

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	15/10/2018 14:24
Date Of Accident	12/10/2018 22:25
Exact Location Of Accident	LOYANG AVE TWDS CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ5104G
Insured/Policyholder	
Name Of Registered Owner	NG BEE CHEOK
NRIC No	S1451182B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81576338
Alternative Phone No	OFFICE-81576338

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CLA180 AMG
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	A28866157QMX
Cover Note Number	

Driver

Name of Driver	TAY BOON TAT, FRANCIS (ZHENG WENDA)
NRIC No	S8808957Z
Date Of Birth	26/02/1988
Occupation	INDOOR
Date Of Driving Pass	30/07/2007
Driving Experience	11 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81576338
Fax Number	
Contact Number	OFFICE-81576338
Email Address	NOEMAIL

Address	BLK 532 JURONG WEST STREET 52 #24-429
Postcode	640532
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	RAINING
Road Surface	WET

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?	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)	3
Passenger 1	NAME: : YAM QING MEI, DEBBIE GENDER: : FEMALE
Passenger 2	NAME: : LIM SIEW YEW MAHINDA GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20181013/7003.

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	SHC6427C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	

NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)
Passenger 1

3

NAME: :

GENDER: :

Passenger 2

NAME: :

GENDER: :

DETAILS OF INJURED PERSON 1

Name TAY BOON TAT, FRANCIS (ZHENG WENDA)
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLJ5104G
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name YAM QING MEI, DEBBIE
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLJ5104G
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name LIM SIEW YEW MAHINDA
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLJ5104G
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan

SKETCH PLAN

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II. 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 purposes 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.

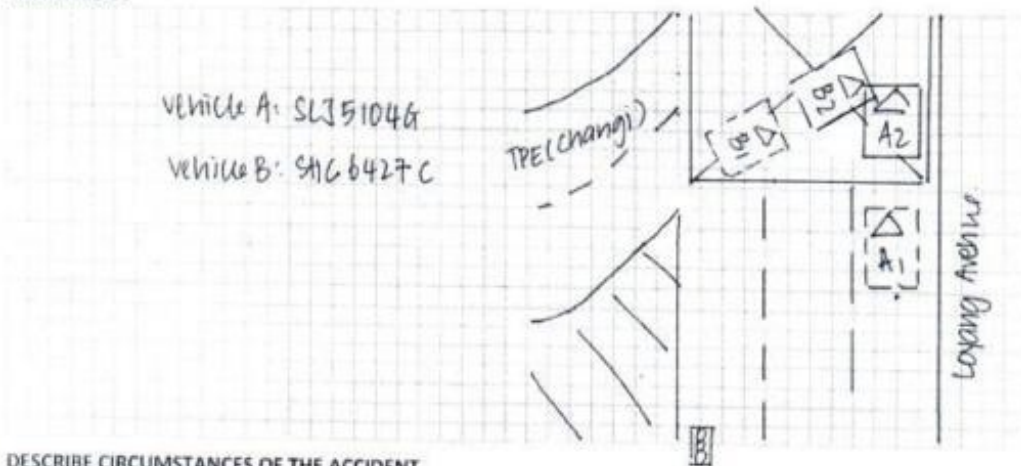
Policyholder's Signature
Date & Time:


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

On the stated date & time, I, vehicle A, SLJ5104G, was traveling straight along the stated road. Vehicle B, SHC6427C, suddenly filtered into my lane and collided into my entire left portion. The great impact caused my vehicle to grate across the kerb on the right.

My passengers: Yam King mei, Debbie / SA102418G
Lim Siew Yew, Mahinda / SB525990C

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.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20181013/7003

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20181013/7003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/10/2018 01:47	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: TAY BOON TAT, FRANCIS		Address: APT BLK 532 JURONG WEST STREET 52 #24-429 SINGAPORE 640532	
ID Type / ID No.: NRIC NO / S8808957Z		Contact No.: Home/Office: Mobile: 81576338	
Nationality: SINGAPORE CITIZEN		Email: francis.tbt@hotmail.com	
Sex: Male	Age: 30	Date of Birth: 26/02/1988	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Investigation Officer		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/10/2018 22:20	Type of Location: Straight Road
Location: LOYANG AVENUE				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC6427C	Car				Slightly Damaged	3
SLJ5104G	Car	MERCEDES BENZ	CLA180		Seriously Damaged	3

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20181013/7003

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20181013/7003

CONTINUATION OF REPORT

Driver			
Name	TAY BOON TAT, FRANCIS	ID No.	S8808957Z
Related Vehicle	SLJ5104G (Car)	Contact No.	81576338
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/10/2018	Date Discharge	13/10/2018
No. of Days granted Medical Leave	05	Degree of Injury	Serious
Passenger			
Name	YAM QING MEI, DEBBIE	ID No.	S9102418G
Related Vehicle	SLJ5104G (Car)	Contact No.	83995634
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/10/2018	Date Discharge	13/10/2018
No. of Days granted Medical Leave	05	Degree of Injury	Serious
Passenger			
Name	LIM SIEW YEW MAHINDA	ID No.	S8525990C
Related Vehicle	SLJ5104G (Car)	Contact No.	91727069
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/10/2018	Date Discharge	13/10/2018
No. of Days granted Medical Leave	05	Degree of Injury	Serious

Brief Details

ON 12/10/2018 AT ABOUT 10:23PM, I WAS DRIVING MY VEHICLE - SLJ5104G AND TRAVELLING STRAIGHT ALONG LANE 1 OF LOYANG AVENUE TOWARDS CHANGI. SUDDENLY, VEHICLE NUMBER - SHC6427C, TURNED OUT FROM THE SLIP ROAD AND COLLIDED ONTO MY VEHICLE'S ENTIRE LEFT PORTION. THE GREAT IMPACT CAUSED MY VEHICLE TO GRAZE ONTO THE KERB ON THE RIGHT. MY PASSENGERS & I THEN SEEK MEDICAL ATTENTION AT MOUNT ALVERNIA HOSPITAL.

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
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T/20181013/7003

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Report No. T/20181013/7003

CONTINUATION OF REPORT

Police Report



**SINGAPORE
POLICE FORCE**



T/20181013/7003

Police Station Of Origin:
Traffic Police Division HQ
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Tel No: 65470000

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Report No. T/20181013/7003

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
YEO GEAK ENG CECILIA
Contact No.: 65476404

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
13/10/2018 01:47

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



Accident Photo



Accident Photo



