

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	10/05/2018 17:41
Date Of Accident	10/05/2018 08:45
Exact Location Of Accident	NOUTH-BOUND CTE BEFORE JALAN BAHAGIA EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGW3453C
Insured/Policyholder	
Name Of Registered Owner	WEE JEFFREY
NRIC No	S7910507D
Email Address	WEIPINGELICIA@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98237052
Alternative Phone No	OTHERS-98237052

Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA-2.4 (A)
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	P 29054319 DMV
Cover Note Number	

Driver

Name of Driver	SOH WEI PING (SU HUIPING)
NRIC No	S8009611I
Date Of Birth	10/03/1980
Occupation	INDOOR
Date Of Driving Pass	09/04/2001
Driving Experience	17 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-98237052
Fax Number	
Contact Number	
Email Address	WEIPINGELICIA@YAHOO.COM.SG

Address	100 GERALD DRIVE #03-83 SINGAPORE
Postcode	798592
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	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBH5375U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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	NA(RIDER)
Approximate Age	
Injuries Sustain	REFER POLICE REPORT
Injured person in which vehicle?	FBH5375U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

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:

10/5/18
1140HRS

Driver's Signature

(If driver is not the policyholder)

Date & Time:

10/5/18
1140HRS

Reporting Centre Personnel's Signature

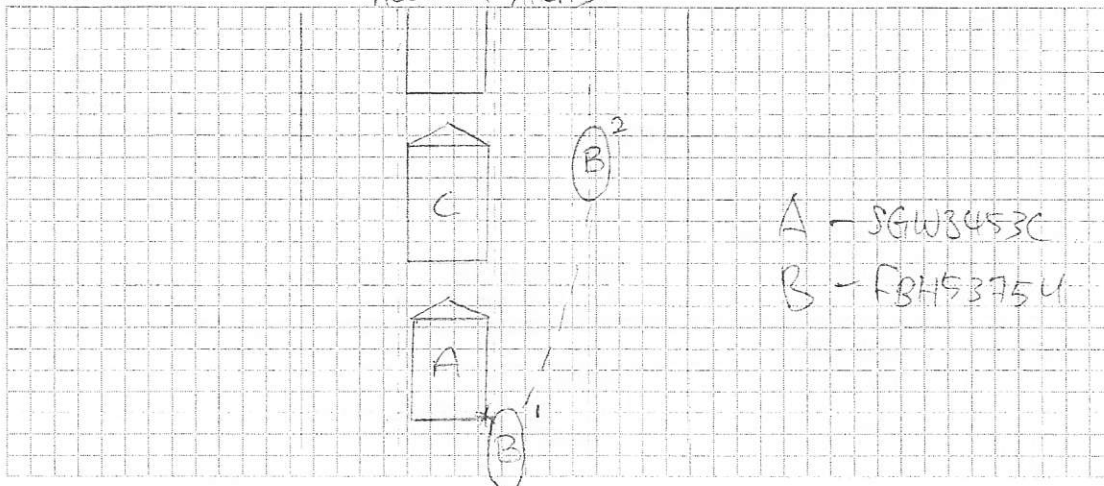
Name:

NRIC/FIN No.:

Sketch Plan #2 Pg. 1

SKETCH PLAN

ACCIDENT AHEAD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER POLICE REPORT.

EXHIBITNESS C PROVIDED VIDEO FOOTAGE OF B IMPACTING MY VEHICLE A
UPON IMPACT THE VIDEO SHOWS B LOSING CONTROL (POSITION B₁ TO B₂)
VEHICLE B (MOTORCYCLE FBH5375U)

WE ATTACHED 2 ITEMS

① VIDEO FOOTAGE WHICH SHOWS IMPACT AT 0:847:50

② IMAGE OF MOTORCYCLE FBH53750 & THE DAMAGE ON THE BIKE

DECLARATION

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

Policyholder's Signature

Date & Time: 10/5/18

G:\B&B\SketchPlanForm v3

Driver's Signature

(If driver is not the policyholder)

Date & Time: 10/5/18
1140HRS

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180510/2038

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

1 of 3

Report No. T/20180510/2038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/05/2018 11:15		Vide Report No.: F/20180510/0064		Station Diary No.: 46	
Informant's Particulars					
Name of Informant: SOH WEI PING			Address: 100 GERALD DRIVE #03-83 SINGAPORE 798592		
ID Type / ID No.: NRIC NO / S80096111			Contact No.: Home/Office: Mobile: 98237052		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 38	Date of Birth: 10/03/1980	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Housewife			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 10/05/2018 08:40	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY BEFORE EXIT JLN BAHAGIA				
Weather: Clear		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: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH5375U	Motorcycle					0
SGW3453C	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180510/2038

2 of 3

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20180510/2038

CONTINUATION OF REPORT

Driver			
Name	SOH WEI PING	ID No.	S80096111
Related Vehicle	NIL	Contact No.	98237052
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 10.5.18 at about 0840hrs, I was along CTE, driving on the third lane when suddenly the car in front of me jammed brake. I managed to hit the brake on time to avoid collision with the vehicle in front. After which I felt an impact coming from the rear of my vehicle (SGW3453C).

It happened so fast that I did not manage to take a look at who had collided onto the rear of my vehicle. When I got down my vehicle, the vehicle behind me was no longer there. I also noticed that the vehicle in front of me had hit the brake as there was an accident in front which I was not really aware of. I only knew that there was a vehicle which had collided with a dog and a motorcyclist (FBH5375U) was injured and conveyed to the hospital.

I wish to state that traffic police and ambulance was at scene. I do not have any camera installed in my vehicle. I was advised by the traffic police to lodge a traffic accident report and was given a case number vide F/20180510/0064.

I am lodging this report for insurance claim purposes. I am hopeful that the Traffic Police is able to retrieve the expressway footage so that we can identify the vehicle that hit my vehicle.

Accident Sketch Plan Pg. 1



SINGAPORE
POLICE FORCE



T/20180510/2038

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20180510/2038

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:

E /

Sgt 3 LIYANA BINTE MOHD RAZALI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt TAN JEOK LENG

Contact No.: 65476144

SINGAPORE
POLICE FORCE

Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

Date/Time:

10/05/2018 11:15

Classification Of Case:

SN 061