

## 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	20/06/2018 13:42
Date Of Accident	12/06/2018 15:25
Exact Location Of Accident	RD 1 ANG MO KIO AVE 6
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBG4829P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PARTS EXPRESS LLP
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84299947
Alternative Phone No	OFFICE-84299947
<b>Vehicle Particulars</b>	
Manufacturer	NISSAN
Model	-
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	COMMERCIAL VEHICLE
<b>Insurance Company</b>	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 29007839 MKC
Cover Note Number	
<b>Driver</b>	
Name of Driver	WEE ENG GEE
NRIC No	S1386965J
Date Of Birth	16/04/1959
Occupation	OUTDOOR
Date Of Driving Pass	21/05/1979
Driving Experience	39 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84299947
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address -  
 Postcode  
 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 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 ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE  
 Police Station Address ROAD: 51 ANG MO KIO AVE 9 , POSTCODE: 569784 , COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: 1800-4849999 - FAX NO: 62181399  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

#### Circumstances of Accident

refer attached police report.

#### 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 GBE5239X  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category COMMERCIAL VEHICLE  
 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 SLR2789H  
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)

#### DETAILS OF INJURED PERSON 1

Name WEE ENG GEE  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? GBG4829P  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode



**SKETCH PLAN****IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
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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.

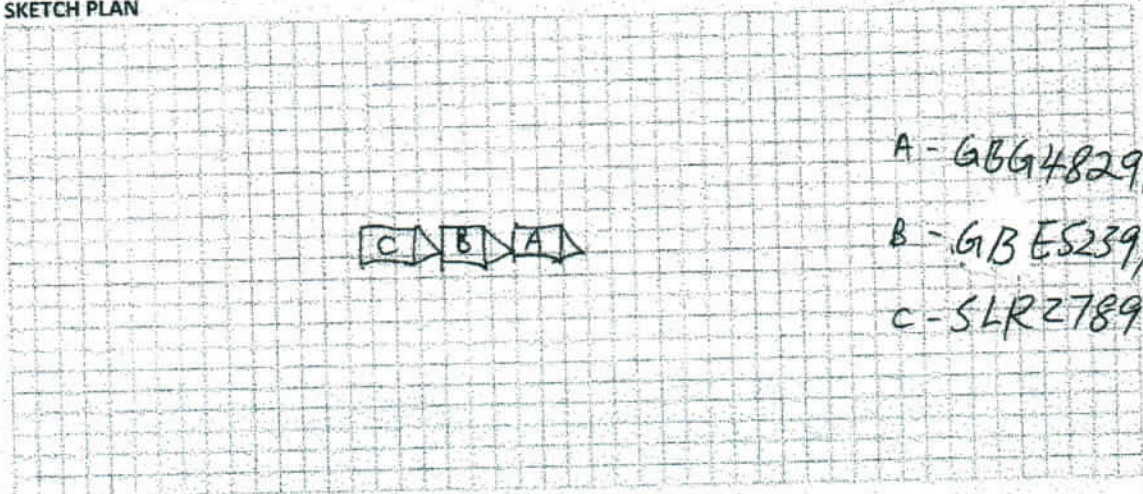
Policyholder's Signature  
Date & Time:

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

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Refer attached police report.*

DECLARATION

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

Policyholder's Signature: *[Signature]*  
 Date & Time: *[Signature]*



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

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

COMMONwealth OF AUSTRALIA





**SINGAPORE  
POLICE FORCE**



T/20180613/2101

1 of 3

Report No. T/20180613/2101

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/06/2018 16:29	Vide Report No.:	Station Diary No.: 58
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**Informant's Particulars**

Name of Informant: WEE ENG GEE			Address: APT BLK 134 ANG MO KIO AVENUE 3 #08-1683 SINGAPORE 560134		
ID Type / ID No.: NRIC NO / S1386965J			Contact No.:		Mobile: 84299947
Nationality: SINGAPORE CITIZEN			Home/Office:		
			Email:		
Sex: Male	Age: 59	Date of Birth: 16/04/1959	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Delivery Man			Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/06/2018 15:25	Type of Location:
Location: Along Road 1 ANG MO KIO AVENUE 6				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	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 Passeng
GBE5239X	Lorry				Slightly Damaged	1
GBG4829P	Van				Seriously Damaged	0
SLR2789H	Car				Seriously Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20180613/2101

2 of 3

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

Report No. T/20180613/2101

**CONTINUATION OF REPORT**

**Brief Details.**

On 12/6/18 at around 1525hrs, I was driving my van (GBG4829P) along Ang Mo Kio Avenue 6. Upon reaching the traffic lights, it turned red thus I stopped my van. I experienced an impact due to a Mazda car (SLR2789H, S7933011F, Chia Yong Kiang Peter) that collided to the lorry (GBE5239X, S1319195F, Lim Siew Meng) which collided to the rear of my van. Police had passed by to have a look however no one was injured on the spot, no ambulance came.

On the same day at around 1830hrs, I experienced neck pain thus I went to TTSH to see a doctor and was given 2 days of MC.

I am lodging for my insurance claims and record purposes.



**SINGAPORE  
POLICE FORCE**



T/20180613/2101

3 of 3

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

Report No. T/20180613/2101

## 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 /

Sgt 2 LIM ZHI CONG.

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

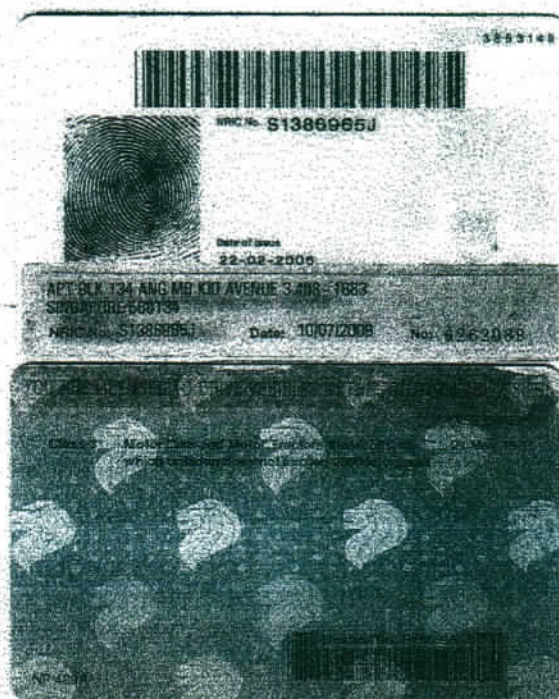
Date/Time:  
13/06/2018 16:29

Officer In Charge Of Case:  
TP / GIT /  
Sgt 3 MARIAH BINTE ZAKARIA  
Contact No.: 65476433

Classification Of Case:

Authentication Stamp  
NP168





Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo

