

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 liability.
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 | 11/10/2018 17:47 |
| Date Of Accident | 10/10/2018 20:45 |
| Exact Location Of Accident | CTE TOWARDS SLE BEFORE PIE CHANGI AIRPORT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLZ5169K |
| Insured/Policyholder | |
| Name Of Registered Owner | KOH LEE CHIN |
| NRIC No | S1716687E |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-81865555 |
| Alternative Phone No | OTHERS-81865555 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | BMW |
| Model | 320I |
| 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 | THIRD PARTY |
| Fleet Policy | NO |
| Policy Number | A 29090849 TMP |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | TAN THIAN POH ANDREW |
| NRIC No | S1412525F |
| Date Of Birth | 15/12/1960 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 28/12/1981 |
| Driving Experience | 36 YEARS AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-81865555 |
| Fax Number | |
| Contact Number | |
| EEmail Address | NOEMAIL |

| | |
|---|---|
| Address | BLK 425 ANG MO KIO AVENUE 3 #10-2442 |
| Postcode | 560425 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | FRIEND |
| 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 | DRIZZLING |
| Road Surface | WET |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | 3 |
| 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 | SERANGOON GARDENS NEIGHBOURHOOD POLICE POST |
| Police Station Address | ROAD: 51 SERANGOON GARDEN WAY , POSTCODE: 555947 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-2879999 - FAX NO: 62815969 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER POLICE REPORT

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 | SLG6983U |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | MOSES S/O MICHAEL RAJOO |
| NRIC/Passport Number | S1699019A |
| Contact Number | 90066395 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|-------------------------------------|---------------|
| Vehicle Registration Number | SHA1476P |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | KOH CHEE KIAN |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

DETAILS OF INJURED PERSON 1

| | |
|---|---------------|
| Name | TAN THIAN POH |
| Approximate Age | |
| Injuries Sustain | REFER REPORT |
| Injured person in which vehicle? | SLZ5169K |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

SKETCH PLAN

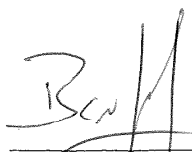
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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

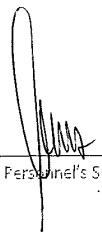
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

CTR TOWARDS SLR

A) SLZ 51691K
B) SLG 69834
C) SHA 1476D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT
7/2018/011/2092

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/20181011/2092

Police Station Of Origin:
Serangoon Gardens NPP
51 Serangoon Garden Way SINGAPORE
555947
Tel No: 1800-2879999

1 of 3

Report No. T/20181011/2092

REPORT OF A TRAFFIC ACCIDENT

| | | | | |
|--|------------|--|------------------------------|--------------------------|
| Date/Time Report Made: 11/10/2018 14:18 | | Vide Report No.: | | Station Diary No.: 11 |
| Informant's Particulars | | | | |
| Name of Informant: TAN THIAN POH ANDREW | | Address: APT BLK 425 ANG MO KIO AVENUE 3 #10-2442 SINGAPORE 560425 | | |
| ID Type / ID No.: NRIC NO / S1412525F | | Contact No.: Home/Office: Mobile: 81865555 | | |
| Nationality: SINGAPORE CITIZEN | | Email: | | |
| Sex: Male | Age: 57 | Date of Birth: 15/12/1960 | Type of Informant: Driver | |
| Race: Chinese | | Language: | Institution / School Name: | |
| Occupation: Real estate agent | | Driving Licence Information: Class: Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|------------------------------|------------------------------------|---|------------------------------------|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 10/10/2018 20:45 | Type of Location: Straight Road |
| Location: Along Road 1 CENTRAL EXPRESSWAY CTE towards SLE, before PIE(Changi Airport) | | | | |
| Weather: Drizzling | | Road Surface: Wet | Road Speed Limit: | |
| Traffic Flow: Dual Carriage Way | | Traffic Control: Not Controlled | Traffic Volume: Heavy | |
| 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 |
|-------------|------|------|-------|-------|---------------------|-----------------|
| SHA1476D | Car | | | | Slightly Damaged | 3 |
| SLG6983U | Car | | | | Slightly Damaged | 0 |
| SLZ5169K | Car | | | | Slightly Damaged | 0 |



**SINGAPORE
POLICE FORCE**



T/20181011/2092

2 of 3

Police Station Of Origin:
Serangoon Gardens NPP
51 Serangoon Garden Way SINGAPORE
555947
Tel No: 1800-2879999

Report No. T/20181011/2092

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|-------------------------|--|-----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | Moses S/O Michael Rajoo | ID No. | S1699019A |
| Related Vehicle | SLG6983U (Car) | Contact No. | 90066395 |
| 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 | TAN THIAN POH ANDREW | ID No. | S1412525F |
| Related Vehicle | SLZ5169K (Car) | Contact No. | 81865555 |
| Hospital/Clinic | KINGS MEDICAL CLINIC | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | 11/10/2018 | Date Discharge | NIL |
| No. of Days granted Medical Leave | 05 | Degree of Injury | Slight |

Brief Details.

On 10/10/2018 at about 2045hrs, I was driving my vehicle bearing: SLZ5169K at CTE expressway towards SLE, right before the exit of PIE (Changi Airport) on the extreme right lane. A taxi bearing: SHA1476P jammed his brake. As such, I immediately jammed my brake to avoid any collision and I was able to stop in time. However, a vehicle bearing: SLG6983U was not able to stop on time and hit on to my vehicle rear casing my vehicle to move forward and hit on to the rear of the taxi.

I wished to state that at that point of time, the road was wet and the traffic was heavily congested. I also have in car CCTV installed in my vehicle. There were no police or SCDF at scene. I have seen the doctor and I was given 5 days MC.



**SINGAPORE
POLICE FORCE**



T/20181011/2092

Police Station Of Origin:
Serangoon Gardens NPP
51 Serangoon Garden Way SINGAPORE
555947
Tel No: 1800-2879999

3 of 3

Report No. T/20181011/2092

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 GOH YONG KUAN, KEN | Signature Of Informant: |
| Signature Of Interpreter: Not applicable | Date/Time: 11/10/2018 14:18 |
| Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD YUSOF Contact No: 65476358 Authentication Stamp NP168 | Classification Of Case: |

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

