORCE**



T/20180912/001

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

1 of 4

Report No: T/20180912/001

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/09/2018 00:12		Vide Report No.:		Station Diary No.: 1
<b>Informant's Particulars</b>				
Name of Informant: SWA CHING WEN, IVAN		Address: APT BLK 676B YISHUN RING ROAD #08-1930 SINGAPORE 762876		
ID Type / ID No.: NRIC NO / S8038390E		Contact No.: Home/Office: Mobile: 88609973		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 27	Date of Birth: 06/10/1990	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: PRODUCTION MANAGER		Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive No	Date/Time of Accident: 11/09/2018 21:15	Type of Location: Straight Road
Location: Along Road 1 YISHUN RING ROAD				
Opposite Northbrook Secondary School				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLF4307R	Car	SKODA	OCTAVIA	Blue	Slightly Damaged	1
SLT3054C	Car	VOLKSWAGO N	GOLF	Red	Slightly Damaged	1

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

# Police Report



SINGAPORE  
POLICE FORCE



T20180912001

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8526699

3 of 4  
Report No: T20180912/2001

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	ONG CHING BENG		ID No. S7729118I
Related Vehicle	SLF4307R (Car)		Contact No. 90863337
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	SWA CHING WEN, IVAN		ID No. S9036390E
Related Vehicle	SLT3054C (Car)		Contact No. 86886973
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	11/08/2018	Date Discharge	11/08/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Passenger</b>			
Name	LEE KIN-MUN, JESSICA		ID No. S8021654F
Related Vehicle	SLT3054C (Car)		Contact No. 91083232
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
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## Police Report



SINGAPORE  
POLICE FORCE



T/20180812/001

3 of 4

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31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

Report No: T20180812/001

CONTINUATION OF REPORT

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# Police Report



SINGAPORE  
POLICE FORCE



T/20180912/001

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1000-8529998

4 of 4

Report No. T/20180912/001

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:

F /

Staff Sgt TAN MING WEI, KELWIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

12/09/2018 00:12

Officer In Charge Of Case:

TP / AEIT /

Classification Of Case:

Contact No:

Authentication Stamp

NP185