

## 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	16/10/2018 18:15
Date Of Accident	16/10/2018 15:35
Exact Location Of Accident	PUNGGOL CENTRAL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW7991D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KONG YEOW CHOO
NRIC No	S1621075G
Email Address	820ANGELA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97454038
Alternative Phone No	OFFICE-97454038

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PREMIO-1.5 F (A)
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A29030273QMX
Cover Note Number	

### Driver

Name of Driver	KONG YEOW CHOO
NRIC No	S1621075G
Date Of Birth	15/06/1963
Occupation	INDOOR
Date Of Driving Pass	27/03/1985
Driving Experience	33 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97454038
Fax Number	
Contact Number	OFFICE-97454038
EEmail Address	820ANGELA@GMAIL.COM

Address	BLK 113 LORONG 3 GEYLANG #02-67
Postcode	381113
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	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?	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	TAMPINES N.P.C
Police Station Address	<b>ROAD:</b> TAMPINES N.P.C , <b>POSTCODE:</b> 529682 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN.

#### 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	GU4948X
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 INJURED PERSON 1**

Name	KONG YEOW CHOO
Approximate Age	
Injuries Sustain	NECK PAIN & DIZZY
Injured person in which vehicle?	SJW7991D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**DETAILS OF INJURED PERSON 2**

Name	DRIVER
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	GU4948X
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Sketch Plan Pg. 1

### SKETCH PLAN

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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.:







**SINGAPORE  
POLICE FORCE**



T/20181016/2148

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No. 1800-5871999

1 of 3  
Report No. T/20181016/2148

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/10/2018 20:03  
Vide Report No.: E/20181016/0102  
Station Diary No.: 185

**Informant's Particulars**

Name of Informant: KONG YEOW CHOO		Address: APT BLK 113 LORONG 3 GEYLANG #02-67 SINGAPORE 381113	
ID Type / ID No.: NRIC NO / S1621075G		Contact No. Home/Office: Mobile: 97454038	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 55	Date of Birth: 15/06/1963	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: SALES		Driving Licence Information: Class: 3 Date of Expiry:	

**General Information of the Accident**

Type of Accident: Non-Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 16/10/2018 15:35	Type of Location: Straight Road
Location: Along Road 1 PUNGGOL CENTRAL			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: Light	
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
GU4948X	Lorry				Seriously Damaged	2
SJW7991D	Car	TOYOTA	PREMIO 1.5F A	Silver	Seriously Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJW7991D	MSIG INSURANCE (SINGAPORE) PTE. LTD.	7VPCB1746630	19/10/2017	18/10/2018



**SINGAPORE  
POLICE FORCE**



T/20181016/2148

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Report No. T/20181016/2148

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KONG YEOW CHOO	ID No.	S1621075G
Related Vehicle	SJW7991D (Car)	Contact No.	97454038
Hospital/Clinic	ONECARE CLINIC TAMPINES	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	16/10/2018	Date Discharge	16/10/2018
No. of Days granted Medical Leave	02	Degree of Injury	Serious

**Brief Details.**

On the 16/10/2018 at about 1534hrs, I was driving along Punggol Central in my vehicle bearing the plate number SJW7991D. I was driving on the most left lane and there were no passengers on board.

Subsequently, the traffic light in front is amber thus I slowed down and stopped my car when suddenly one vehicle bearing the plate number GU4948X collided with me from the rear. The impact was so strong that my car rolled forward.

Ambulance then came and conveyed the driver of the said lorry to hospital. My car suffered several dents and scratches. I then felt some pain at my back and thus I seek medical treatment and were given 2 days MC.



SINGAPORE  
POLICE FORCE

Police Station Of Origin  
Tampines N.P.C  
5 Tampines Avenue 4 SINGAPORE 520652  
Tel No 1800-5871999



75201810162148

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Report No: 16201810162148

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:

G/  
Sgt 3 MOHAMAD IZWAN BIN MOHAMAD  
ISHAK

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
16/10/2018 20:03

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt NOR FAIZAL BIN YAHYA  
Contact No.: 65476202



SINGAPORE  
POLICE FORCE  
Signature Of Case:

SIGNATURE

Authentication Stamp  
NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



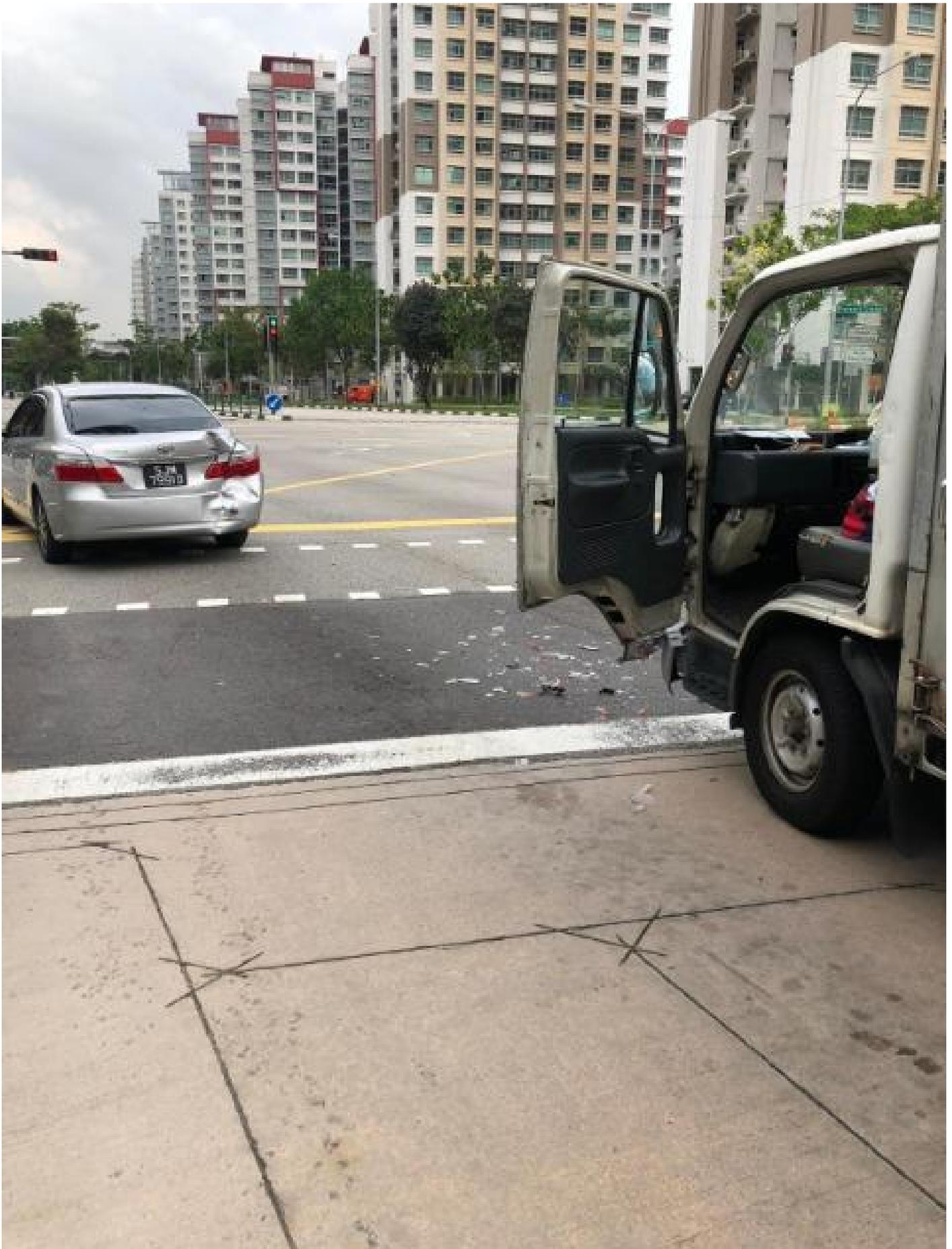
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