

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 17:48
Date Of Accident	11/10/2018 15:15
Exact Location Of Accident	JUNCTION OF TUAS SOUTH AVE 3 & TUAS WEST DR
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJA5969Z
Insured/Policyholder	
Name Of Registered Owner	SEE CHIN YONG MILTON (SHI ZHENRONG MILTON)
NRIC No	S7510098A
Email Address	MILTONSEE@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96919700
Alternative Phone No	OTHERS-96919700
Vehicle Particulars	
Manufacturer	BMW
Model	320I-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	PTE 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	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MTPV01008447
Cover Note Number	01/06/2018 - 31/05/2019
Driver	
Name of Driver	SEE CHIN YONG MILTON (SHI ZHENRONG MILTON)
NRIC No	S7510098A
Date Of Birth	07/04/1975
Occupation	INDOOR
Date Of Driving Pass	15/07/2004
Driving Experience	14 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96919700
Fax Number	
Contact Number	OTHERS-96919700
EEmail Address	MILTONSEE@HOTMAIL.COM

Address	BLK 315C ANCHORVALE ROAD #12-182
Postcode	543315
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	RAINING
Road Surface	WET

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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I STOPPED MY VEHICLE AT TRAFFIC LIGHT IN WAY OF TUAS SOUTH AVE 3, TUAS WEST DRIVE JUNCTION. LORRY XE2722B SMASH INTO MY REAR AFTER I HAVE STOPPED. AT THAT MOMENT, THERE WERE 3 TRAFFIC POLICE OFFICERS PRESENT, AT THE LANE 4 WITNESSING THE INCIDENT.

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 Witness 1

Name	TRAFFIC POLICE OFFICERS X 3
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE2722B
Vehicle Make/Model/Colour	BLUE HINO TRUCK
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	WANG JIA AN
NRIC/Passport Number	G2149424R
Contact Number	83573817
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	SEE CHIN YONG MILTON
Approximate Age	
Injuries Sustain	1 DAY MC - BACK PAIN
Injured person in which vehicle?	SJA5969Z
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Sketch Plan

SKETCH PLAN

VEHICLE NO.: SJA 5969 Z

INSURER : Sompo Ins

DATE & TIME: 11/10/18 @ 15:15

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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 #3

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7510098A



Name
SEE CHIN YONG MILTON
(SHI ZHENRONG MILTON)
施振榮

Race
CHINESE

Date of birth 07-04-1975 Sex M

Country of birth
SINGAPORE

S7510098A

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S7510098A



Name
SEE CHIN YONG MILTON
(SHI ZHENRONG MILTON)

Birth Date: 07 Apr 1975

Issue Date: 15 Jul 2004

001257538B

3700668



NRIC No. S7510098A



Date of issue
11-04-2005

Address


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

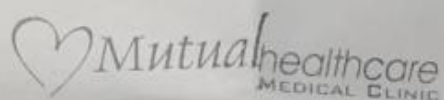
Class 3 Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg.

PASS DATE
15 Jul 2004

NP 428A

Licence No: S7510098A





Blk 319B Anchorvale Drive #01-92 Singapore 542319
Tel: 6489 3833 Fax: 6489 3973

Medical Certificate

Date : 11 Oct 2018

MC No. : 0000095720

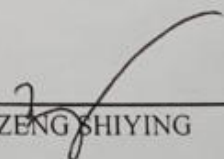
This is to certify that :

Name : SEE CHIN YONG MILTON

NRIC : S7510098A

is Unfit for Duty for 1 day

on 12/10/2018 only.


DR ZENG SHIYING

**This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



SCENE PHOTO



SCENE PHOTO



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

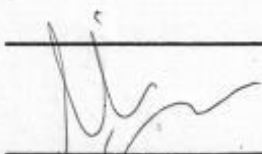
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MCHM18132276 Vehicle Registration No: SJA 5969Z
Name (as shown in NRIC) : See Chin Yong Milton NRIC/FIN/Passport No : S7510098A
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : B1K 315C Anchorvale Rd #12-182 Singapore 543319
Contact (Tel) : — Mobile No. : 96919700
Email Address : MiltonSee@hotmail.com
Date of Accident : 11/10/2018 Time of Accident : 15:15
Place of Accident : Junction of Tuas South Ave 3 & Tuas West Drive
Insurance Company : Sompo

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I felt some discomfort on my back area on the same evening
and went to seek for medical treatment. I was given 1 day
MC to monitor for my back. (MC as per attach).


Policyholder / Driver's Signature
Date: 12/10/2018


Reporting Centre Personnel's Signature
Name: Danyu
NRIC/FIN No.: 12/10/18
Date: 12/10/18

